



CITY OF FORT LAUDERDALE MOU for Community Partnerships

The City of Fort Lauderdale recognizes that certain organizations exist within the community whose purpose is to serve and enhance recreational opportunities for a specific purpose and group. These organizations are separate and independent from the City of Fort Lauderdale (City) and provide for their own leadership, organizational and operational structure. Although the stated missions of the organizations may differ, public investment in public recreational facilities and programs creates a mutually beneficial environment in which to provide quality recreation for all the individuals served by the parties, as well as the general public. Fort Lauderdale Parks and Recreation (FLPR) recognizes that at times it is in the best interest of the community that we work with outside organizations in coordinating the planning and provision of recreational facilities and programs when basic functions are compatible and a public benefit may be derived. Through working relationships with outside organizations, each party can contribute to greater public service without relinquishing their separate identities or responsibilities. To this end, FLPR is willing to establish a working relationship and cooperative agreement with the

_____, (hereafter "Applicant"). With this agreement, the parties will define the working relationship, mutual expectations, and individual responsibilities.

This Memorandum of Understanding (MOU) for Community Partnerships is no guarantee of any funding from the City but it does provide priority status for assignment of facilities at the discretion of FLPR. Failure to carry out the responsibilities detailed below may result in a loss of priority status for the assignment of facilities and/or termination of permit.

Applicant Organization name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Corporation name: _____
(as it appears in articles of incorporation)

Date of incorporation: _____ State incorporated in: _____ Federal ID #: _____

Program Coordinator: _____ Will you be on-site? Yes No

Title: _____ Phone: _____ Cell: _____

E-mail address: _____ Fax: _____

Additional Contact: _____ Will you be on-site? Yes No

Title: _____ Phone: _____ Cell: _____

E-mail address: _____ Fax: _____

Program/Event name: _____

Purpose of program/event (check one): Awareness Recreation Fundraiser Other _____

Requested location: _____

Estimated daily attendance: _____ Age of participants _____

Requested dates and time of program/event: _____

Has this program/event been held in the past? Yes No

If yes, please list past dates and locations: _____

Detailed event description (include instructors, activities, entertainment, vendors, etc.)

Are you planning to charge admission or registration fee? Yes

No
If yes, how much? \$ _____

Are you planning on having any type of concession? Yes No
If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you planning to play or have music? Yes No
If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):

The Organization will be required to furnish, seven (7) days prior to the Program/Event, proof of general liability insurance in the amount of \$1,000,000.00 to the City's Risk Manager. The City shall be named in the policy as an additional insured. If applicant is a state agency or political subdivision as defined by Section 768.28, Florida Statutes, as may be amended from time to time, and self-insured pursuant to that section, they shall provide written verification of liability protection to the City's Risk Manager for approval.

Applicant/Organization agrees to indemnify and hold harmless CITY, as well as its employees and agents, against any and all damage of any nature whatsoever including but not limited to death or injury, property damage, claims, suits, actions, judgments, attorney fees and court costs arising out of, attributable to or in any way connected with the use of the facility pursuant to this application or activities arising out of or related to this application. This indemnification shall not be limited by any insurance required under this Agreement. This indemnification shall survive the expiration or revocation of this Agreement.

If Applicant/Organization is a state agency or political subdivision as defined in Section 768.28, Florida Statutes, as

may be amended from time to time, the above indemnification provision does not apply and they agree to be fully responsible for the acts and omissions of their agents or employees to the extent permitted by law.

Organization agrees to comply with all applicable local, state and federal laws and regulations.

City reserves the right to terminate use by Organization immediately for failure to comply with any of the provisions in this application. City reserves the right to terminate use by Organization for any reason upon 48 hours prior notice.

APPROVALS:

Recreation Programmer _____ (date)	Community Partner _____ (date)
Recreation Coordinator _____ (date)	Supervisor _____ (date)
Deputy Director _____ (date)	Director _____ (date)