

INSTRUCTIONS: Please complete Sections A, B, C, and E if you are planning to host an event. Please complete Sections A - E if you are requesting any City Support. Please refer to the Event Check List and Deadlines for additional instructions, due dates, and event timelines.

SECTION A: Event Sponsoring Organization Information

| | | | |
|---|--|--|--|
| Sponsoring Organization: | Valdez Motorsports Club (Valdez snowmachine club) | | |
| (Financially responsible party & must match certificate of insurance) | | | |
| Physical Address: | 316 Hannigan St. | | |
| Mailing Address: | P.O. Box 3869 | | |
| Day Phone: | 461-7250 / | | |
| Email Address: | valdezsnowclub@gmail.com | | |
| Organization Status: | For Profit | Will need to submit business license | |
| Check one | Not for Profit | Will need to submit tax exempt documentation | |
| | <input checked="" type="checkbox"/> Community Interest Group (Unorganized) | | |

| | | | |
|--------------------------------|--|--|--|
| Event Contact Person: | Don Metzger / Rich Loftin | | |
| Email Address: | SPOOKMETZGER@gmail.com / RLOFTIN1971@gmail.com | | |
| Cell Phone: | 831-0902 / 461-7250 | | |
| Event website (if applicable): | | | |

SECTION B: Event Information

| | | | |
|---|-------------------------------|---------------|--|
| Event Name: | Valdez Mountain Man Hillclimb | | |
| What type of event: | Run/Walk | Parade | Street fair/park festival |
| Check all that apply | Concert | Private Party | <input checked="" type="checkbox"/> Other (specify) Motorsport |
| Is this event a reoccurring annual event? | YES | | New Event? |
| If reoccurring event, are there any changes to this year from previous years? | YES | | NO |
| Explain: | | | |
| | | | |
| | | | |
| | | | |
| Event date(s): | 4/20, 21, 22 2018 | | |
| Event location(s): | Thompson Pass | | |
| Event Set-up: | 4/19 | | |
| Event Tear-down: | 4/23 | | |

SECTION C:

Event Details

1

Please provide event details and activities; include site maps, use of volunteers, safety & crowd control plans, etc. Supply additional documentation labeled EVENT DETAILS if more space is required.

Site Map of event attached.

| | | | |
|---|---|---------------|------------------|
| Expected attendance: 125 | Participants 60 | Spectators 65 | Total 125 |
| What is the targeted demographic(s) of your participants? 18-70 40 male/female motorsport enthusiasts | | | |
| What is the targeted demographic(s) of your spectators? All ages male/female motorsport fans. | | | |
| Is this event free to the public to participate in? | YES | NO | Trace fees apply |
| Is this event free to spectators? | YES | NO | |
| Is this event a fundraiser? | YES | NO | |
| If fundraiser, who benefits? | | | |
| Admission/ Event fees: | For racers only. Paid out as prize money. | | |
| Do you plan to utilize volunteers? | YES | NO | |

2

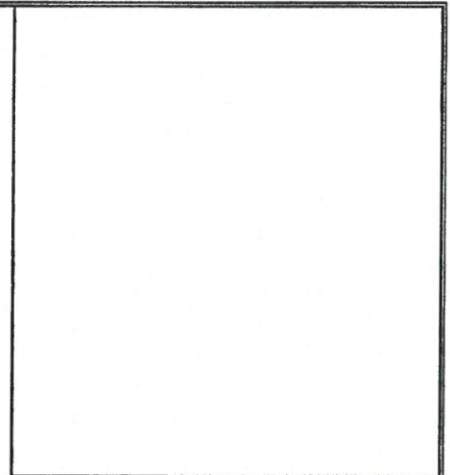
Will items or services be sold at the event?

YES

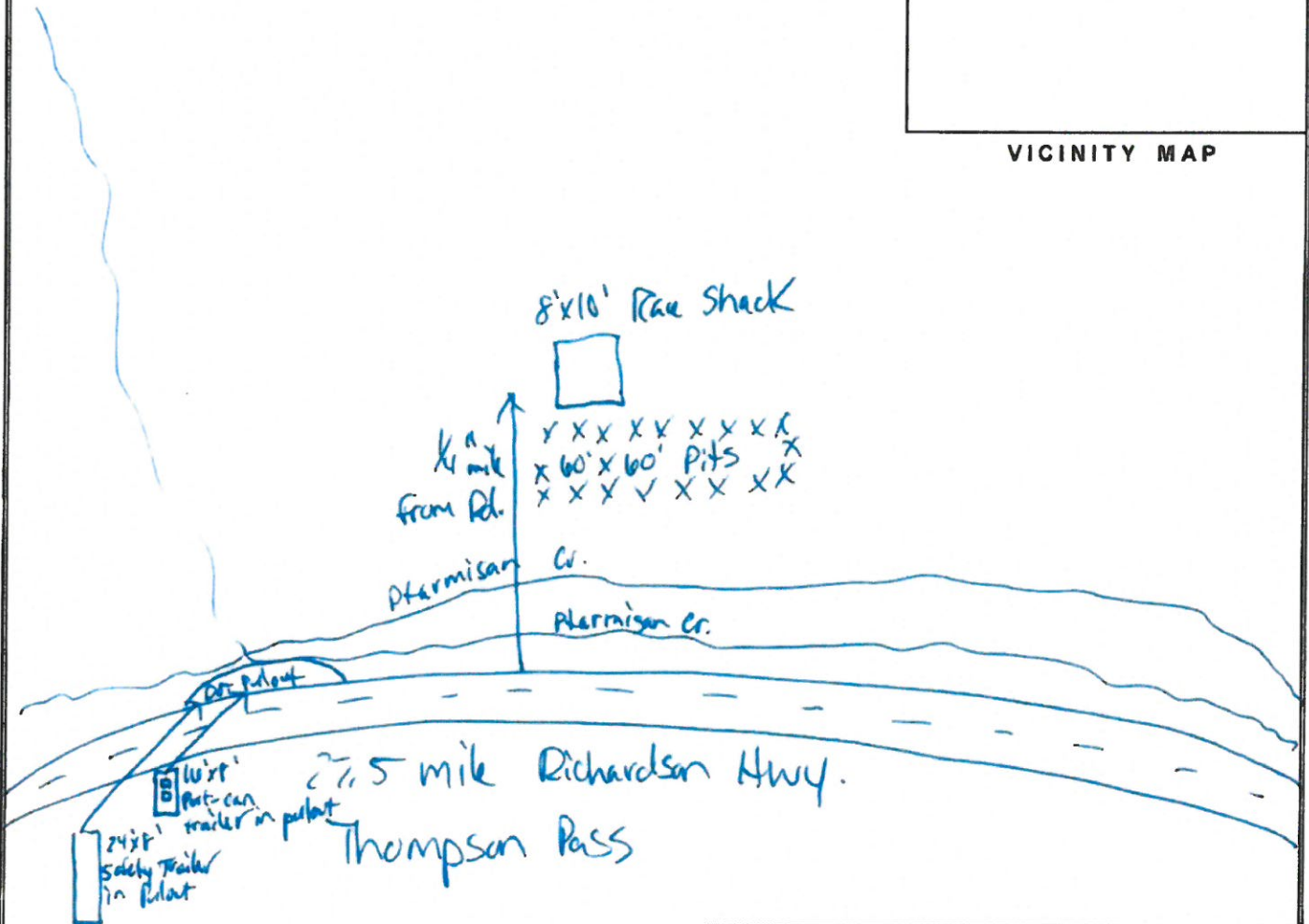
NO

If YES, please explain:

Site Development Diagram



VICINITY MAP



LAS #

| | |
|--|-------------------|
| Date Prepared: | Applicant's Name: |
| ALASKA DEPARTMENT OF NATURAL RESOURCES DIV. OF MINING, LAND, WATER LAND USE PERMIT | |
| SITE DEVELOPMENT DIAGRAM | |
| Sec.(s) _____ T. _____ S., R. _____ E., _____ M | |
| SHEET | OF _____ |

3

Will there be food at your event?

YES

☒ NO

If YES, will it be sold?

YES

NO

Will vendors be cooking or heating food onsite?

YES

NO

Will it be catered?

By Who:

4

Will your event involve the sale or consumption of alcoholic beverages?

YES

☒ NO

If YES, will it be sold?

YES

NO

Will it be catered?

By Who:

You will need to apply for an alcohol waiver to be on any City property. Have you applied for this waiver?

YES

NO

5

Will there be any construction of stages or other improvements, including tents and awnings?

YES

Please describe: Portable trailers will be used.

6

What is your clean up plan after the event?

Please Describe: Haul off all trailers and clean up per the land use permit from the state.

7

Please describe your plan for crowd control and event security.

Signage, warning lathe, snow berms, defined spectator areas, club volunteer event workers.

8

Please describe your plan for health services and sanitation to include running water, sewer & solid waste.

Portable toilets will be rented from Retro Management for the event. No other services provided.

9

Please describe your plan for emergency services, to include fire and EMS support (or first aid response). Site Safety plan sample attached.

See attached plan.

10

Please describe your marketing and/or promotional plan for this event. *If City Supported, City of Valdez Logo must be displayed on all marketing material.

We will advertise on our face book page, post flyers at motorsport dealerships across the state, and word of mouth.

SECTION D:**City Support of Event**

| | |
|---|--|
| 1 | Have you read and understand the City's Support Criteria and Restrictions, including required supplemental materials and timelines/deadlines? <div style="text-align: center;"><input checked="" type="radio"/> YES <input type="radio"/> NO</div> |
| 2 | Are you requesting City support of the event, by use of facilities, land, amenities, staff, and/or cash? *If NO, please complete SECTION E. You do not need to complete SECTION D. <div style="text-align: center;"><input checked="" type="radio"/> YES <input type="radio"/> NO</div> |
| 3 | Have you requested City support for your event in the past? <div style="text-align: center;"><input checked="" type="radio"/> YES <input type="radio"/> NO</div> <p>3.1 If YES, please highlight any differences to this year's request from previous year's request.</p> <p>We will be requesting an increase in funds to accomodate the rising cost of goods and services.</p> |
| 4 | Briefly describe why your event needs the support of the City. Include the impact to the event if the City were not to provide the requested support. <p>This event is a long standing annual event supported by the city of Valdez and would not be able to be held without the cities support.</p> |
| 5 | Are you requesting the use of any City Land? <input checked="" type="radio"/> No 5.1 What is the location and the area of the land requested? (Square Feet, Acres, Square Miles, etc.) 5.2 Please describe what, if any, alterations will be made to the property. (Only temporary alterations will be considered and all property must be returned to its original condition) |

6 Are you requesting the use of any City Facilities? **No**

6.1 Which Facility?

6.2 Have you already reserved the Facility with the responsible department and paid any reservation fees?

City Supported status will **not** negate facility rental or user fees.

6.3 Please describe the intended use(s) of the facility(ies) requested.

7 Are you requesting the use of any City owned amenities? **No**

7.1 What are you requesting? (include quantities)

8 Are you requesting the use of any City owned heavy equipment? **No**

8.1 What equipment and for what purpose? The City will not compete with local commercial service providers in providing requested resources that are available during your event. If your request includes a service that is available from a local commercial service provider, you will be directed to contract with them directly and that specific resource request from the City of Valdez will be denied. (City heavy equipment may only be operated by City Employee operators. If equipment is requested, it is implied that it includes a City operator for the equipment. This request may have limitations as to where the equipment may be used).

9

Are you requesting a cash donation from the City to support your event?

9.1 What is the amount of the request? \$5,000.00

9.2 A detailed, line-item, breakdown of exactly what this funding will be used for is required with the request of a cash donation. Is this documentation attached? yes

9.3 What is the total event budget? **Provide supporting documentation.** No funding will be considered unless a detailed event budget is attached to this application by the deadline. \$4,500 estimated.

9.4 Please provide a detailed description of the need for this funding.

This funding is needed to host a long standing city of Valdez motorsports event that draws in Alaskan residents from all around the state to participate and promotes the Valdez area as a winter recreation destination.

Financial statements may be requested, and may include an audit of the event. Any cash donation from the City must be returned to the City if the necessary budget is not expended in full or the event is cancelled for any reason.

SECTION E:

Signature

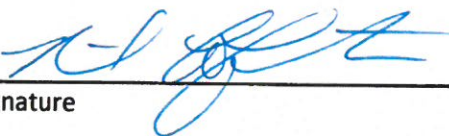
By signing below, I have read, understand and agree to meet the deadlines/timelines, criteria and restrictions described within this application. I also state that I represent the Event Sponsoring Organization and have the right to sign such agreement on their behalf.

Rich Loftin

Printer Name

VSC - vice president

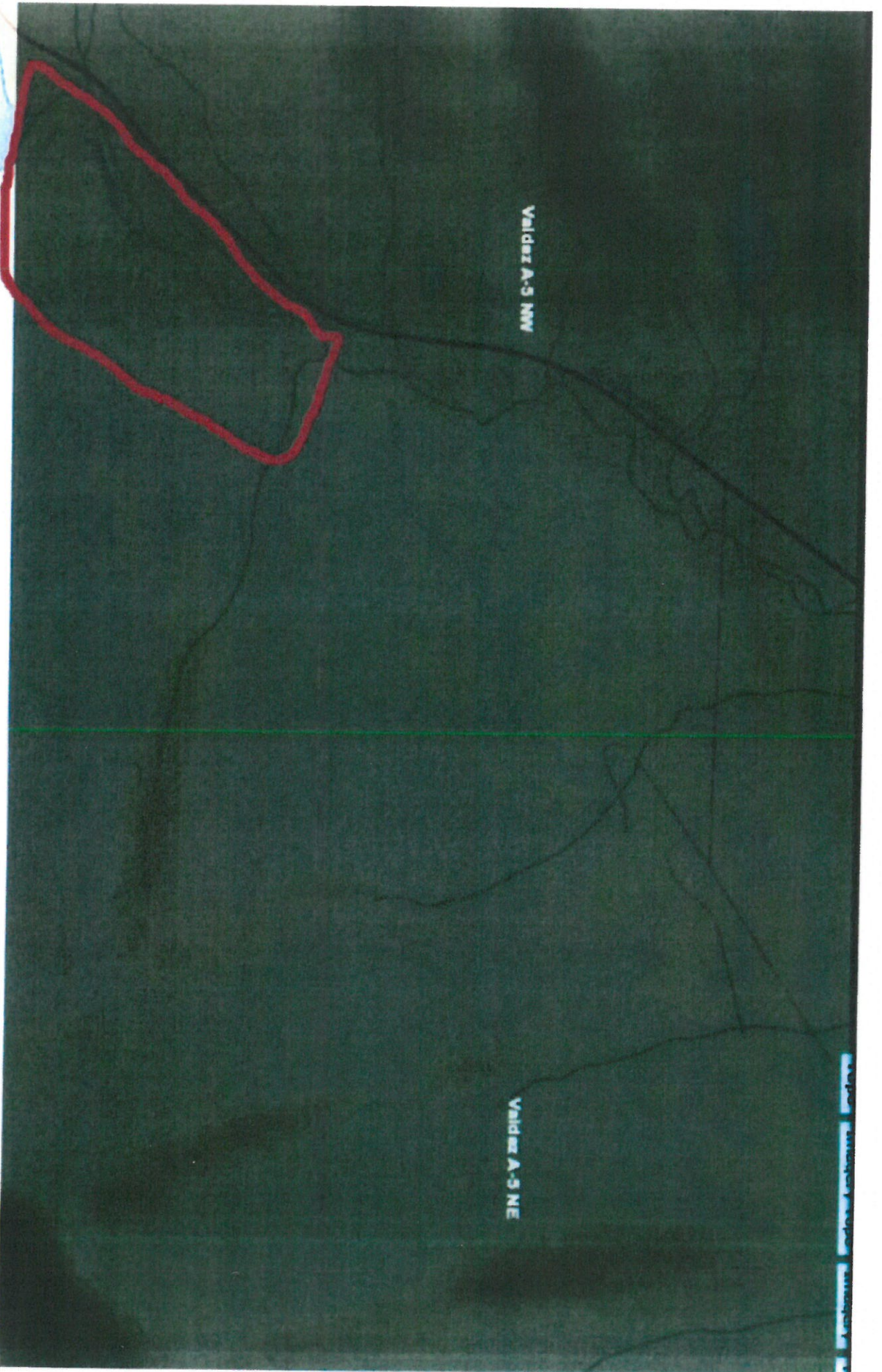
Title



Signature

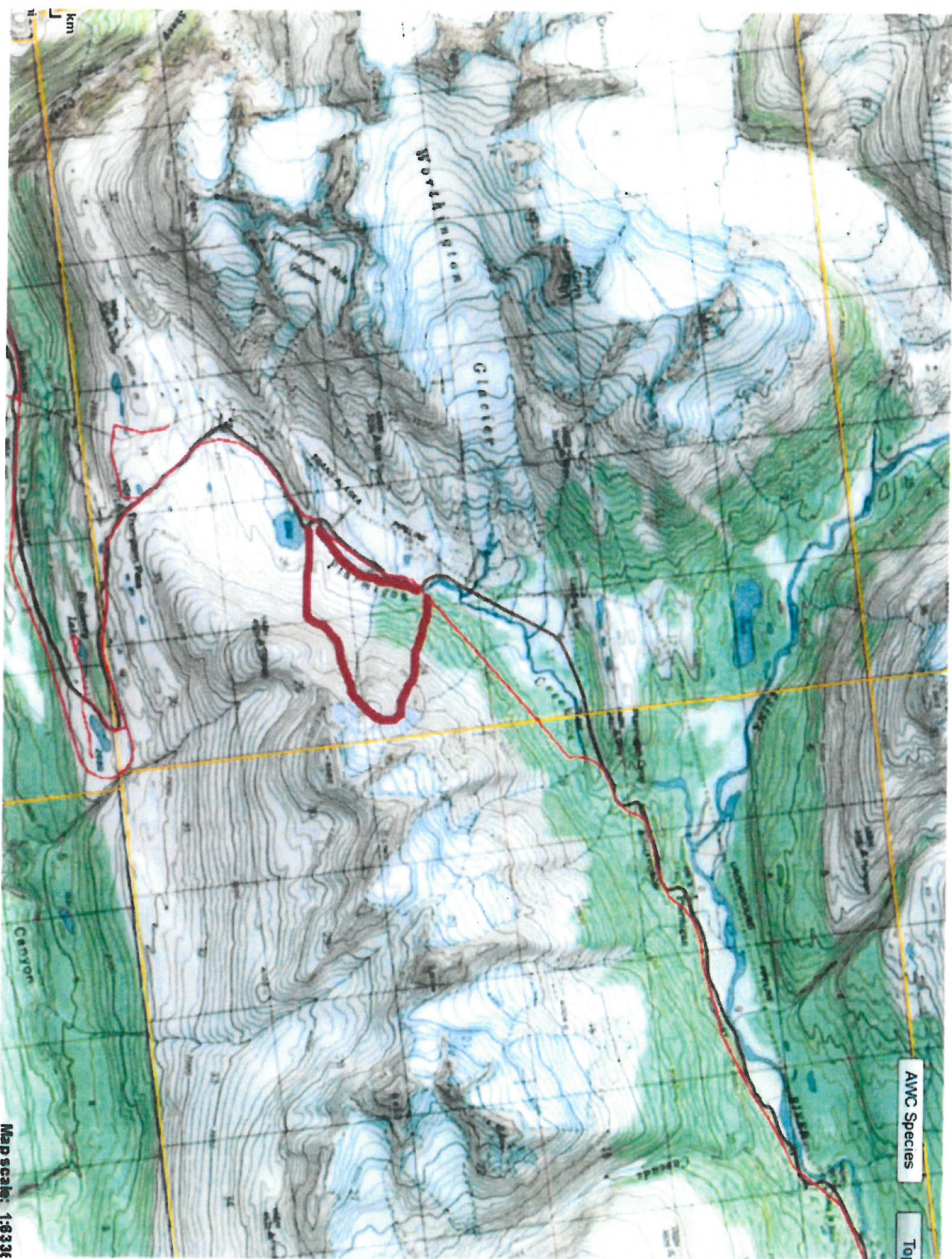
8/3/17

Date



145° 38' 28.372" W USNG: 06V WN 73169 87442 (NAD 83)

Scale 1:30,112



AWC Species

Top

Map scale: 1:6336

Safety Plan

Purpose: The safety plan provides the City of Valdez emergency responders with basic information concerning the event and any safety related issues or hazards.

| Number | Title | Instructions |
|--------|--------------------------------------|---|
| 1 | Name of Event | Enter name of event |
| 2 | Event Date(s) | Enter the date or dates of the event is to occur |
| 3 | Event Time | Enter start and finish time of the event |
| 4 | Address | Enter the location at which the event is to be held |
| 5 | # of Participants | Enter the estimated number of participants for the event |
| 6 | Event Coordinator | Name of person coordinating event |
| 7 | Address/Phone | |
| 8 | Point of Contact | Name of onsite point of contact and phone number |
| 9 | Description of Event | Brief description of event |
| 10 | Resources Request | List of resources that are being requested by the event, ie ambulance with crew stand-by, medical personnel only stand-by at medical aid station |
| 11 | Medical Plan: Medical Aid Station(s) | If the event has medical aid station(s) set up, name of point of contact for that station(s), location of station(s), contact information and the level of care being provided at the medical aid station(s) |
| 12 | Medical Plan: Transportation | For ground transport, where is the patient pick up location. For air, is an LZ set-up and does it meet the requirements |
| 13 | Special Medical Emergency Procedures | Need for back county rescue type services, access by snow machine and/or helicopter for example |
| 14 | Drawing/Map of Location | Show a drawing or attach a map indicating the location of the event and the surrounding area, show items that relate to the event, ie medical aid station(s), event check in areas, patient transport locations, landing zones. |
| 15 | Special Hazards | List any special hazards that maybe associated with the event, ie avalanche dangers, swift water areas, cold exposure for example |
| 16 | Communications Plan | If utilizing radios, list the frequencies being used, satellite and/or cell phone number(s) |
| 17 | Additional Information | List any additional information that is pertinent to the event that is not listed anywhere else in the safety plan |
| 18 | Prepared By | Printed name of person preparing this safety plan and contact number for any follow up question concerning the event, date the plan was filled out and signature of person preparing the safety plan |

APPENDIX A - Sample Site Safety Plan
Safety Plan

Name of Event: Valdez mountain man hillclimb

Event Date(s): From: 04 / 20 / 18 To: 04 / 22 / 18

Event Time: Start: 0900 Finish: 1800

Site Address/Location: Thompson pass mile 30 Richardson

Estimated Number of Participants: 100 - 150

Event Coordinator: Spook Metzger / Rick Ioffin

Address: Po Box 3202 Valdez AK Phone#: _____

Point of Contact (On-Site): Spook / Rick Phone#: 907-831-0902
907-461-7125

Description of Event:
3 day event that racers climb odyssey mt.
Against competitors.

Resources being requested from the Fire Department:

Ems. With Ambulance on site from 0900-1800

Medical Plan: (Use additional pages, if needed) (ICS206)

| Medical Aid Stations | | | |
|--------------------------------------|----------|---------------------------|---------------|
| Name | Location | Contact: (Phone/Radio) | Level of Care |
| | | | |
| | | | |
| | | | |
| Transportation | | | |
| Ground Location | | | |
| Air (Landing Zone) | | | |
| Special Medical Emergency Procedures | | | |
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APPENDIX A - Sample Site Safety Plan
Safety Plan

| | | | | | |
|---|--|-----------------|-------------------------------|----------|--|
| Event Title | | | Valdez Mountain Man Hikeclimb | | |
| Drawing of event location and/or attach Map <div style="text-align: center; font-size: 2em; color: blue;">see attached map</div> | | | | | |
| Special Hazards | | | | | |
| Avalanche. | | | | | |
| Rocks. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Communication (ICS 205 if needed) | | | | | |
| Radio: | | Freq: | | Freq: | |
| Satellite Phone: | | # | | # | |
| Cell Phone: | | # | | # | |
| Additional Information | | | | | |
| | | | | | |
| | | | | | |
| Prepared by: | | Contact Number: | | Date: | |
| Spook metzger | | 907-831-0902 | | 08-03-17 | |
| Signature: | | | | | |