

## 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, February 25, 2016 @ 6:00 p.m.

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1. **Roll Call**
2. **Audience Comments**
3. **Approval of the Minutes of the January 28, 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. Dock and Maintenance Activities Report
    - ii. Facebook Report
    - iii. Buck Lake Boat Use Report
    - iv. Consideration of Proposal for CDD Sidewalk
7. **District Manager's Report**
  - A. January 31, 2016 Financial Statements
  - B. Invoice Approval #190, Check Register and Debit Invoices
  - C. Approval of Requisition 002
  - D. Approval of Facility Usage Application for Harmony Community Church
  - E. Approval of Facility Usage Application for the St. Cloud Soccer Club
8. **Supervisor Requests**
9. **Adjournment**

**NOTES:** The next meeting is scheduled for Thursday, March 31, 2016 at 6:00 p.m.

**7D.**

**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 Community Church

Address: PO Box 702379 St. Cloud, FL 34770

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: Melanie Chandler    E-mail: Melanie@HarmonyCommunityChurch

Work Phone: \_\_\_\_\_    Cell Phone: 407-433-6844

**EVENT INFORMATION**

Type of event: Movie Night

Requested location: Town Square

Event date(s): April 23rd Times From: 5 (a.m./p.m.) To: 11 (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.*

**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? \_\_\_\_\_

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: Melanie Chandler

Date: 2/2/16

Printed Name: Melanie Chandler

**APPROVAL FROM HARMONY CDD**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**7E.**

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

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**APPLICANT INFORMATION**

Name of Entity/Organization/Company: St Cloud Soccer Club

Address: PO Box 701835 St Cloud FL 34770

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: Frank Butcofski    E-mail: frank.butcofski@stcloudsoccer.org

Work Phone: 570-814-0410    Cell Phone: None

**EVENT INFORMATION**

Type of event: Harmony Community Soccer League (Spring 3/1 - 5/31) <sup>approx</sup>

Requested location: Soccer fields

Event date(s): Mon + Wed    Times From: 9:00 a.m. (p.m.) To: 12:00 a.m. (p.m.)

Anticipated # of attendees: 50    What age group? U5 - U13

**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** - Kept from last season.

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**VENDORS/MERCHANDISE**

n/a.

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How many vendor/merchandise locations will your event require? \_\_\_\_\_

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

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Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/ Pager: \_\_\_\_\_ Email: \_\_\_\_\_

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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.


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- 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:  \_\_\_\_\_

Date: 1/24/16

Printed Name: Frank Butcofski

**APPROVAL FROM HARMONY CDD**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_