

AGENDA

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, May 26, 2016 @ 6:00 p.m.

- 1. Roll Call**
- 2. Audience Comments**
- 3. Approval of the Minutes of the April 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. Facilities Maintenance (Parks, Ponds, Boats, etc.)
 - ii. Facilities Usage (Boat & Others)
 - iii. Facebook Activities
 - iv. Consideration of Proposal from Chapco Fence, LLC for Replacement of All Chain Link Fences in the Dog Park
- 7. District Manager's Report**
 - A. Financial Statements for April 30, 2016
 - B. Invoice Approval #193, Check Register and Debit Invoices
 - C. Report on Number of Registered Voters (1,101)
 - D. Distribution of the Proposed Budget for Fiscal Year 2017 and Consideration of Resolution 2016-03 Approving the Budget and Setting the Public Hearing
 - E. Consideration of Facility Usage Application for Champions Grill for a Summer Pool Party
 - F. Consideration of Facility Usage Application for Harmony Social Committee for the Food Truck Event
 - G. Consideration of Facility Usage Application for Harmony Social Committee for the Bubble Soccer Family Event
- 8. Topical Subject Discussions**
 - A. Discussion of Chairman's Comments Regarding Facebook
- 9. Supervisors' Requests**
- 10. Adjournment**

NOTES: The next meeting is scheduled for Thursday, June 30, 2016 at 6:00 p.m.

Seventh Order of Business

7E.

**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: Champions Grill

Address: 7251 Five Oaks Drive Harmony FL 34773

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: Jennifer Abrahamson E-mail: jabrahamson@harmonygp.com

Work Phone: 407-891-8525 Cell Phone: 407-709-0187

EVENT INFORMATION

Type of event: Summer Pool Party

Requested location: Clubhouse Pool

Event date(s): June 11, 2016 Times From: 12pm (a.m./p.m.) To: 4pm (a.m./p.m.)

Anticipated # of attendees: 75 What age group? 0 - 70

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? Two

Please describe vendors/type that will occur on day of event: DJ and Champions Grill selling hot dogs, hamburgers from the grill on pool deck

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: Champions Grill (Will be grilling & selling hot dogs, hamburgers)

Contact Person: Jennifer Abrahamson

Address: 7251 Five Oaks Drive

City: Harmony State: FL Zip Code: 34773

Work Phone: 407-891-8525 Fax: _____

Cell/ Pager: 407-709-0187 Email: jabrahamson@harmonygp.com

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: _____

Date: _____

Printed Name: _____

APPROVAL FROM HARMONY CDD

Signature: _____

Date: _____

Printed Name: _____

Title: _____

7F.

**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: Food Truck event with family movie night

Requested location: Harmony town square

Event date(s): 6/25/2016 Times From: 5:00 (a.m./p.m.) To: 10:00 (a.m./p.m.)

Anticipated # of attendees: 150 What age group? all (trucks until 9)

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.

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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? 3 food trucks
1 ice cream truck

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

currently reaching out to Harmony residents with businesses

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

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Phone (407) 343-3400

Osceola County Parks and Recreation Department:

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County Waste Management: Phone (407) 847-7370

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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.

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.

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- 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: 5/24/16

Printed Name: Carolyn Festa

APPROVAL FROM HARMONY CDD

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Food Trucks:

We will have 3 trucks contracted through Vendcorp and are awaiting individual truck information.

Vendcorp LLC

Phone: 703-468-3663

Email: vendorcopllc@gmail.com

Fax: 908-923-8195

Ice Cream Cart:

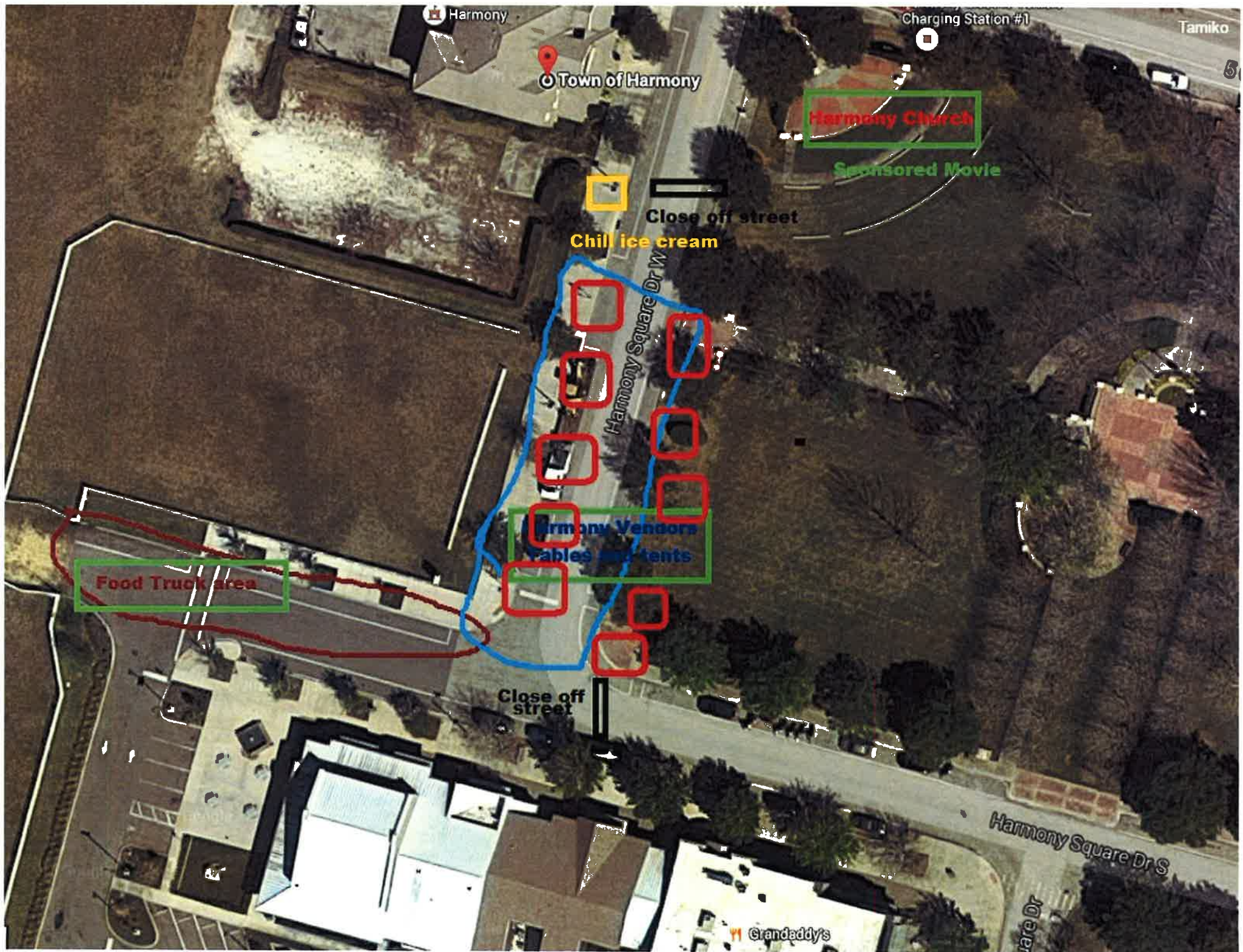
Chill Pop Lounge

863 N Narcoosee Road

St. Cloud, FL 34771

Phone: 407-704-0295

We are in the process of reaching out to Harmony residents that would like to set up booths/tents for their businesses. Information will be provided at a later date.



Harmony

Charging Station #1

Tamiko

Town of Harmony

Harmony Church

Sponsored Movie

Close off street
Chill ice cream

Harmony Square Dr W

Harmony Vendors
Tables and tents

Food Truck area

Close off street

Harmony Square Dr S

Grandaddy's

7G.

**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: carolynannfesta@gmail.com

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

EVENT INFORMATION

Type of event: Bubble Soccer family event

Requested location: bucklake soccer field / Lake shore park

Event date(s): 6/5/16 Times From: 4:00 (a.m./p.m.) To: 6:30 (a.m./p.m.)

Anticipated # of attendees: 60 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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How many vendor/merchandise locations will your event require? 1

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

Chill Pop Lounge (ice cream)

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: _____

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Date: 5/24/16

Printed Name: Carolyn Festa

APPROVAL FROM HARMONY CDD

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Ice Cream Cart:

Chill Pop Lounge

863 N Narcoosee Road

St. Cloud, FL 34771

Phone: 407-704-0295