

# City of Aurora 2024 Neighborhood Support Funding National Night Out

Name of Event			
Sponsoring Gro	up/Individual		
organizing the event	beginning stages of forming	ion. Establish	de names of three people involved with ed groups may receive funds prior to the eipts after the event.)
Contact Name _			
Phone #		Cell #	
Email Address _			
Address			
City	State	_	Zip
Description of S	Sponsoring Organization	on	
Purpose of Prop	oosed Event		
Description of F	Proposed Event	_	

Please check applicable funding type for this event:

National Night Out (National Night Out Event held on August 6, 2024 are eligible for funding, with priority given to new NNO events/locations that expand neighborhood participation. Support for existing NNO events will be considered if funds are available. (Funds awarded will be up to \$500 per event.)  Date of 2024 Event: 8/6/2024 Time of 2022 Event − From To:  Location of Event (Street Address):  Estimated Attendance at Event:  Will the street, or any portion of the street be closed to traffic? Yes No		oup; to help support/ will be given to event	
Estimated Attendance at Event:  Will the street, or any portion of the street be closed to traffic?  Yes No	funding, with priority given to n participation. Support for existing	new NNO events/locating NNO events will be	ions that expand neighborhood
Will the street, or any portion of the street be closed to traffic?  Yes No If yes, the Neighborhood Party Street Closure Request must be completed and returned with this application.  Has funding been previously provided for this event?  Yes No; If yes, number of years:  Neighborhood Festival Funds:  Yes No; If yes, number of years:  Event Funding Sources, Including In-Kind Donations (include in the "Event Budget" section):  1. \$  2. \$  3. \$  4. \$  5. \$  5. \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$			FromTo:
Yes No If yes, the Neighborhood Party Street Closure Request must be completed and returned with this application.  Has funding been previously provided for this event? Yes No; If yes, number of years:  Event Funding Sources, Including In-Kind Donations (include in the "Event Budget" section):  1. \$  2. \$  3. \$  4. \$  5. \$  5. \$  \$  5. \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	<b>Estimated Attendance at Event</b>	<b>::</b>	
Yes No; If yes, number of years:   Neighborhood Festival Funds:   Yes No; If yes, number of years:   Event Funding Sources, Including In-Kind Donations (include in the "Event Budget" section):   1. \$   2. \$   3. \$   4. \$   5. \$   5. \$	Yes No		
Yes       No;       If yes, number of years:         Event Funding Sources, Including In-Kind Donations (include in the "Event Budget" section):         1.       \$         2.       \$         3.       \$         4.       \$         5.       \$			
1       \$         2       \$         3       \$         4       \$         5       \$	Neighborhood Festival Funds:  Yes No;	If yes, number of yea	ars:
2       \$         3       \$         4       \$         5       \$	Event Funding Sources, Including	ng In-Kind Donations	(include in the "Event Budget" section):
3       \$         4       \$         5       \$	1		\$
4 \$ 5 \$	2		\$
5 \$	3		\$
	4		\$
Total \$	5		\$
		Total	\$

**Event Budget:** 

<u>Item/Category Description</u>	Estimated Cost
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
Total Proposed Budget	\$
Amount of Funding from Other Sources (non-city)	\$
Total Funding Assistance Requested from the city (This amount should not exceed the event budget, and should be no more than the allowed amount under this application.)	\$
Applicant Signature/Date	
I understand that checking this box constitutes a binding and legal signature, execu	uting this document.
APPLICATION DEADLINE: June 1, 2024 This is a firm date. Applicat	ions received after

6/1/24/will not be considered.

Return completed application with signed Hold Harmless Agreement, W-9 to: **Community Services Department, NATIONAL NIGHT OUT Support Team** City of Aurora, 44 E. Downer Place, Aurora, IL 60507

Email to: hakalad@aurora.il.us and COANNO@aurora.il.us.

To deliver in person: 44 East Downer, 4th Floor, Aurora, IL



Community Services 44 E Downer Place Aurora, IL 60505 (630)256-3400

#### STREET CLOSING REQUEST FORM

Date:					
То:	Chief David N Asst. Chief Ke Sgt. Dan Woo	Office Street Department McCabe, Fire Departme evin Nickel, Fire Departi ods, Traffic Division, A.F. e, Keith Cross, A.P.D.	ment		
From:	Alderman Ward				
The re	equest to clos	e	Street, betw	veen	Street/block
	een <b>approved</b>	Street/block on, l.	from	a.m./p.m. t	toa.m./p.m.
please	before the e	uld be dropped off at _vent. In the event the b Street Department at (6 will be picked up on th	oarricades hav 630)256-3680	to check on their	delivery status and
Date	-			 Alderman	

Noise Abatement Ordinance Requirement – In accordance with Sec. 29-205(5) of the Noise abatement Ordinance, "the unreasonably loud and raucous use or operation of a loudspeaker, amplifier, public address system or other device for producing or reproducing sound" is not allowed. Noncompliance with this section of the Code of Ordinances may result in a determination by the Police Department that the sound level is not reasonable, and a ticket may be issued.



### **HOLD HARMLESS AGREEMENT**

Please read the following thoroughly, fill in all blanks, sign and return with the Neighborhood Support Funding Application.
(Sponsoring organization or group), for and in consideration of funding assistance from the City of Aurora, Community Services Division, 44 E. Downer Place, Aurora, Illinois 60507, hereby agrees to indemnify and hold harmless the City of Aurora, Illinois, its agents, public officials, officers, employees and authorized volunteers, from and against any and all legal actions, claims, damages, losses or expenses arising out of the permitted activity or any activity associated with the conduct of the applicant's operations, including but not limited to claims for personal or bodily injury, disease or death, or injury to or destruction of property, excluding claims caused by the willful commission or omission by the employees of the City of Aurora acting within the scope of their employment. Further the applicant agrees to indemnify the City of Aurora and any of its agents, public officers, officials or employees and authorized volunteers for any attorney's fees and court costs incurred or to be incurred in defending any actions brought against them as a result of the applicant's use of public property as set forth in this application.
LIABILITY WAIVER:
The applicant agrees for itself and/or its employees, agents or volunteers associated or to be associated with the activity for which this application is being sought, to waive and relinquish all claims that may result in any manner against the City of Aurora, its agents, public officers, officials, or employees and authorized volunteers from said applicant, except for acts caused by the willful and wanton misconduct by employees of the City of Aurora acting within the scope of their employment.
I have read and understand the above hold harmless and liability waiver.
Signature: Date:
I understand that checking this box constitutes a binding and legal signature, executing this document.



#### This Form is to be Used Only for National Night Out

Please indicate the items (with the number) you need for your NNO event:

Item	Yes/No	#	Notes
Flyers 100 max.			
Yard Signs 6 max.			
Port-A-Potty 1 max.			
Below is a list of Aurora Police Department equipment that may be available.  Please list the top three choices (1,2,3) you would like at your event.			

Equipment	Priority	Notes
McGruff		
Command Post		
Armored Vehicle/Bearcat		
Police Puppy		
Canine (no demo)		
We would like an AFD Fire Dep	artment truck to visit our NNC	event. yes no
NNO Tee Shirts: yes, no	Sizes (up to 3 tees) 1 _	
	2_	
	3	

## National Night Out and Neighborhood Connector Event Diagram for Bounce Houses & Port-A-Potty

Please provide a rough layout of where you want the bounce house & port-a-potty to be placed at the location of your event. Please remember to include - parking area, driveway, streets, buildings, and other identifying characteristics

Name of Event	
Coordinator & Phone Number	
Event Address	
Time of Event	
Is electricity available?  Yes  No	Generator: Yes No (Only if no electricity is available)