



KUNA EVENT PLAN

An Event Plan is required for any public event that will occur within the City of Kuna and shall be submitted with a completed Rental Request and Rental Agreement form.

Event: _____ Event Sponsors _____
(If applicable)

Event Date (s): _____ Event hours of operation _____

Contact person and phone: _____

Address: _____
(City, State, Zip Code)

Name and phone of contact person during event: _____

A drawing depicting the event area/course/route

An aerial view from Google map or similar program is acceptable

The drawing should include:

1. The overall event and even component boundaries, the route-start / finish line, etc
2. If booths / tables will be used, where will they be located?
3. Vendor location? Registration location? Awards location?
4. Entrances / exits and Staging area(s)
5. Seating areas for any types of parades, performances, races, etc
6. Area(s) to be fenced off
7. Type of fencing to be used and how fencing will be secured or staked
8. Pedestrian and walk way areas
9. Accommodations for disabled
10. Traffic crossing for foot traffic – especially for the kids and elderly
11. Noise cautions
12. Parking areas – for all vehicles
13. Un-loading and loading locations for any event components such as vendors, staging, floats, etc
14. Hygiene locations to include portable restrooms

A brief narrative describing:

1. Contact information for parking/traffic/pedestrian overflows coordination, safety and concerns –
2. Date and hours of operation and duration
3. Plan for parking/traffic/pedestrians specifically as noted above
4. General safety for the public
5. Potential numbers of participants, vehicles and pedestrians – can be based on previous attendance numbers
6. Confirmation the Kuna Police and the Fire Department have been contacted and understand the details and plans for the event(s) – in case of an emergency, they would be fore-warned.
7. Confirmation all City permitting has been obtained such as vendor or catering permits.

Additional items:

1. Name the City (and the Union Pacific Railroad Co when applicable) as additional insured.
Please fax a copy to the City to show the City is named as an additional insured. FAX - 922.5989. Insurance coverage should be in the amount of \$2,000,000/Incident and \$4,000,000 / aggregate.
2. Demonstrate coordination for necessary items with ACHD / ITD. Send in approvals.
3. Items deemed necessary depending on the activity.