

Harmony Community Development District

Steve Berube, Chairman
Ray Walls, Vice Chairman
David Farnsworth, Assistant Secretary
Kerul Kassel, Assistant Secretary
Mark LeMenager, Assistant Secretary

Gary L. Moyer, District Manager
Tim Qualls, District Counsel
Steve Boyd, District Engineer

Revised Regular Meeting Agenda Thursday, June 30, 2016 @ 6:00 p.m.

1. **Roll Call**
2. **Audience Comments**
3. **Approval of the Minutes of the May 26 2016 Meeting**
4. **Subcontractor Reports**
 - A. Landscaping
 - i. Davey Tree Monthly Highlight Report
5. **Developer's Report**
6. **Staff Reports**
 - A. Engineer
 - B. Attorney
 - C. Field Manager
 - i. Facilities Maintenance (Parks, Ponds, Boats, etc.)
 - ii. Facilities Usage (Boat & Others)
 - iii. Facebook Activities
 - iv. Pond Report
7. **District Manager's Report**
 - A. Financial Statements for May 31, 2016
 - B. Invoice Approval #194, Check Register and Debit Invoices
 - C. Acceptance of the Arbitrage Rebate Report
 - D. Questions and Comments on the Proposed Fiscal Year 2017 Budget
8. **Approval of Facility Usage Applications**
 - A. 5K Fundraiser
 - B. Football Season Jamboree
 - C. Music and Volleyball
 - D. Chalk, Bubbles, Music and Volleyball
 - E. Chalk, Bubbles with Crafts and Movie Night
9. **Topical Subject Discussions**
 - A. Discussion of Plat O-1
 - B. Discussion of Solar Sculpture
10. **Supervisors' Requests**
11. **Adjournment**

NOTES: The next meeting is scheduled for Thursday, July 28, 2016 at 6:00 p.m.

Eighth Order of Business

8C.

HARMONY COMMUNITY DEVELOPMENT DISTRICT
PARKS AND RECREATION FACILITY USAGE APPLICATION

ORGANIZATION/COMPANY USE APPLICATION

IMPORTANT: Please type or print legibly. All sections must be completed. Some applications may require additional review and approval from the District. Usage will only be confirmed if all appropriate information has been supplied.

APPLICANT INFORMATION

Name of Entity/Organization/Company: Harmony Social Committee

Address: _____

Type of Organization: Non-Profit Commercial Government Private
If Non-Profit, does your organization hold a current 503(c)(3) certificate? Yes No

Contact Person: Carolyn Festa E-mail: carolynannfesta@gmail.com

Work Phone: _____ Cell Phone: 617-290-2599

EVENT INFORMATION

Type of event: Volleyball

Requested location: Lake Shore Park volleyball court

Event date(s): Every Tuesday and Thursday Times From: 6 (a.m./p.m.) To: 7 (a.m./p.m.)

Anticipated # of attendees: 20 What age group? adults, teens,

NOTE: If requesting use of a pool area, please be advised the access gates are not to be propped open at any time before or during the event. This is an electronic card reader access system, and propping the gates will result in a default that disables the card readers where no one will have access.

DAMAGE DEPOSIT

For each event with 10 or more attendees, the District shall collect from the event organizer a **Damage Deposit** in the amount **\$250** at the time the event is scheduled with the District Manager.

At the conclusion of the event and upon inspection, the District shall either (1) return the Damage Deposit to the event organizer if there is no damage to District property or (2) charge the event organizer for any damage to the District property and apply the Damage Deposit to the charge.

If the damage to the District property is less than the Damage Deposit, the excess amount from the deposit shall be returned to the event organizer. If the damage to the District property exceeds the Damage Deposit, the event organizer shall be charged for the property damages. All damage charges must be paid to the District no later than 15 days after invoice date.

VENDORS/MERCHANDISE

Any vendor who will sell or give away merchandise must have a vendor agreement, a copy of their business license, and insurance on file with the Osceola County Parks and Recreation Department.

How many vendor/merchandise locations will your event require? 0

Please describe vendors/type that will occur on day of event: _____

A complete detailed listing of names must be provided of all vendors. Please attach a list with the names, addresses, phone numbers and types of service of any person(s) that you have an agreement/contract for any service they will provide for you.

Attached: Yes No

CATERING

Will your event require catering? Yes No

Name of Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____

Cell/ Pager: _____ Email: _____

CONTACT INFORMATION

Contact information to obtain a County permit or additional waste management services, as required in the Harmony Community Development District Parks and Recreation Facilities Policy.

Osceola County Zoning and Code Enforcement:
One Courthouse Square, Suite 1200, Kissimmee, FL 34741
Phone (407) 343-3400

Osceola County Parks and Recreation Department:
One Courthouse Square, Suite 1200, Kissimmee, FL 34741
Phone (407) 343-2380

County Waste Management: Phone (407) 847-7370

INDEMNIFICATION AND HOLD HARMLESS

The EVENT ORGANIZER agrees that this application applies to the entity, corporation or organization and all of its agents, officers, directors, employees, consultants or similar persons.

UPON SIGNATURE of this application, THE EVENT ORGANIZER AGREES TO BE LIABLE for any and all damages, losses and expenses incurred by the District, caused by the acts and/or omissions of the event organizer, or any of its agents, officers, directors, employees, consultants or similar persons.

THE EVENT ORGANIZER AGREES TO INDEMNIFY, DEFEND, AND HOLD THE DISTRICT HARMLESS for any and all claims, suits, judgments, damages, losses and expenses, including but not limited to, court costs, expert witnesses, consultation services and attorney's fees, arising from any and all acts and/or omissions of the organizer, or any of his or her agents, officers, directors, employees, consultants or similar persons.

The State, agency or subdivision of the State shall not be subject to this indemnification clause in accordance with Section 768.28(19), Florida Statutes.

None of the indemnification or insurance requirements referenced in the Harmony Community Development District Parks and Recreation Facilities Policy or in this Application constitute a waiver of sovereign immunity pursuant to Section 768.28, F.S.

SIGNATURE OF APPLICANT/EVENT ORGANIZER

ACKNOWLEDGEMENT:

- I understand that this is an application only and does not obligate the Harmony Community Development District in any fashion to reserve any facility and/or approve any event.
- I have read, understand, and agree to abide by the policies set forth by the Harmony Community Development District in Chapter 4, Parks and Recreation Facilities Rules.
- If approved, I understand that I must have a copy of the signed, approved application in my possession at the event or I will be denied access for this event.

Signature: Carolyn Festa

Date: 6/28/16

Printed Name: Carolyn Festa

APPROVAL FROM HARMONY CDD

Signature: _____

Date: _____

Printed Name: _____

Title: _____

8D.

**HARMONY COMMUNITY DEVELOPMENT DISTRICT
PARKS AND RECREATION FACILITY USAGE APPLICATION**

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APPLICANT INFORMATION

Name of Entity/Organization/Company: Harmony Social Committee

Address: _____

Type of Organization: Non-Profit Commercial Government Private
If Non-Profit, does your organization hold a current 503(c)(3) certificate? Yes No

Contact Person: Carolyn Festa E-mail: carolynanfesta@gmail.com

Work Phone: _____ Cell Phone: 617-290-2599

EVENT INFORMATION

Type of event: Chalk & Bubbles, music & volleyball

Requested location: Lakeshore Park playground & splash pad & volleyball court

Event date(s): 7/27/16 Times From: 6:00 (a.m./p.m.) To: 7:30 (a.m./p.m.)

Anticipated # of attendees: 50 What age group? Kids < 12 / families

NOTE: *If requesting use of a pool area, please be advised the access gates are not to be propped open at any time before or during the event. This is an electronic card reader access system, and propping the gates will result in a default that disables the card readers where no one will have access.*

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Attached: Yes No

CATERING

Will your event require catering? Yes No

Name of Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____

Cell/ Pager: _____ Email: _____

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Date: 6/28/16

Printed Name: Carolyn Festa

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Signature: _____

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8E.

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Contact Person: Carolyn Festa E-mail: carolynannfesta@gmail.com

Work Phone: _____ Cell Phone: 017-290-2599

EVENT INFORMATION

Type of event: chalk + bubbles with crafts and movie night

Requested location: Harmony Town Square

Event date(s): 7/16/16 Times From: 6:00 (a.m./p.m.) To: 10:00 (a.m./p.m.)

Anticipated # of attendees: 100 What age group? all

NOTE: *If requesting use of a pool area, please be advised the access gates are not to be propped open at any time before or during the event. This is an electronic card reader access system, and propping the gates will result in a default that disables the card readers where no one will have access.*

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Date: 6/28/16

Printed Name: Carolyn Festa

APPROVAL FROM HARMONY CDD

Signature: _____

Date: _____

Printed Name: _____

Title: _____