

**CITY OF CLEWISTON**  
**CITY COMMISSION FINAL MILLAGE AND BUDGET**  
**PUBLIC HEARING**  
**REGULAR CITY COMMISSION MEETING IMMEDIATELY**  
**FOLLOWING**  
**AMENDED AGENDA**

**September 24, 2026, at 5:05 PM**

**City Hall Commission Chambers – 115 W Ventura Avenue**

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**Commission:**

James Pittman, Mayor  
Hilary Hyslope, Vice Mayor  
Mali Gardner, Commissioner  
Barbara Edmonds, Commissioner  
Jason Williams II, Commissioner

**Administration:**

City Manager, Danny Williams  
City Attorney, Kaylee Tuck  
City Clerk, Fransheska Berrios, CMC

**Civility:** Being "civil" is not a restraint on the First Amendment right to speak out, but it is more than just being polite. Civility is stating your opinions and beliefs, without degrading someone else in the process. Civility requires a person to respect other people's opinions and beliefs even if he or she strongly disagrees. It is finding a common ground for dialogue with others. It is being patient, graceful, and having a strong character. That is why we say "Character Counts" in the City of Clewiston. Civility is practiced at all City meetings.

**Special Needs:** In accordance with the provisions of the American with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall within three business days prior to any proceeding, City Hall is wheelchair accessible and accessible parking spaces are available. Please contact the City Clerk's office at (863) 983-1484, extension 104, or email [fransheska.berrios@clewiston-fl.gov](mailto:fransheska.berrios@clewiston-fl.gov) for information or assistance.

**Quasi-Judicial Hearings:** Some of the matters on the agenda may be "quasi-judicial" in nature. City Commission Members are required to disclose all ex-parte communications regarding these items and are subject to voir dire (a preliminary examination of a witness or a juror by a judge or council) by any affected party regarding those communications. All witnesses testifying will be "sworn" prior to their testimony. However, the public is permitted to comment, without being sworn. An unsworn comment will be given its appropriate weight by the City Commission.

**Appeal of Decision:** If a person decides to appeal any decision made by the City Commission with respect to any matter considered at this meeting, he or she will need a record of the proceeding, and for that purpose, may need to ensure that a verbatim record of the proceeding is made, which record includes any testimony and evidence upon which the appeal will be based.

**Consent Calendar:** Those matters included under the Consent Calendar are typically self-explanatory, noncontroversial, and are not expected to require review or discussion. All items will be enacted by a single motion. If discussion on an item is desired, any City Commission Member, without a motion, may "pull" or remove the item to be considered separately. If any item is quasi-judicial, it may be removed from the Consent Calendar to be heard separately, by a City Commission Member, or by any member of the public desiring it to be heard, without a motion.

## **CITY COMMISSION AGENDA ITEMS:**

**Amendment Notice:** Certain items included on the previously distributed agenda have been removed from the September 24, 2026, meeting and are anticipated for consideration at a meeting in October 2026. The Commission will take no action on those items on September 24. An updated agenda will be issued for the October meeting.

### **CALL TO ORDER**

### **PRAYER AND PLEDGE OF ALLEGIANCE**

### **ROLL CALL**

### **ADDITIONS, DELETIONS, MODIFICATIONS AND APPROVAL OF THE AGENDA**

### **COMMENTS FROM THE PUBLIC ON NON-AGENDA ITEMS**

### **FINAL BUDGET PUBLIC HEARING**

1. Consideration of **Resolution No. 2026-46** adopting the Millage Rate for Fiscal Year 2026-2027
2. Consideration of **Resolution No. 2026-47** adopting the Final Budget for the Fiscal Year 2026-2027

### **REGULAR MEETING AGENDA**

#### **PRESENTATION**

3. Life Saving Award Presentation – Chief Salgado
4. Proclamation Recognizing National Diaper Need Awareness Week

#### **CONSENT AGENDA**

5. Consideration of **Resolution No. 2026-48** approving the State Aid to Libraries Certification of Hours, Free Library Service, and Access to Materials
6. Consideration of **Resolution No. 2026-49** approving the State Aid to Libraries Grant Agreement between the State of Florida, Department of State and the City of Clewiston for and on behalf of the Hendry County Library Cooperative

#### **REGULAR AGENDA**

7. Consideration and approval of the following special event applications, subject to applicable departmental reviews and requirements. ***No fee waiver is included***
  - a. CHS Homecoming Bonfire – September 30, 2026
  - b. CHS Homecoming Parade- October 2, 2026
  - c. Hendry County Fair Food Truck Festival – October-December 2026
  - d. Glades Lives Matter Town Hall Meeting September 23, 2026
8. Consideration and Approval of the 2026–2027 PRM Insurance Renewal and Coverage Term

### **CITY STAFF COMMENTS**

City Manager

City Attorney

City Staff

### **CITY COMMISSION COMMENTS**

Commissioner Barbara Edmonds

Commissioner Mali Gardner

Commissioner Jason Williams II

Vice Mayor Hilary Hyslope

Mayor James Pittman

## **ADJOURNMENT**

**Comment Cards:** Anyone from the public wishing to address the City Commission, it is requested that you complete a Comment Card before speaking. Please fill it out completely with your full name and address so that your comments can be entered correctly in the minutes and given to the City Clerk. During the agenda item portion of the meeting, you may only address the item on the agenda being discussed at the time of your comment. During public comments, you may address any item you desire. Please remember that there is a three (3) minute time limit on all public comments. Any person who decides to appeal against any decision of the Commission with respect to any matter considered at this meeting will need a record of the proceedings and for such purposes may need to ensure that a verbatim record of the proceedings is made, which includes testimony and evidence upon which the appeal is to be based. Persons with disabilities requiring accommodation to participate should contact the City Clerk's Office (863-983-1484), at least 48 hours in advance to request such accommodation.



## Agenda Item Memorandum

**TO:** City Commission of the City of Clewiston

**FROM:** Timothy Pruitt, Finance

**VIA:** Danny Williams, City Manager

**DATE:** September 24, 2026

**SUBJECT:** Consideration of **Resolution No. 2026-46** adopting the Millage Rate for Fiscal Year 2026-2027.

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### Background:

- ☐ The Hendry County Property Appraiser certified the City of Clewiston's gross taxable value for FY 2026–2027 at **\$444,729,517**.
- ☐ The millage rate of **6.0752 mills** is equal to the rolled-back rate, thereby generating the same ad valorem revenue as the prior year, not including new construction and improvements.
- ☐ Adoption of this rate ensures compliance with Truth in Millage (TRIM) requirements and allows the City to proceed with budget hearings.

### Attachments:

- a. Resolution No. 2026-46

### Fiscal Impact:

Adopting the millage rate of 6.0752 mills maintains the City's ad valorem revenue at the rolled-back level, adjusted only for new construction and property improvements. This millage rate will support operations and services as outlined in the proposed FY 2026–2027 budget.

### Recommendations:

City staff recommends that the City Commission adopt **Resolution No. 2026-46**, setting the millage rate for Fiscal Year 2026–2027 at **6.0752 mills**, which is the rolled-back rate.

**CITY OF CLEWISTON  
RESOLUTION 2026-46**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA, ADOPTING THE FINAL MILLAGE RATE FOR FISCAL YEAR 2027, BEGINNING OCTOBER 1, 2026, AND ENDING SEPTEMBER 30, 2027; PROVIDING AND ANNOUNCING THE NAME OF THE TAXING AUTHORITY, THE ROLLED-BACK MILLAGE RATE, THE PERCENTAGE INCREASE OVER THE ROLLED-BACK MILLAGE RATE, AND THE MILLAGE RATE TO BE LEVIED; PROVIDING FOR AN EFFECTIVE DATE.**

**WHEREAS**, Florida Statutes s. 200.065 requires the adoption of the millage rate by separate vote prior to adoption of the annual budget; and

**WHEREAS**, Florida Statutes s. 200.065 requires that prior to adoption of the millage-levy, the following be publicly announced: the name of the taxing authority, the rolled-back millage rate, the percentage increase over the rolled-back millage rate, and the millage rate to be levied; and

**WHEREAS**, in no event may the millage adopted exceed the millage rate tentatively adopted.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA:**

1. The millage rate Resolution is hereby considered after 5:00pm.
2. The millage rate Resolution is hereby considered by separate vote prior to the budget Resolution.
3. The name of the taxing authority is the City of Clewiston.
4. The rolled-back millage rate for fiscal year 2027 is 6.0752.
5. The fiscal year 2027 tentatively adopted millage rate was 6.0752 mills per \$1,000 of taxable value.
6. The adopted final millage rate to be levied for fiscal year 2027 shall be 6.0752 mills per \$1,000 of taxable value.
7. The fiscal year 2027 adopted millage rate is 0.00% higher than the rolled-back rate.
8. This Resolution shall take effect immediately upon adoption.

Commissioner \_\_\_\_\_ offered the foregoing resolution. Commissioner \_\_\_\_\_ seconded the motion, and upon being put to a vote, the vote was as follows:

|                                      | <b>Aye</b>               | <b>Nay</b>               | <b>Absent</b>            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>JAMES PITTMAN, MAYOR</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>HILLARY HYSLOPE, VICE MAYOR</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BARBARA EDMONDS, COMMISSIONER</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MALI GARDNER, COMMISSIONER</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>JAMES WILLIAMS, COMMISSIONER</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PASSED AND ADOPTED by the City Commission of the City of Clewiston, Florida, this **24th** day of **September** 2026.

ATTEST:

CITY OF CLEWISTON, FLORIDA

\_\_\_\_\_  
Fransheska Berrios, City Clerk

\_\_\_\_\_  
James Pittman, Mayor

(MUNICIPAL SEAL)

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By: \_\_\_\_\_  
Kaylee Tuck, City Attorney



## Agenda Item Memorandum

**TO:** City Commission of the City of Clewiston

**FROM:** Timothy Pruitt, Finance

**VIA:** Danny Williams, City Manager

**DATE:** September 24, 2026

**SUBJECT:** Consideration of **Resolution No. 2026-47** adopting the Final Budget for the Fiscal Year 2026-2027.

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### Background:

The City Commission of the City of Clewiston, Florida, previously considered and adopted the tentative budget for the fiscal year commencing October 1, 2026, and ending September 30, 2027. In accordance with Florida Statutes, Section 200.065, the City Commission will conduct the final public budget hearing to receive public input and consider final adoption of the Fiscal Year 2026-2027 budget. Following consideration of any final amendments or adjustments, the budget will establish the City's approved financial plan for the operation of City services, programs, and capital improvements for Fiscal Year 2026-2027.

### Attachments:

#### a. Resolution No. 2026-47

### Fiscal Impact:

The final budget for the City of Clewiston for Fiscal Year 2026-2027, in the total amount of **\$56,759,353**, is presented for final adoption by the City Commission. Upon approval of **Resolution No. 2026-47**, the budget will serve as the City's official financial plan for the operation of its various funds, including but not limited to the General Fund, Enterprise Funds, and Capital Improvement Funds, as presented in the budget document attached hereto as Exhibit A and incorporated herein by reference

### Recommendations:

City staff recommend that the City Commission adopt **Resolution No. 2026-47**.

**CITY OF CLEWISTON  
RESOLUTION 2026-47**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA, ADOPTING THE BUDGET FOR FISCAL YEAR 2027, BEGINNING OCTOBER 1, 2026, AND ENDING SEPTEMBER 30, 2027; PROVIDING FOR AN EFFECTIVE DATE.**

**WHEREAS**, Florida Statutes s. 166.241 requires the adoption of a budget each fiscal year ("FY").

**WHEREAS**, the amount available from taxation and other sources, including balances brought forward from prior years, must equal the total appropriations for expenditures and reserves.

**WHEREAS**, the adopted budget must show for each fund, as required by law and sound financial practices, budgeted revenues and expenditures by organizational unit which are at least at the level of detail required for the annual financial report required under Florida Statutes s. 218.32(1).

**WHEREAS**, the adopted budget must regulate expenditures of the municipality, and an officer of a municipal government may not expend or contract for expenditures in any fiscal year except as pursuant to the adopted budget.

**WHEREAS**, the City of Clewiston FY 2027 adopted budget is balanced; is presented at the level of detail required to file the annual financial report; and shall regulate expenditures of the City for the period beginning October 1, 2026, and ending September 30, 2027.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA:**

1. The budget Resolution is hereby considered after 5:00pm.
2. The FY 2027 adopted budget document summary, attached hereto as Exhibit A, is adopted by reference and made part of this Resolution.
3. This Resolution shall take effect immediately upon final adoption.

Commissioner \_\_\_\_\_ offered the foregoing resolution. Commissioner \_\_\_\_\_ seconded the motion, and upon being put to a vote, the vote was as follows:

|                                      | <b>Aye</b>               | <b>Nay</b>               | <b>Absent</b>            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>JAMES PITTMAN, MAYOR</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>HILLARY HYSLOPE, VICE MAYOR</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BARBARA EDMONDS, COMMISSIONER</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MALI GARDNER, COMMISSIONER</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>JAMES WILLIAMS, COMMISSIONER</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PASSED AND ADOPTED by the City Commission of the City of Clewiston, Florida, this **24th** day of **September** 2026.

ATTEST:

CITY OF CLEWISTON, FLORIDA

\_\_\_\_\_  
Fransheska Berrios, City Clerk

\_\_\_\_\_  
James Pittman, Mayor

(MUNICIPAL SEAL)

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By: \_\_\_\_\_  
Kaylee Tuck, City Attorney

**BUDGET SUMMARY**  
**City of Clewiston, Florida - Fiscal Year 2027**

**THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CITY OF CLEWISTON ARE 8.0% MORE THAN LAST YEAR'S  
TOTAL OPERATING EXPENDITURES.**

| <b>General Fund</b>                                           |                     | 6.0752               |                     |                      |                      |
|---------------------------------------------------------------|---------------------|----------------------|---------------------|----------------------|----------------------|
|                                                               |                     | GENERAL              | SPECIAL<br>REVENUE  | ENTERPRISE<br>FUNDS  | TOTAL ALL<br>FUNDS   |
| <b>ESTIMATED REVENUES</b>                                     |                     |                      |                     |                      |                      |
| Taxes:                                                        | Millage per \$1,000 |                      |                     |                      |                      |
| <b>Ad Valorem Taxes</b>                                       | <b>6.0752</b>       | \$ 2,593,748         | \$ 1,103,949        | \$ -                 | \$ 3,697,697         |
| Other Taxes                                                   |                     | 3,203,930            | -                   | -                    | 3,203,930            |
| Licenses, Permits, and Fees                                   |                     | 138,075              | -                   | -                    | 138,075              |
| Intergovernmental                                             |                     | 9,033,484            | 163,853             | 5,572,000            | 14,769,337           |
| Charges for Services                                          |                     | 3,459,396            | -                   | 22,659,950           | 26,119,346           |
| Fines and Forfeitures                                         |                     | 18,500               | -                   | -                    | 18,500               |
| Miscellaneous                                                 |                     | 235,824              | 45,000              | 588,526              | 869,350              |
| <b>TOTAL SOURCES</b>                                          |                     | <b>18,682,957</b>    | <b>1,312,802</b>    | <b>28,820,476</b>    | <b>48,816,235</b>    |
| Transfers                                                     |                     | 1,327,061            | -                   | -                    | 1,327,061            |
| Fund Balances/Reserves/Net Assets                             |                     | 1,710,972            | 1,595,699           | 3,309,386            | 6,616,057            |
| <b>TOTAL REVENUES, TRANSFERS,<br/>RESERVES &amp; BALANCES</b> |                     | <b>\$ 21,720,990</b> | <b>\$ 2,908,501</b> | <b>\$ 32,129,862</b> | <b>\$ 56,759,353</b> |
| <b>EXPENDITURES</b>                                           |                     |                      |                     |                      |                      |
| General Government                                            |                     | \$ 2,817,073         | \$ 1,058,200        | \$ -                 | \$ 3,875,273         |
| Public Safety - Police                                        |                     | 2,964,380            | -                   | -                    | 2,964,380            |
| Public Safety - Fire                                          |                     | 4,607,840            | -                   | -                    | 4,607,840            |
| Physical Environment                                          |                     | 1,395,078            | -                   | 21,738,774           | 23,133,852           |
| Transportation                                                |                     | 1,842,441            | -                   | -                    | 1,842,441            |
| Cultural/Recreation                                           |                     | 3,383,473            | 163,853             | -                    | 3,547,326            |
| Capital Projects                                              |                     | 4,710,705            | 1,686,448           | 8,020,400            | 14,417,553           |
| Debt Service                                                  |                     | -                    | -                   | 1,043,627            | 1,043,627            |
| <b>TOTAL EXPENDITURES</b>                                     |                     | <b>21,720,990</b>    | <b>2,908,501</b>    | <b>30,802,801</b>    | <b>55,432,292</b>    |
| Transfers                                                     |                     | -                    | -                   | 1,327,061            | 1,327,061            |
| Fund Balances/Reserves/Net Assets                             |                     | -                    | -                   | -                    | -                    |
| <b>TOTAL REVENUES, TRANSFERS,<br/>RESERVES &amp; BALANCES</b> |                     | <b>\$ 21,720,990</b> | <b>\$ 2,908,501</b> | <b>\$ 32,129,862</b> | <b>\$ 56,759,353</b> |

The tentative, adopted, and/or final budgets are on file in the City of Clewiston Administrative Office as a public record.

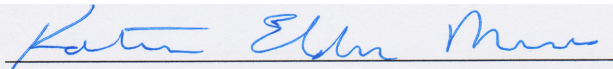
**STATE OF FLORIDA:**  
**COUNTY OF HENDRY:**

Before the undersigned authority personally appeared **Katrina Elsken Muros**, who on oath says that she is **Editor in Chief** of the **Lake Okeechobee News**, a weekly newspaper published in **Hendry County, Florida**; that the attached copy of advertisement, being a **Public Notice** in the matter of

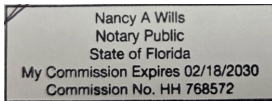
**Public Notice**

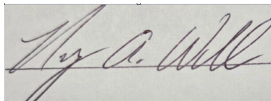
in the **20th Judicial District of the Circuit Court of Hendry County, Florida**, was published in said newspaper in the issues of or by publication on the newspaper's website, if authorized, on  
LON: 9/23/2026

Affiant further says that the newspaper complies with all legal requirements for publication in Chapter 50, Florida Statutes.

  
Katrina Elsken Muros

Sworn to and subscribed before me by means of  
Physical Presence ☒ **Online Notarization**  
physical presence or online notarization, this  
9/23/2026





**NOTICE OF BUDGET HEARING**

The City of Clewiston, Florida has tentatively adopted a budget for Fiscal Year 2027.

**A public hearing to make a FINAL DECISION on the budget AND TAXES will be held on:**

**Thursday, September 24<sup>th</sup>, 2026**

**5:05pm**

**At**

**City of Clewiston, City Hall  
115 West Ventura Avenue  
Clewiston, FL 33440**

49029 LON/Hendry 09/23/2026

Name CITY OF CLEWISTON  
Order Number 49029  
Ordered By Fransheska Berrios  
Order Date 9/15/2026  
Description City of Clewiston Notice of Budget Hearing  
place adjacent to Budget Summary ad  
Number Issues 1  
Pub Count 1  
First Issue 9/23/2026  
Last Issue 9/23/2026  
Publications Lake Okeechobee News

## Proof of Publication

9/23/2026

**STATE OF FLORIDA:**

**COUNTY OF HENDRY:**

Before the undersigned authority personally appeared **Katrina Elsen Muros**, who on oath says that she is **Editor in Chief** of the **Lake Okeechobee News**, a weekly newspaper published in **Hendry County, Florida**; that the attached copy of advertisement, being a **Public Notice** in the matter of

### Public Notice

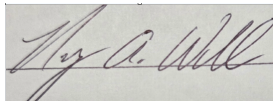
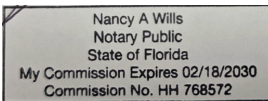
in the **20th Judicial District of the Circuit Court of Hendry County, Florida**, was published in said newspaper in the issues of or by publication on the newspaper's website, if authorized, on  
Lake Okeechobee News: 9/23/2026

Affiant further says that the newspaper complies with all legal requirements for publication in Chapter 50, Florida Statutes.



Katrina Elsen Muros

Sworn to and subscribed before me by means of  
Physical Presence    **X Online Notarization**  
physical presence or online notarization, this  
9/23/2026



|               |                                                                      |
|---------------|----------------------------------------------------------------------|
| Name          | CITY OF CLEWISTON                                                    |
| Order Number  | 49030                                                                |
| Ordered By    | Fransheska Berrios                                                   |
| Order Date    | 9/15/2026                                                            |
| Description   | City of Clewiston Budget Summary place adjacent to Budget Hearing ad |
| Number Issues | 1                                                                    |
| Pub Count     | 1                                                                    |
| First Issue   | 9/23/2026                                                            |
| Last Issue    | 9/23/2026                                                            |
| Order Cost    | \$375.00                                                             |
| Publications  | Lake Okeechobee News                                                 |
| Pub Dates     | Lake Okeechobee News: 9/23/2026                                      |

## Proof of Publication

9/23/2026

cont. CITY OF CLEWISTON

Order No: 49030

| BUDGET SUMMARY                                                                                                                   |                    |                      |                     |                      |                      |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|---------------------|----------------------|----------------------|
| City of Clewiston, Florida - Fiscal Year 2027                                                                                    |                    |                      |                     |                      |                      |
| THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CITY OF CLEWISTON ARE 8.0% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES. |                    |                      |                     |                      |                      |
| General Fund                                                                                                                     | 6.0752             |                      |                     |                      |                      |
| ESTIMATED REVENUES                                                                                                               |                    | GENERAL              | SPECIAL REVENUE     | ENTERPRISE FUNDS     | TOTAL ALL FUNDS      |
| Taxes                                                                                                                            |                    |                      |                     |                      |                      |
| Ad Valorem Taxes                                                                                                                 | Millage per \$1000 | \$ 2,593,748         | \$ 1,103,949        | \$ -                 | \$ 3,697,697         |
| Other Taxes                                                                                                                      | 6.0752             | 3,203,930            | -                   | -                    | 3,203,930            |
| Licenses, Permits, and Fees                                                                                                      |                    | 138,075              | -                   | -                    | 138,075              |
| Intergovernmental                                                                                                                |                    | 9,033,484            | 163,853             | 5,572,000            | 14,769,337           |
| Charges for Services                                                                                                             |                    | 3,459,396            | -                   | 22,659,950           | 26,119,346           |
| Fines and Forfeitures                                                                                                            |                    | 18,500               | -                   | -                    | 18,500               |
| Miscellaneous                                                                                                                    |                    | 235,824              | 45,000              | 588,526              | 869,350              |
| <b>TOTAL SOURCES</b>                                                                                                             |                    | <b>18,682,957</b>    | <b>1,312,802</b>    | <b>28,820,476</b>    | <b>48,816,235</b>    |
| Transfers                                                                                                                        |                    | 1,327,061            | -                   | -                    | 1,327,061            |
| Fund Balance/Reserve/Net Assets                                                                                                  |                    | 1,710,972            | 1,595,699           | 3,309,386            | 6,616,057            |
| <b>TOTAL REVENUES, TRANSFERS, RESERVES &amp; BALANCES</b>                                                                        |                    | <b>\$ 21,720,990</b> | <b>\$ 2,908,501</b> | <b>\$ 32,129,862</b> | <b>\$ 56,759,353</b> |
| EXPENDITURES                                                                                                                     |                    |                      |                     |                      |                      |
| General Government                                                                                                               |                    | \$ 2,817,073         | \$ 1,058,200        | \$ -                 | \$ 3,875,273         |
| Public Safety - Police                                                                                                           |                    | 2,964,380            | -                   | -                    | 2,964,380            |
| Public Safety - Fire                                                                                                             |                    | 4,607,840            | -                   | -                    | 4,607,840            |
| Physical Environment                                                                                                             |                    | 1,395,078            | -                   | 21,738,774           | 23,133,852           |
| Transportation                                                                                                                   |                    | 1,842,441            | -                   | -                    | 1,842,441            |
| Cultural/Recreation                                                                                                              |                    | 3,383,473            | 163,853             | -                    | 3,547,326            |
| Capital Projects                                                                                                                 |                    | 4,710,705            | 1,686,448           | 8,020,400            | 14,417,553           |
| Debt Service                                                                                                                     |                    | -                    | -                   | 1,043,627            | 1,043,627            |
| <b>TOTAL EXPENDITURES</b>                                                                                                        |                    | <b>21,720,990</b>    | <b>2,908,501</b>    | <b>30,802,801</b>    | <b>55,432,292</b>    |
| Transfers                                                                                                                        |                    | -                    | -                   | 1,327,061            | 1,327,061            |
| Fund Balances/Reserves/Net Assets                                                                                                |                    | -                    | -                   | -                    | -                    |
| <b>TOTAL REVENUES, TRANSFERS, RESERVES &amp; BALANCES</b>                                                                        |                    | <b>\$ 21,720,990</b> | <b>\$ 2,908,501</b> | <b>\$ 32,129,862</b> | <b>\$ 56,759,353</b> |

The tentative, adopted, and/or final budgets are on file in the City of Clewiston Administrative Office as a public record.

49030 LON/Hendry 09/23/2026

# Player hits Dragon Link Jackpot

SPECIAL TO LAKE OKEECHOBEE NEWS

GLADES COUNTY — A lucky player hit a \$156,515.87 jackpot on Wednesday, Sept. 2, at Seminole Brighton Bay Hotel & Casino.

The jackpot was won on a Dragon Link™ slot machine by Aristocrat Gaming with a \$12.50 bet on a 25-cent denomination.

Seminole Brighton Bay Hotel & Casino offers guests a vibrant gaming floor spanning nearly 38,000 square

feet, featuring a mix of classic fan favorites and the latest slot innovations, delivering something for every type of player. With 640 slot machines and 18 tables for blackjack, craps, roulette and other house-banked card games, there are plenty of opportunities to win big. Guests can also enjoy a smoke-free area with 104 slot machines and a high-limit table games.

## Two players hit jackpots

SPECIAL TO LAKE OKEECHOBEE NEWS

GLADES COUNTY — Two lucky players won a combined total of \$274,452.60 in jackpots between Aug. 7 and 8 at Seminole Brighton Bay Hotel & Casino.

The first jackpot of \$85,451.71 was won Friday, Aug. 7, on a

Spooky Link™ slot machine by Aristocrat Gaming with a \$10 bet on a 10-cent denomination.

The second jackpot of \$189,000.89 was won Saturday, Aug. 8, on a Dragon Link™ slot machine by Aristocrat Gaming with a \$5 bet on a 10-cent denomination.

## NOTICE OF BUDGET HEARING

The City of Clewiston, Florida has tentatively adopted a budget for Fiscal Year 2027.

**A public hearing to make a FINAL DECISION on the budget AND TAXES will be held on:**

**Thursday, September 24<sup>th</sup>, 2026  
5:05pm  
At**

**City of Clewiston, City Hall  
115 West Ventura Avenue  
Clewiston, FL 33440**

49029 LON/Hendry 09/23/2026

### BUDGET SUMMARY

#### City of Clewiston, Florida - Fiscal Year 2027

**THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CITY OF CLEWISTON ARE 8.0% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES.**

|                                                |                    |               |                 |                  |                 |
|------------------------------------------------|--------------------|---------------|-----------------|------------------|-----------------|
| General Fund                                   |                    | 6.0752        |                 |                  |                 |
| ESTIMATED REVENUES                             |                    | GENERAL       | SPECIAL REVENUE | ENTERPRISE FUNDS | TOTAL ALL FUNDS |
| Taxes                                          |                    |               |                 |                  |                 |
| Ad Valorem Taxes                               | Millage per \$1000 | \$ 2,593,748  | \$ 1,103,949    | \$ -             | \$ 3,697,697    |
| Other Taxes                                    | 6.0752             | 3,203,930     | -               | -                | 3,203,930       |
| Licenses, Permits, and Fees                    |                    | 138,075       | -               | -                | 138,075         |
| Intergovernmental                              |                    | 9,033,484     | 163,853         | 5,572,000        | 14,769,337      |
| Charges for Services                           |                    | 3,459,396     | -               | 22,659,950       | 26,119,346      |
| Fines and Forfeitures                          |                    | 18,500        | -               | -                | 18,500          |
| Miscellaneous                                  |                    | 235,824       | 45,000          | 588,526          | 869,350         |
| TOTAL SOURCES                                  |                    | 18,682,957    | 1,312,802       | 28,820,476       | 48,816,235      |
| Transfers                                      |                    | 1,327,061     | -               | -                | 1,327,061       |
| Fund Balance/Reserve/Net Assets                |                    | 1,710,972     | 1,595,699       | 3,309,386        | 6,616,057       |
| TOTAL REVENUES, TRANSFERS, RESERVES & BALANCES |                    | \$ 21,720,990 | \$ 2,908,501    | \$ 32,129,862    | \$ 56,759,353   |
| EXPENDITURES                                   |                    |               |                 |                  |                 |
| General Government                             |                    | \$ 2,817,073  | \$ 1,058,200    | \$ -             | \$ 3,875,273    |
| Public Safety - Police                         |                    | 2,964,380     | -               | -                | 2,964,380       |
| Public Safety - Fire                           |                    | 4,607,840     | -               | -                | 4,607,840       |
| Physical Environment                           |                    | 1,395,078     | -               | 21,738,774       | 23,133,852      |
| Transportation                                 |                    | 1,842,441     | -               | -                | 1,842,441       |
| Cultural/Recreation                            |                    | 3,383,473     | 163,853         | -                | 3,547,326       |
| Capital Projects                               |                    | 4,710,705     | 1,686,448       | 8,020,400        | 14,417,553      |
| Debt Service                                   |                    | -             | -               | 1,043,627        | 1,043,627       |
| TOTAL EXPENDITURES                             |                    | 21,720,990    | 2,908,501       | 30,802,801       | 55,432,292      |
| Transfers                                      |                    | -             | -               | 1,327,061        | 1,327,061       |
| Fund Balances/Reserves/Net Assets              |                    | -             | -               | -                | -               |
| TOTAL REVENUES, TRANSFERS, RESERVES & BALANCES |                    | \$ 21,720,990 | \$ 2,908,501    | \$ 32,129,862    | \$ 56,759,353   |

The tentative, adopted, and/or final budgets are on file in the City of Clewiston Administrative Office as a public record.



## Agenda Item Memorandum

**TO:** City of Clewiston Commission

**FROM:** Tico Salgado, Chief of Police

**DATE:** August 8, 2026

**SUBJECT:** Life Saving Award Presentation

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**Background:** On August 26, 2006, members of the Clewiston Police Department responded to a call regarding a domestic violence act resulting in a life-threatening injury. The male was found not bleeding profusely due to a stab wound. Officers began CPR and other life saving measures immediately. The male was transported by EMS, and subsequently airlifted to a trauma center.

Due to their quick response time and calm, competent actions, Officers Robert Broughton, Jonathan Brito and Sam Gallego saved the male's life. This presentation is to recognize those efforts and present both officers with a Clewiston Police Department Life Saving Award Ribbon, which is proudly worn on their uniform.

A handwritten signature in blue ink, likely of Tico Salgado, the Chief of Police.



## LIFE SAVING AWARD NOMINATION

Date of Incident: August 26, 2026

Officer(s) Nominated: Officer Jonathan Brito, Officer Robert Broughton, Officer Sam Gallego

### REASON FOR NOMINATION:

On August 26, 2026, Officers Broughton, Brito and Gallego was dispatched to 720 Central Avenue in reference to a domestic violence act resulting in a life-threatening injury. The injury was a result of a stab wound by the female domestic partner.

The male was bleeding profusely. The male was unresponsive not breathing normally. Officer Broughton, Brito and Gallego immediately began life-saving measures by performing CPR (Cardiopulmonary Resuscitation).

Multiple cycles of CPR were administered by the three officers until EMS arrived. Due to amount of blood loss, Hendry County EMS immediately arranged for a life-flight for the victim to be taken to a trauma center. Before being transported to Hendry Regional Medical Center, the male was stable, but in critical condition.

A follow-up was conducted by Commander Folbrecht and evidence Technician at St. Mary's as this was still on ongoing criminal investigation. They learned the male was in surgery and has been stabilized.

On behalf of the Clewiston Police Department and the entire city, I would like to extend my gratitude and respect to each of you for a job very well done. Congratulations on this recognition. These officers will be awarded with a Life Saving Award ribbon to be worn on their uniform.

A handwritten signature in blue ink, appearing to read "Tico Salgado".

Tico Salgado, Chief of Police  
Clewiston Police Department



# PROCLAMATION

## NATIONAL DIAPER NEED AWARENESS WEEK

**WHEREAS**, diaper need the inability to afford a sufficient supply of clean diapers to keep babies and toddlers clean, dry, and healthy can adversely affect the health and well-being of children and their families; and

**WHEREAS**, national surveys and research studies report that nearly one in two families struggles with diaper need and that 48 percent of families delay changing a diaper to extend their available supply; and

**WHEREAS**, a daily or weekly supply of diapers is generally required for babies and toddlers to participate in child-care and quality early-education programs that enable children to thrive and parents to work; and

**WHEREAS**, many parents struggling with diaper need report missing an average of five days of work each month because they do not have a sufficient supply of diapers; and

**WHEREAS**, without enough diapers, babies and toddlers risk infections and other health problems, while parents may be unable to access the child care they need to work or attend school, thereby destabilizing the family's economic prospects and well-being; and

**WHEREAS**, the people of Clewiston recognize diaper need as a public health issue and understand that addressing it can improve children's health and create greater economic opportunity for families and the community; and

**WHEREAS**, the City of Clewiston is proud to support trusted community-based organizations, including the Healthy Start Coalition of Southwest Florida, that recognize the importance of diapers to family health and economic stability and distribute diapers to families in need; and

**WHEREAS**, diaper banks play a critical role in supporting families, improving infant health and well-being, and strengthening our local and state communities

**NOW, THEREFORE**, I, James L. Pittman, Mayor of the City of Clewiston, Florida, on behalf of the City Commission, do hereby proclaim the week of September 14–20, 2026, as **NATIONAL DIAPER NEED AWARENESS WEEK** in the City of Clewiston; thank the Healthy Start Coalition of Southwest Florida Diaper Bank, its staff, volunteers, and donors for their service; and encourage residents to donate generously to diaper banks and diaper drives and to support organizations that collect and distribute diapers so that Clewiston's children and families can thrive and reach their full potential

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused the Seal of the City of Clewiston, Florida, to be affixed to this 24th day of September 2026

\_\_\_\_\_  
Fransheska Berrios, City Clerk

\_\_\_\_\_  
James Pittman, Mayor





## Agenda Item Memorandum

**TO:** City Commission of the City of Clewiston

**FROM:** Natasha Hayes, Library Director

**VIA:** Danny Williams, City Manager

**DATE:** September 24, 2026

**SUBJECT:** State Aid to Libraries Certification of Hours, Free Library Service, and Access to Materials

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### Background:

Annual State Aid to Libraries Certification of Hours, Free Library Service, and Access to Materials between the State of Florida, Department of State and the City of Clewiston for and on behalf of the Hendry County Library Cooperative.

**Financial Impact:** \$163,853 (est.)

### Attachments:

- A. State Aid to Libraries Certification of Hours, Free Library Service, and Access to Materials
- B. **Resolution 2026-48**

### Recommendation:

Recommended motion is to approve **Resolution No. 2026-48**

**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF LIBRARY AND INFORMATION SERVICES**  
**STATE AID TO LIBRARIES GRANT APPLICATION**  
**Certification of Hours, Free Library Service and Access to Materials**

The Hendry County Library Cooperative,

(Name of library governing body)

governing body for the Hendry County Library Cooperative,

(Name of library)

hereby certifies that the following statements are true for the time period October 1, 2023 through June 30, 2027

- Provides free library service, including loaning materials available for circulation free of charge and providing reference and information services free of charge.
- Provides access to materials, information and services for all residents of the area served.
- Has at least one library, branch library or member library open 40 hours or more each week (excluding holidays or emergencies; between Sunday through Saturday, on a schedule determined by the library system).

**Signature**

\_\_\_\_\_  
Chair, Library Governing Body

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Typed)

**CITY OF CLEWISTON**  
**RESOLUTION NO. 2026-48**

**A RESOLUTION OF THE CITY OF CLEWISTON, FLORIDA, APPROVING THE STATE AID TO LIBRARIES CERTIFICATION OF HOURS, FREE LIBRARY SERVICE, AND ACCESS TO MATERIALS BETWEEN THE STATE OF FLORIDA, DEPARTMENT OF STATE AND CITY OF CLEWISTON FOR AND ON BEHALF OF HENDRY COUNTY LIBRARY COOPERATIVE; AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO EXECUTE THE AGREEMENT; PROVIDING FOR SEVERABILITY, CONFLICT, AND AN EFFECTIVE DATE.**

**WHEREAS**, the City of Clewiston for and on behalf of Hendry County Library Cooperative has been awarded a State Aid to Libraries Grant by the State of Florida, Department of State; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA, that:**

**SECTION 1.** The attached State Aid to Libraries Certification of Hours, Free Library Service, and Access to Materials is hereby approved.

**SECTION 2.** The Mayor is authorized and directed to sign the State Aid to Libraries Certification of Hours, Free Library Service, and Access to Materials.

**SECTION 3.** This Resolution shall become effective immediately upon adoption.

Commissioner \_\_\_\_\_ offered the foregoing resolution, Commissioner \_\_\_\_\_ seconded the motion, and upon being put to a vote, the vote was as follows:

|                                      | <b>Aye</b>               | <b>Nay</b>               | <b>Absent</b>            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>JAMES PITTMAN, MAYOR</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>HILLARY HYSLOPE, VICE MAYOR</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BARBARA EDMONDS, COMMISSIONER</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MALI GARDNER, COMMISSIONER</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>JASON WILLIAMS, COMMISSIONER</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PASSED AND APPROVED** by the City Commission of the City of Clewiston on this **21<sup>st</sup>** day of **September** 2026.

**ATTEST:**

**CITY OF CLEWISTON, FLORIDA**

\_\_\_\_\_  
Fransheska Berrios, City Clerk

\_\_\_\_\_  
James Pittman, Mayor

(MUNICIPAL SEAL)

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By: \_\_\_\_\_  
Kaylee Tuck, City Attorney



## Agenda Item Memorandum

**TO:** City Commission of the City of Clewiston  
**FROM:** Natasha Hayes, Library Director  
**VIA:** Danny Williams, City Manager  
**DATE:** September 24, 2026  
**SUBJECT:** State Aid to Libraries Grant Agreement

---

### Background:

Annual State Aid to Libraries Grant Agreement between the State of Florida, Department of State and the City of Clewiston for and on behalf of the Hendry County Library Cooperative.

**Financial Impact:** \$163,853 (est.)

### Attachments:

- A. State Aid to Libraries Grant Agreement
- B. Resolution 2026-49**

### Recommendation:

Recommended motion is to approve **Resolution No. 2026-49**

**STATE AID TO LIBRARIES GRANT  
AGREEMENT BETWEEN  
THE STATE OF FLORIDA, DEPARTMENT OF STATE  
AND  
Hendry County Library Cooperative for and on behalf of Hendry County Library  
Cooperative**

This Agreement is by and between the State of Florida, Department of State, Division of Library and Information Services, hereinafter referred to as the "Division," and the Hendry County Library Cooperative for and on behalf of Hendry County Library Cooperative, hereinafter referred to as the "Grantee."

The Grantee has submitted an application and has met all eligibility requirements and has been awarded a State Aid to Libraries Grant (CSFA 45.030) by the Division in the amount specified on the "Fiscal Year 2026-2027 State Aid to Libraries Final Grants" document (which is incorporated as part of this Agreement and entitled Attachment B). The Division has the authority to administer this grant in accordance with Section 257, *Florida Statutes*. By reference, the application and any approved revisions are hereby made a part of this agreement.

In consideration of the mutual covenants and promises contained herein, the parties agree as follows:

1. **Grant Purpose.** This grant shall be used exclusively for the "State Aid to Libraries Grant," the public purpose for which these funds were appropriated.

- a) The Grantee shall perform the following **Scope of Work**:

In accordance with Sections 257.17-257.18, Florida Statutes, the Grantee shall receive a grant amount that is calculated and based upon local funds expended during the second preceding fiscal year for the operation and maintenance of the library. For this grant, the local expenditures shall have been made during the period October 1, 2024 - September 30, 2025.

In order to be eligible to receive the grant funding, the Grantee shall manage or coordinate free library service to the residents of its legal service area for the period October 1, 2024 through June 30, 2027. The Grantee shall:

- o Have a single administrative head employed full time by the library's governing body;
- o Provide free library service, including loaning materials available for circulation free of charge and providing reference and information services free of charge;
- o Provide access to materials, information and services for all residents of the area served; and
- o Have at least one library, branch library or member library open 40 hours or more each week (excluding holidays or emergencies; between Sunday through Saturday, on a schedule determined by the library system) during the length of the agreement.

- b) The Grantee agrees to provide the following **Deliverables** related to the Scope of Work for payments to be awarded.

Payment 1, Deliverable/Task :

Payment will be a fixed price in the amount of 100% of the grant award for the period October 1, 2024 through June 30, 2027.  
The Grantee will:

- o Have expended funds to provide free library service during the period October 1, 2024 - September 30, 2025;
- o Provide an Expenditure Report and certification of Local Operating Expenditures for the period October 1, 2024 - September 30, 2025 only;
- o Provide documentation showing that at least one library, branch library or member library is open 40 hours or more each week (excluding holidays or emergencies; between Sunday through Saturday, on a schedule determined by the library system) during the length of the agreement;
- o Provide the Certification of Credentials for the Single Administrative Head; and
- o Provide a Certification of Hours, Free Library Service and Access to Materials.

- c) Grant funds shall be used for the operation and maintenance of the library. The allowable budget categories are: Personnel Services (salaries, wages, and related employee benefits provided for all persons employed by the reporting entity whether on full-time, part-time, temporary, or seasonal basis); Operating Expenses (expenditures for goods and services which primarily benefit the current period and are not defined as personal services or capital outlays); Non-Fixed Capital Outlay (outlays for the acquisition of or addition to fixed assets); and Other (other operating expenditure categories in the library budget).

2. **Length of Agreement.** This Agreement covers the period of October 1, 2024 to June 30, 2027, unless terminated in accordance with the provisions of Section 30 of this Agreement. This period begins with the start of the Grantee's second preceding fiscal year (October 1, 2024) and concludes with the end of the State of Florida's current fiscal year (June 30, 2027).
3. **Expenditure of Grant Funds.** Grant funds will be used to reimburse a portion of local funds expended by the Grantee during their second preceding fiscal year (October 1, 2024 – September 30, 2025) for the operation and maintenance of a library and shall not exceed the amount specified in Attachment B.
4. **Contract Administration.** The parties are legally bound by the requirements of this agreement. Each party's contract manager, named below, will be responsible for monitoring its performance under this Agreement and will be the official contact for each party. Any notice(s) or other communications regarding this agreement shall be directed to or delivered to the other party's contract manager by utilizing the information below. Any change in the contact information below should be submitted in writing to the contract manager within 10 days of the change.

**For the Division of Library and Information Services:**

Grant Programs Supervisor  
Florida Department of State  
R.A. Gray Building  
Mail Station # 9D  
500 South Bronough Street  
Tallahassee, FL 32399-0250  
Phone: 850.245.6620  
Email: GrantsOffice@dos.fl.gov

**For the Grantee:**

Natasha Hayes  
Hendry County Library Cooperative  
120 West Osceola Avenue Clewiston Florida 33440  
Phone: 863.983.1493  
Email: [natasha.hayes@clewiston-fl.gov](mailto:natasha.hayes@clewiston-fl.gov)

5. **Grant Payments.** The total grant award shall not exceed the amount specified on the “Fiscal Year 2026-2027 State Aid to Libraries Final Grants” document (Attachment B), which shall be paid by the Division in consideration for the Grantee’s minimum performance as set forth by the terms and conditions of this Agreement. Payment will be a fixed price in the amount of 100% of the grant award as specified in Attachment B. Payment will be made in accordance with the completion of the Deliverables.
6. **Electronic Payments.** The Grantee can choose to use electronic funds transfer (EFT) to receive grant payments. All grantees wishing to receive their award through EFT must submit a Vendor Direct Deposit Authorization Form (form number DFS-AI-26E, rev 3/2022), incorporated by reference, to the Florida Department of Financial Services. If EFT has already been set up for your organization, you do not need to submit another authorization form unless you have changed bank accounts. To download this form visit [myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/vendors/vendor-relations/dfs-ai-26e-direct-deposit-vendors.pdf?sfvrsn=eff728cf\\_16](https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/vendors/vendor-relations/dfs-ai-26e-direct-deposit-vendors.pdf?sfvrsn=eff728cf_16). The form also includes tools and information that allow you to check on payments.
7. **Florida Substitute Form W-9.** A completed Substitute Form W-9 is required from any entity that receives a payment from the State of Florida that may be subject to 1099 reporting. The Department of Financial Services (DFS) must have the correct Taxpayer Identification Number (TIN) and other related information in order to report accurate tax information to the Internal Revenue Service (IRS). To register or access a Florida Substitute Form W-9 visit [fvendor.myfloridacfo.com](https://vendor.myfloridacfo.com). **A copy of the Grantee’s Florida Substitute Form W-9 must be submitted by the Grantee to the Division with the executed Agreement.**
8. **Financial Consequences.** The Department shall apply the following financial consequences for failure to perform the minimum level of services required by this Agreement in accordance with Sections 215.971 and 287.058, *Florida Statutes*:

The Department shall require the return of the award in a prorated amount based upon the percentage of time that the library failed to perform the minimum level of services. The prorated reduction will be in the same percentage as the percentage of time that the library was not providing minimum level of services.

9. **Credit Line(s) to Acknowledge Grant Funding.** The Division requires public acknowledgement of State Aid to Libraries Grant funding for activities and publications supported by grant funds. Any announcements, information, press releases, publications, brochures, videos, webpages, programs, etc., created as part of a State Aid to Libraries Grant project must include an acknowledgment that State Aid to Libraries Grant funds were used to create them.

Use the following text:

“This project has been funded under the provisions of the State Aid to Libraries Grant program, which is administered by the Florida Department of State’s Division of Library and Information Services.”

10. **Grant Expenditures.** The Grantee agrees to expend all grant funds received under this agreement solely for the purposes for which they were authorized and appropriated. Expenditures shall be in compliance with the state guidelines for allowable project costs as outlined in

the Department of Financial Services' Reference Guide for State Expenditures (as of October 2022), incorporated by reference, which are available online at [myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf?sfvrsn=b4cc3337\\_2](https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf?sfvrsn=b4cc3337_2).

Grant funds may not be used for the purchase or construction of a library building or library quarters.

11. **Travel Expenses.** The Grantee must pay any travel expenses, from grant or local matching funds, in accordance to the provisions of Section 112.061, *Florida Statutes*.
12. **Unobligated and Unearned Funds and Allowable Costs.** In accordance with Section 215.971, *Florida Statutes*, the Grantee shall refund to the State of Florida any balance of unobligated funds which has been advanced or paid to the Grantee. In addition, funds paid in excess of the amount to which the recipient is entitled under the terms and conditions of the agreement must be refunded to the state agency. Further, the recipient may expend funds only for allowable costs resulting from obligations incurred during the specified agreement period. Expenditures of state financial assistance must be in compliance with the laws, rules and regulations applicable to expenditures of State funds as outlined in the Department of Financial Service's Reference Guide for State Expenditures (as of October 2022) [myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf?sfvrsn=b4cc3337\\_2](https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf?sfvrsn=b4cc3337_2), incorporated by reference.
13. **Repayment.** All refunds or repayments to be made to the Department under this agreement are to be made payable to the order of "Department of State" and mailed directly to the following address: Florida Department of State, Attention: Thomas Peña, Division of Library and Information Services, 500 South Bronough Street, Mail Station #9D, Tallahassee, Florida 32399. In accordance with Section 215.34(2), *Florida Statutes*, if a check or other draft is returned to the Department for collection, Recipient shall pay to the Department a service fee of \$15.00 or five percent (5%) of the face amount of the returned check or draft, whichever is greater.
14. **Single Audit Act.** Each Grantee, other than a Grantee that is a State agency, shall submit to an audit pursuant to Section 215.97, *Florida Statutes*. See Attachment A for additional information regarding this requirement. If a Grantee is not required by law to conduct an audit in accordance with the Florida Single Audit Act because it did not expend at least \$750,000 in state financial assistance, it must submit a Financial Report on its operations pursuant to Section 218.39, *Florida Statutes* within nine months of the close of its fiscal year. Audits must be submitted on the DOS Grants System at [dosgrants.com](https://dosgrants.com).
15. **Retention of Grant Records.** Financial records, supporting documents, statistical records and all other records, including electronic storage media pertinent to the Project, shall be retained for a period of five (5) fiscal years after the closeout of the grant and release of the audit. If any litigation or audit is initiated or claim made before the expiration of the five-year period, the records shall be retained for five fiscal years after the litigation, audit or claim has been resolved.
16. **Obligation to Provide State Access to Grant Records.** The Grantee must make all grant records of expenditures, copies of reports, books, and related documentation available to the Division or a duly authorized representative of the State of Florida for inspection at reasonable times for the purpose of making audits, examinations, excerpts and transcripts.
17. **Obligation to Provide Public Access to Grant Records.** The Division reserves the right to unilaterally cancel this Agreement in the event that the Grantee refuses public access to all documents or other materials made or received by the Grantee that are subject to the provisions of Chapter 119, *Florida Statutes*, known as the *Florida Public Records Act*. The Grantee must immediately contact the Division's Contract Manager for assistance if it receives a public records request related to this Agreement.

- 18. Noncompliance.** Any Grantee that is not following Florida statutes or rules, the terms of the grant agreement, Florida Department of State (DOS) policies and guidance, local policies, or other applicable law or that has not submitted required reports or satisfied other administrative requirements for other Division of Library and Information Services grants or grants from any other DOS Division will be in noncompliance status and subject to the DOS Grants Compliance Procedure. DOS Divisions include the Division of Arts and Culture, the Division of Elections, the Division of Historical Resources and the Division of Library and Information Services. Grant compliance issues must be resolved before a grant award agreement may be executed and before grant payments for any DOS grant may be released.
- 19. Accounting Requirements.** The Grantee must maintain an accounting system that provides a complete record of the use of all grant funds as follows:
- a) The accounting system must be able to specifically identify and provide audit trails that trace the receipt, maintenance and expenditure of state funds.
  - b) Accounting records must adequately identify the sources and application of funds for all grant activities and must classify and identify grant funds by using the same budget categories that were approved in the grant application. If the Grantee's accounting system accumulates data in a different format than the one in the grant application, subsidiary records must document and reconcile the amounts shown in the Grantee's accounting records to those amounts reported to the Division.
  - c) An interest-bearing checking account or accounts in a state or federally chartered institution may be used for revenues and expenses described in the Scope of Work and detailed in the Estimated Project Budget.
  - d) The name of the account(s) must include the grant award number.
  - e) The Grantee's accounting records must have effective control over and accountability for all funds, property and other assets.
  - f) Accounting records must be supported by source documentation and be in sufficient detail to allow for a proper pre-audit and post-audit (such as invoices, bills and canceled checks).
- 20. Availability of State Funds.** The State of Florida's performance and obligation to pay under this Agreement are contingent upon an annual appropriation by the Florida Legislature. In the event that the state funds upon which this Agreement is dependent are withdrawn, this Agreement will be automatically terminated and the Division shall have no further liability to the Grantee beyond those amounts already expended prior to the termination date. Such termination will not affect the responsibility of the Grantee under this Agreement as to those funds previously distributed. In the event of a state revenue shortfall, the total grant may be reduced accordingly.
- 21. Lobbying.** The Grantee will not use any grant funds for lobbying the state legislature, the state judicial branch or any state agency.
- 22. Independent Contractor Status of Grantee.** The Grantee, if not a state agency, agrees that its officers, agents and employees, in performance of this Agreement, shall act in the capacity of independent contractors and not as officers, agents or employees of the state. The Grantee is not entitled to accrue any benefits of state employment, including retirement benefits and any other rights or privileges connected with employment by the State of Florida.
- 23. Grantee's Subcontractors.** The Grantee shall be responsible for all work performed and all expenses incurred in connection with this Agreement. The Grantee may subcontract, as necessary, to perform the services and to provide commodities required by this Agreement. The Division shall not be liable to any subcontractor(s) for any expenses or liabilities incurred under the Grantee's subcontract(s), and the Grantee shall be solely liable to its subcontractor(s) for all expenses and liabilities incurred under its subcontract(s). The Grantee must take the necessary steps to ensure that each of its subcontractors will be deemed to be independent contractors and will not be considered or

permitted to be agents, servants, joint venturers or partners of the Division.

- 24. Liability.** The Division will not assume any liability for the acts, omissions to act or negligence of the Grantee, its agents, servants or employees; nor may the Grantee exclude liability for its own acts, omissions to act or negligence to the Division.
- a) The Grantee shall be responsible for claims of any nature, including but not limited to injury, death and property damage arising out of activities related to this Agreement by the Grantee, its agents, servants, employees and subcontractors. The Grantee shall indemnify and hold the Division harmless from any and all claims of any nature and shall investigate all such claims at its own expense. If the Grantee is governed by Section 768.28, *Florida Statutes*, it shall only be obligated in accordance with this Section.
  - b) Neither the state nor any agency or subdivision of the state waives any defense of sovereign immunity or increases the limits of its liability by entering into this Agreement.
  - c) The Division shall not be liable for attorney fees, interest, late charges or service fees, or cost of collection related to this Agreement.
  - d) The Grantee shall be responsible for all work performed and all expenses incurred in connection with the project. The Grantee may subcontract as necessary to perform the services set forth in this Agreement, including entering into subcontracts with vendors for services and commodities, provided that such subcontract has been approved in writing by the Department prior to its execution and provided that it is understood by the Grantee that the Department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and that the Grantee shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract.
- 25. Strict Compliance with Laws.** The Grantee shall perform all acts required by this Agreement in strict conformity with all applicable laws and regulations of the local, state and federal law. For consequences of noncompliance, see Section 18, Noncompliance.
- 26. Prohibition of Expenditures to a Library Association.** Expenditure of project funds (grant funds and local match funds) must not be used for an activity related to a library association. This prohibition does not apply to expenditure of project funds related to a library cooperative that receives state moneys under sections 257.40-257.42, *Florida Statutes*. The Grantee shall perform all acts required by this Agreement in strict conformity with all applicable local, state and federal laws and regulations. The Grantee shall during the term of this Agreement be in strict conformity with all applicable local, state and federal laws and regulations.
- 27. Total Compensation Paid to Non-Profit Personnel.** Per Section 216.1366, *Florida Statutes*, all non-profit organizations as defined in Section 215.97(2)(m), *Florida Statutes*, shall complete and return to the division within 30 days of the execution of this grant agreement the "Total Compensation Paid to Non-Profit Personnel Using State Funds" report, incorporated by reference, which shall satisfy the requirement to provide documentation that indicates the amount of state funds:
- a) Allocated to be used during the full term of the agreement for remuneration to any member of the board of directors or an officer of the contractor.
  - b) Allocated under each payment by the public agency to be used for remuneration of any member of the board of directors or an officer of the contractor. The documentation must indicate the amounts and recipients of the remuneration.

Non-Profit organization grantees shall complete a Total Compensation Paid to Non-Profit report for each required filer for the invoice period covered by the Payment Request.

The grantee shall post their reports on their website, and the public agency shall make the reports available to the public on the internet.

- 28. No Discrimination.** The Grantee may not discriminate against any employee employed under this Agreement or against any applicant for employment because of race, color, religion, gender, national origin, age, handicap, pregnancy or marital status. The Grantee shall insert a similar provision in all of its subcontracts for services under this Agreement.
- 29. Breach of Agreement.** The Division shall demand the return of grant funds already received, shall withhold subsequent payments and/or shall terminate this agreement if the Grantee improperly expends and manages grant funds; fails to prepare, preserve or surrender records required by this Agreement; or otherwise violates this Agreement.
- 30. Termination of Agreement.** The Division will terminate or end this Agreement if the Grantee fails to fulfill its obligations herein. In such event, the Division will provide the Grantee a notice of its violation by letter and shall give the Grantee fifteen (15) calendar days from the date of receipt to cure its violation. If the violation is not cured within the stated period, the Division shall terminate this Agreement. The notice of violation letter shall be delivered to the Grantee's Contract Manager, personally, or mailed to his/her specified address by a method that provides proof of receipt. In the event that the Division terminates this Agreement, the Grantee shall be compensated for any work completed in accordance with this Agreement prior to the notification of termination if the Division deems this reasonable under the circumstances. Grant funds previously advanced and not expended on work completed in accordance with this Agreement shall be returned to the Division, with interest, within thirty (30) days after termination of this Agreement. The Division does not waive any of its rights to additional damages if grant funds are returned under this Section.
- 31. Preservation of Remedies.** No delay or omission to exercise any right, power or remedy accruing to either party upon breach or violation by either party under this Agreement shall impair any such right, power or remedy of either party; nor shall such delay or omission be construed as a waiver of any such breach or default or any similar breach or default.
- 32. Non-Assignment of Agreement.** The Grantee may not assign, sublicense or otherwise transfer its rights, duties or obligations under this Agreement without the prior written consent of the Division, which shall not unreasonably be withheld. The agreement transferee must demonstrate compliance with the requirements of the project. If the Division approves a transfer of the Grantee's obligations, the Grantee shall remain liable for all work performed and all expenses incurred in connection with this Agreement. In the event the Legislature transfers the rights, duties and obligations of the Division to another governmental entity, pursuant to Section 20.06, *Florida Statutes* or otherwise, the rights, duties and obligations under this Agreement shall be transferred to the succeeding governmental agency as if it was the original party to this Agreement.
- 33. Required Procurement Procedures for Obtaining Goods and Services.** The Grantee shall provide maximum open competition when procuring goods and services related to the grant-assisted project in accordance with Section 287.057, *Florida Statutes*.
- a) Procurement of Goods and Services Not Exceeding \$35,000. The Grantee must use the applicable procurement method described below:
1. Purchases Up to \$2,500: Procurement of goods and services where individual purchases do not exceed \$2,500 do not require competition and may be conducted at the Grantee's discretion.
  2. Purchases or Contract Amounts Between \$2,500 and \$35,000: Goods and services costing between \$2,500 and \$35,000 require informal competition and may be procured by purchase order, acceptance of vendor proposals or other appropriate procurement document.
- b) Procurement of Goods and Services Exceeding \$35,000. Goods and services costing over \$35,000 must follow all formal

procurement processes as outlined in Section 287.057, *Florida Statutes*.

34. **Conflicts of Interest.** The Grantee hereby certifies that it is cognizant of the prohibition of conflicts of interest described in Sections 112.311 through 112.326, *Florida Statutes* and affirms that it will not enter into or maintain a business or other relationship with any employee of the Department of State that would violate those provisions. The Grantee further agrees to seek authorization from the General Counsel for the Department of State prior to entering into any business or other relationship with a Department of State Employee to avoid a potential violation of those statutes.
35. **Binding of Successors.** This Agreement shall bind the successors, assigns and legal representatives of the Grantee and of any legal entity that succeeds to the obligations of the Division of Library and Information Services.
36. **Employment of Unauthorized Aliens.** The employment of unauthorized aliens by the Grantee is considered a violation of Section 274A (a) of the Immigration and Nationality Act (8 USC 1324(a) (as of January 2023)), incorporated by reference. If the Grantee knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of this Agreement.
37. **Severability.** If any term or provision of the Agreement is found to be illegal and unenforceable, the remainder will remain in full force and effect, and such term or provision shall be deemed stricken.
38. **Americans with Disabilities Act.** All programs and facilities related to this Agreement must meet the standards of Sections 553.501-553.513, *Florida Statutes* and the Americans with Disabilities Act of 1990 ([ada.gov](https://www.ada.gov) (as of January 2024)), incorporated by reference).
39. **Governing Law.** This Agreement shall be construed, performed and enforced in all respects in accordance with the laws and rules of Florida. Venue or location for any legal action arising under this Agreement will be in Leon County, Florida.
40. **Entire Agreement.** The entire Agreement of the parties consists of the following documents:
  - a) This Agreement
  - b) Florida Single Audit Act Requirements (Attachment A)
  - c) Fiscal Year 2026-2027 State Aid to Libraries Final Grants (Attachment B)

The Grantee hereby certifies that they have read this entire Agreement and will comply with all of its requirements.

**Grantee:** **Department of State**

By: \_\_\_\_\_ By: \_\_\_\_\_

Chair of Governing Body or Chief Executive Officer

Amy L. Johnson, Director  
Division of Library and Information Services  
Department of State, State of Florida

\_\_\_\_\_  
Typed name and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk or Chief Financial Officer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# ATTACHMENT A

Department of Financial Services  
Division of Accounting and Auditing - Bureau of Auditing

## AUDIT REQUIREMENTS FOR AWARDS OF STATE AND FEDERAL FINANCIAL ASSISTANCE

The administration of resources awarded by the Department of State to the grantee may be subject to audits and/or monitoring by the Department of State, as described in this attachment to the Grant Award Agreement.

### MONITORING

In addition to reviews of audits conducted in accordance with 2 CFR 200, Subpart F - Audit Requirements, and section 215.97, Florida Statutes (F.S.), as revised (see AUDITS below), monitoring procedures may include, but not be limited to, on-site visits by Department of State staff, limited scope audits as defined by 2 CFR §200.425, or other procedures. By entering into this agreement, the grantee agrees to comply and cooperate with any monitoring procedures or processes deemed appropriate by the Department of State. In the event the Department of State determines that a limited scope audit of the grantee is appropriate, the grantee agrees to comply with any additional instructions provided by Department of State staff to the grantee regarding such audit. The grantee further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

### AUDITS

#### Part I: Federally Funded

Note: This part is applicable if the grantee is a state or local government or a nonprofit organization as defined in 2 CFR §200.90, §200.64, and §200.70.

1. A grantee that expends \$1,000,000 or more in federal awards in its fiscal year must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR 200, Subpart F - Audit Requirements. EXHIBIT 1 to this form lists the federal resources awarded through the Department of State by this agreement. In determining the federal awards expended in its fiscal year, the grantee shall consider all sources of federal awards, including federal resources received from the Department of State. The determination of amounts of federal awards expended should be in accordance with the guidelines established in 2 CFR §§200.502-503. An audit of the grantee conducted by the Auditor General in accordance with the provisions of 2 CFR §200.514 will meet the requirements of this Part.
2. For the audit requirements addressed in Part I, paragraph 1, the grantee shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR §§200.508-512.
3. A grantee that expends less than \$1,000,000 in federal awards in its fiscal year is not required to have an audit conducted in accordance with the provisions of 2 CFR 200, Subpart F - Audit Requirements. If the grantee expends less than \$1,000,000 in federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of 2 CFR 200, Subpart F - Audit Requirements, the cost of the audit must be

paid from non-federal resources (i.e., the cost of such an audit must be paid from grantee resources obtained from other than federal entities).

## **Part II: State Funded**

Note: This part is applicable if the grantee is a nonstate entity as defined by section 215.97(2), FS.

1. In the event that the grantee expends a total amount of state financial assistance equal to or in excess of \$750,000 in any fiscal year of such grantee (for fiscal years ending June 30, 2017, and thereafter), the grantee must have a state single or project-specific audit for such fiscal year in accordance with section 215.97, F.S.; Rule Chapter 691-5, F.A.C., State Financial Assistance; and Chapters 10.550 (local governmental entities) and 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT I to this form lists the state financial assistance awarded through the Department of State by this agreement. In determining the state financial assistance expended in its fiscal year, the grantee shall consider all sources of state financial assistance, including state financial assistance received from the Department of State, other state agencies, and other nonstate entities. State financial assistance does not include federal direct or pass-through awards and resources received by a nonstate entity for federal program matching requirements.
2. For the audit requirements addressed in Part II, paragraph I, the grantee shall ensure that the audit complies with the requirements of section 215.97(8), F.S. This includes submission of a financial reporting package as defined by section 215.97(2), F.S., and Chapters 10.550 (local governmental entities) and 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the grantee expends less than \$750,000 in state financial assistance in its fiscal year (for fiscal years ending June 30, 2017, and thereafter), an audit conducted in accordance with the provisions of section 215.97, F.S., is not required. If the grantee expends less than \$750,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of section 215.97, F.S., the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from the grantee's resources obtained from other than state entities).

## **Part III: Report Submission**

1. Copies of reporting packages for audits conducted in accordance with 2 CFR 200, Subpart F - Audit Requirements, and required by Part I of this form shall be submitted, when required by 2 CFR §200.512, by or on behalf of the grantee directly to the following:
  - a. The Department to State via the DOS Grants System at <https://dosgrants.com>.
  - b. The Federal Audit Clearinghouse (FAC) as provided in 2 CFR §200.36 and §200.512. The FAC's website provides a data entry system and required forms for submitting the single audit reporting package. Updates to the location of the FAC and data entry system may be found at the OMB website.
2. Copies of financial reporting packages required by Parts I and II of this form shall be submitted by or on behalf of the grantee directly to each of the following:
  - a. The Department of State via the DOS Grants System at <https://dosgrants.com>.
  - b. The Auditor General's Office at the following address:  
Auditor General  
Local Government Audits/342

Claude Pepper Building, Room 40 I  
111 West Madison Street  
Tallahassee, Florida 32399-1450

The Auditor General's website (<https://flauditor.gov/>) provides instructions for filing an electronic copy of a financial reporting package.

3. Any reports, management letters, or other information required to be submitted to the Department of State pursuant to this agreement shall be submitted timely in accordance with 2 CFR §200.512, section 215.97, F.S., and Chapters 10.550 (local governmental entities) and 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable
4. Grantees, when submitting financial reporting packages to the Department of State for audits done in accordance with 2 CFR 200, Subpart F - Audit Requirements, or Chapters 10.550 (local governmental entities) and 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the grantee in correspondence accompanying the reporting package.

#### **Part IV: Record Retention**

The grantee shall retain sufficient records demonstrating its compliance with the terms of the award(s) and this agreement for a period of years specified below from the date the audit report is issued, and shall allow the Department of State, or its designee, the CFO, or Auditor General access to such records upon request.

Federally funded - through at least June 30, 2034.

State funded - through at least five years after the close-out of the grant and release of the audit.

The grantee shall ensure that audit working papers are made available to the Department of State, or its designee, the CFO, or Auditor General upon request for a period of at least three years from the date the audit report is issued, unless extended in writing by the Department of State.

## **EXHIBIT – 1**

Federal Resources Awarded to the Grantee Pursuant to this Agreement Consist of the Following:

Not applicable.

Compliance Requirements Applicable to the Federal Resources Awarded Pursuant to this Agreement are as Follows:

Not applicable.

State Resources Awarded to the Grantee Pursuant to this Agreement Consist of the Following:

See Attachment B.

Matching Resources for Federal Programs:

Not applicable.

Subject to Section 215.97, FLORIDA STATUTES:

Florida Department of State, State Aid to Libraries, CSFA Number: 45.030

Compliance Requirements Applicable to State Resources Awarded Pursuant to this Agreement Are as Follows:

The compliance requirements of this state project may be found in Part Four (State Project Compliance Requirements) of the State Projects Compliance Supplement located at <https://apps.fldfs.com/fsaa/>.

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DFS-A2-CL

Rev. 11/18 (DLIS amended 05/26)

Rule 69I-5.006, F.A.C.

**ATTACHMENT B**  
**Fiscal Year 2026-2027 State Aid to Libraries Final Grants**

**CITY OF CLEWISTON**

**RESOLUTION NO. 2026-49**

**A RESOLUTION OF THE CITY OF CLEWISTON, FLORIDA, APPROVING THE STATE AID TO LIBRARIES GRANT AGREEMENT BETWEEN THE STATE OF FLORIDA, DEPARTMENT OF STATE AND CITY OF CLEWISTON FOR AND ON BEHALF OF HENDRY COUNTY LIBRARY COOPERATIVE; AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO EXECUTE THE AGREEMENT; PROVIDING FOR SEVERABILITY, CONFLICT, AND AN EFFECTIVE DATE.**

**WHEREAS**, the City of Clewiston for and on behalf of Hendry County Library Cooperative has been awarded a State Aid to Libraries Grant by the State of Florida, Department of State; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA, that:**

**SECTION 1.** The attached State Aid to Libraries Grant Agreement is hereby approved.

**SECTION 2.** The Mayor is authorized and directed to sign the State Aid to Libraries Grant Agreement.

**SECTION 3.** This Resolution shall become effective immediately upon adoption.

Commissioner\_\_\_\_\_ offered the foregoing resolution, Commissioner \_\_\_\_\_ seconded the motion, and upon being put to a vote, the vote was as follows:

|                                      | <b>Aye</b>               | <b>Nay</b>               | <b>Absent</b>            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>JAMES PITTMAN, MAYOR</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>HILLARY HYSLOPE, VICE MAYOR</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BARBARA EDMONDS, COMMISSIONER</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MALI GARDNER, COMMISSIONER</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>JASON WILLIAMS, COMMISSIONER</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PASSED AND APPROVED** by the City Commission of the City of Clewiston on this **24<sup>th</sup>** day of **September** 2026.

ATTEST:

CITY OF CLEWISTON, FLORIDA

\_\_\_\_\_  
Fransheska Berrios, City Clerk

\_\_\_\_\_  
James Pittman, Mayor

(MUNICIPAL SEAL)

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By: \_\_\_\_\_

Kaylee Tuck, City Attorney



## Agenda Item Memorandum

**TO:** City Commission of the City of Clewiston

**FROM:** Fransheska Berrios, City Clerk

**VIA:** Danny Williams, City Manager

**DATE:** September 24, 2026

**SUBJECT:** Special Event Applications

---

### Background:

Applications were submitted for the CHS Homecoming Bonfire (September 30), CHS Homecoming Parade (October 2), and Hendry County Fair Food Truck Festival (October 3, November 13, and a December date to be confirmed). The Glades Lives Matter Town Hall Meeting is listed for September 23, before this meeting; it is provided for information only.

**Financial Impact:** Applicable fees are to be determined. None of the applications requires a fee waiver.

### Attachments:

- a. CHS Homecoming Bonfire – September 30, 2026
- b. CHS Homecoming Parade- October 2, 2026
- c. Hendry County Fair Food Truck Festival – October-December 2026
- d. Glades Lives Matter Town Hall Meeting September 23, 2026

### Recommendation:

Recommended motion is to approve the Bonfire, Parade, and Food Truck Festival applications, subject to departmental review, confirmation of the December festival date, and payment of applicable fees. No fee waiver is included.



# EVENT APPLICATION

## City of Clewiston

115 W. Ventura Ave.  
Clewiston, FL 33440

Telephone: (863) 983-1484  
Fax: (863) 983-4055

INSTRUCTIONS: Applicant to submit Event Application and required fee to the City of Clewiston no less than four weeks before the event.

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Date of Event:<br><b>September 30th, 2026</b>                                                                                                                                                                                                                                                                                                                                                   | Applicant's Name:<br><b>Britney Ortega</b>                                                 | Event:<br><b>CHS Homecoming Bonfire</b>                                                 |
| Mailing Address:<br><b>1501 S Francisco St</b>                                                                                                                                                                                                                                                                                                                                                  | City:<br><b>Clewiston</b>                                                                  | State/Zip Code:<br><b>FL 33440</b>                                                      |
| Telephone No.<br><b>561 985 4427</b>                                                                                                                                                                                                                                                                                                                                                            | Email Address:<br><b>obritney365@gmail.com</b>                                             | Fax No.                                                                                 |
| Representative to Contact:<br><b>Britney Ortega</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                            | Telephone No.                                                                           |
| Site/Facility for Event:<br><b>CHS student parking</b>                                                                                                                                                                                                                                                                                                                                          | Time Event Starts:<br>a.m. <b>6:30</b> p.m.                                                | Will Street be Closed?<br>Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Estimated No. of Attendance:                                                                                                                                                                                                                                                                                                                                                                    | Time Event Ends:<br>a.m. <b>8</b> p.m.                                                     | Beginning Time:<br>a.m. p.m.                                                            |
| Description of Event:                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                         |
| Will Food be Served?<br>Yes <input checked="" type="radio"/> No <input type="radio"/>                                                                                                                                                                                                                                                                                                           | Will Alcohol be Served? *<br>Yes <input type="radio"/> No <input checked="" type="radio"/> | Are Dumpsters Needed?<br>Yes <input type="radio"/> No <input checked="" type="radio"/>  |
| Is Electricity Needed?<br>Yes <input type="radio"/> No <input checked="" type="radio"/>                                                                                                                                                                                                                                                                                                         | Minimum of (2) officers required *<br>Officers x \$35/\$50 = \$                            | Mandatory Cleaning Fee<br>(Determined by type of Event): \$                             |
| Any other City Service/Equipment Needed? If Yes, explain:<br><b>Fire Dept.</b>                                                                                                                                                                                                                                                                                                                  |                                                                                            | City Supervisors Needed?<br>Yes <input type="radio"/> No <input type="radio"/>          |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | Supervisors @\$20 per hour = \$                                                         |
| The premises shall not be used for any illegal, improper, or immoral purpose. Renter will promptly and fully observe and comply with requirements, rules, laws, and ordinances of all lawfully constituted governmental authorities in any manner affecting the premises herein and hereby rented. Two weeks cancellation notice is required. Facility and/or site plan to be attached to form. |                                                                                            |                                                                                         |

|                                                |           |                        |              |        |           |                           |               |
|------------------------------------------------|-----------|------------------------|--------------|--------|-----------|---------------------------|---------------|
| Applicant's Signature:                         |           | Date: <b>8/27/2026</b> |              |        |           |                           |               |
| Fees (to be completed by City representative): |           |                        |              |        |           |                           |               |
| Bldg/Site Rental:                              | Cleaning: | Security:              | Supervisors: | Other: | Subtotal: | 25% Deposit if applicable | <b>TOTAL:</b> |
| \$                                             | \$        | \$                     | \$           | \$     | \$        | \$                        | \$            |

|                             |                          |           |
|-----------------------------|--------------------------|-----------|
| Remarks:                    |                          |           |
|                             |                          |           |
|                             |                          |           |
| Date submitted to the City: | Date considered by City: | Approved? |
| Remarks:                    |                          |           |
|                             |                          |           |
|                             |                          |           |

Revised 10/17/11

\*\$35 Non-Alcohol / \$50 Alcohol is served. Any teen event minimum of (4) officers required

CITY OF CLEWISTON  
FLORIDA DEPARTMENT OF REVENUE

AUG 27 2026

RECEIVED

## FIRE SAFETY PERMIT APPLICATION

Title of Event: Clewiston High School Homecoming Bonfire

Date(s) of Event: September 30<sup>th</sup>, 2026 Estimated Attendance: \_\_\_\_\_ per day

Times of Event: 6:30<sup>PM</sup> to 8 PM Set-up: \_\_\_\_\_ Breakdown: \_\_\_\_\_

Event Location: Clewiston High School student parking lot.  
(Attach Site Diagram: Set-up sketch, staging items, food vendors, parking area, security, etc.)

### SPECIFIC TYPE OF EVENT (Check all that apply):

- |                                         |                                                          |                                          |                                           |
|-----------------------------------------|----------------------------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Business Event                  | <input type="checkbox"/> Celebrations    | <input type="checkbox"/> Community Event  |
| <input type="checkbox"/> Concert/Band   | <input type="checkbox"/> Fair/Carnival                   | <input type="checkbox"/> Fireworks       | <input type="checkbox"/> Fundraiser       |
| <input type="checkbox"/> Grand Opening  | <input type="checkbox"/> Parade                          | <input type="checkbox"/> Political Event | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Wedding        | <input type="checkbox"/> Other <u>Homecoming Bonfire</u> |                                          |                                           |

Description of Event: Students will attend and watch the bonfire.  
It is a school event.

Will Vendors be cooking or heating food? (Please read fire watch requirements for cooking.)

☐ Gas ☐ Electric ☐ Charcoal ☐ Other: \_\_\_\_\_

Will any of the following event staging items be used?

|                                      |                 |                       |
|--------------------------------------|-----------------|-----------------------|
| <input type="checkbox"/> Canopy(ies) | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Stage(s)    | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Tent(s)     | Quantity: _____ | Sizes(s) LxWxH: _____ |

Please attach:

- 1) Structural information, anchoring details, flame certificates, etc.
- 2) A floor plan including seating arrangements, locations of means of egress, extinguishers and exit signs.

Producing Organization/Entity: ~~Beetle Creek Chamber of Commerce~~ Clewiston High School

Contact Name: Britney Ortega

Phone: 561 985 4427

Emergency contact: Rachel Edmonds 239-229-465

(Please include a letter of permission from the property management/owner for this event if the applicant is not the responsible entity for the property at the location this event is scheduled. Events taking place on city or county property may require permission from the City Commission.)

### APPLICANT INFORMATION:

Name (Please Print): Britney Ortega

Signature: 

Mailing Address: 1501 S Francisco St.

Phone: \_\_\_\_\_

Cell: 561 985 4427

Email: \_\_\_\_\_

**SPECIAL EVENT PERMIT  
HOLD HARMLESS AGREEMENT**

I/We the undersigned, being of lawful age, by affixing my/our signatures hereto, do hereby agree to indemnify and to hold harmless the City of Clewiston, its officers, employees, elected officials and agents, from and against any and all liability claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses, and compensation for all negligence whether active or passive arising out of or in any way connected or related to Clewiston High School Homecoming bonfire to be held on 9/30/2026.

(Name of Event)

(Date of Event)

Senior Class - Clewiston High School

Name of sponsoring Individual(s) or Organization/Group

1501 S FRANCISCO ST, Clewiston FL 33440

Address

561 985 4427

Phone No. (include Area Code)

obritney365@gmail.com

Email Address

I understand by affixing my signature to this release, that I do assume all risks and waive defendant's negligence, including a release of heirs.

Furthermore, the undersigned hereby acknowledges receipt of the Special Event Permit Application and willingness to adhere to its provisions.

**AUTHORIZED REPRESENTATIVE**

*(To be completed by individuals representing an Organization or Group)*

I, Carmelo Rindone, warrant that I have authority to bind Clewiston High School to this Hold Harmless Agreement and by my signature hereon do so bind this individual/organization. By executing this waiver as an authorized representative you are hereby binding all of your organization/group's individuals participating in this event to this waiver and hereby assume responsibility for these individuals.

Signature

Date

8/27/26

8/27/2026

Signature

Date

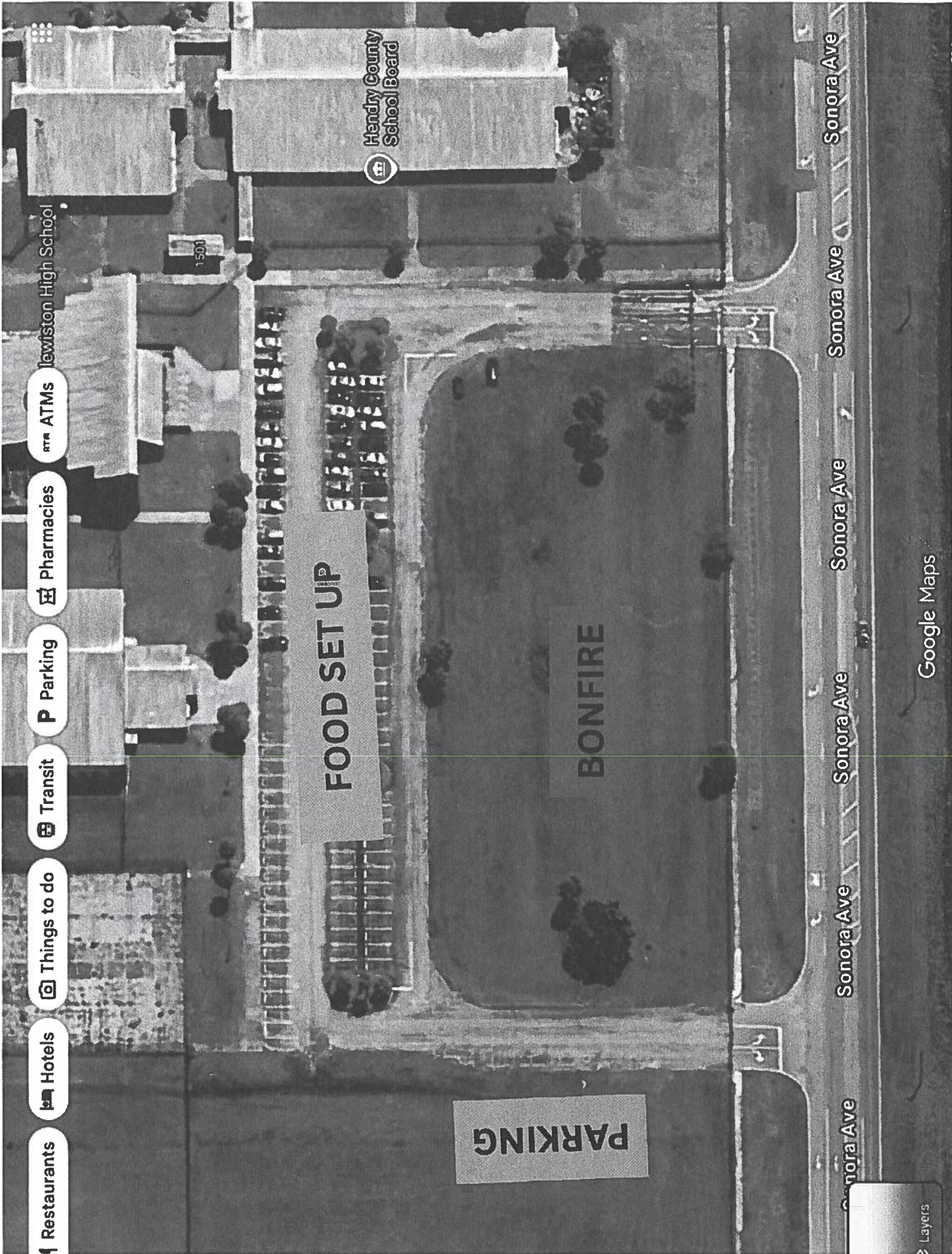
**For Minors:** (required for participants under the age of 18 at the time of the event)

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this waiver and release and do consent and agree to his/her waiver, release and assumption of the risk as provided above.

(Print Name of Parent/Legal Guardian)

Signature

Date



Restaurants

Hotels

Things to do

Transit

Parking

Pharmacies

ATMs

Lewiston High School

Hendry County School Board

PARKING

FOOD SET UP

BONFIRE

Sonora Ave Sonora Ave Sonora Ave Sonora Ave

Layers

Google Maps



# EVENT APPLICATION

## City of Clewiston

115 W. Ventura Ave.  
Clewiston, FL 33440

Telephone: (863) 983-1484  
Fax: (863) 983-4055

INSTRUCTIONS: Applicant to submit Event Application and required fee to the City of Clewiston no less than four weeks before the event.

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Date of Event:<br><b>Oct. 2, 2026</b>                                                                                                                                                                                                                                                                                                                                                           | Applicant's Name:<br><b>Tina Blevins</b>                                                                                                                                | Event:<br><b>CHS Homecoming Parade</b>                                                                                          |
| Mailing Address:<br><b>1501 S. Francisco St.</b>                                                                                                                                                                                                                                                                                                                                                | City:<br><b>Clewiston</b>                                                                                                                                               | State/Zip Code:<br><b>FL 33440</b>                                                                                              |
| Telephone No.<br><b>863.517.1385</b><br><b>863.983.1520</b>                                                                                                                                                                                                                                                                                                                                     | Email Address:<br><b>blevinst@hendry-schools.net</b>                                                                                                                    | Fax No.                                                                                                                         |
| Representative to Contact:<br><b>Tina Blevins</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         | Telephone No:<br><b>863.517.1385</b>                                                                                            |
| Site/Facility for Event:                                                                                                                                                                                                                                                                                                                                                                        | Time Event Starts:<br><b>2:00</b> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.                                                                | Will Street be Closed? <input checked="" type="checkbox"/> <input type="checkbox"/>                                             |
| Estimated No. of Attendance:                                                                                                                                                                                                                                                                                                                                                                    | Time Event Ends:<br><b>3:30</b> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.                                                                  | Beginning Time: <input type="checkbox"/> Ending Time: <input type="checkbox"/>                                                  |
| Description of Event: <b>Clewiston High School Homecoming Parade</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                         |                                                                                                                                 |
| Will Food be Served? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                        | Will Alcohol be Served? <input type="checkbox"/> <input checked="" type="checkbox"/> Are Dumpsters Needed? <input type="checkbox"/> <input checked="" type="checkbox"/> |                                                                                                                                 |
| Is Electricity Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                      | Minimum of (2) officers required*<br>Officers x \$35/\$50 = \$                                                                                                          | Mandatory Cleaning Fee (Determined by type of Event): \$                                                                        |
| Any other City Service/Equipment Needed? If Yes, explain:<br><b>stage w/ 2 tables + 4 chairs in front of City Hall</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                         | City Supervisors Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Supervisors @\$20 per hour = \$ |
| The premises shall not be used for any illegal, improper, or immoral purpose. Renter will promptly and fully observe and comply with requirements, rules, laws, and ordinances of all lawfully constituted governmental authorities in any manner affecting the premises herein and hereby rented. Two weeks cancellation notice is required. Facility and/or site plan to be attached to form. |                                                                                                                                                                         |                                                                                                                                 |

|                                                |           |                               |              |        |           |                           |               |
|------------------------------------------------|-----------|-------------------------------|--------------|--------|-----------|---------------------------|---------------|
| Applicant's Signature:<br>                     |           | Date:<br><b>Aug. 31, 2026</b> |              |        |           |                           |               |
| Fees (to be completed by City representative): |           |                               |              |        |           |                           |               |
| Bldg/Site Rental:                              | Cleaning: | Security:                     | Supervisors: | Other: | Subtotal: | 25% Deposit if applicable | <b>TOTAL:</b> |
| \$                                             | \$        | \$                            | \$           | \$     | \$        | \$                        | \$            |

|          |
|----------|
| Remarks: |
|          |
|          |
|          |

|                             |                          |           |
|-----------------------------|--------------------------|-----------|
| Date submitted to the City: | Date considered by City: | Approved? |
| Remarks:                    |                          |           |
|                             |                          |           |
|                             |                          |           |

## FIRE SAFETY PERMIT APPLICATION

Title of Event: CHS Homecoming Parade

Date(s) of Event: Friday, Oct. 2, 2020 Estimated Attendance: \_\_\_\_\_ per day

Times of Event: 2:00 PM to 3:30 PM Set-up: 1:00 PM Breakdown: 3:30 PM

Event Location: See Diagram attached  
(Attach Site Diagram: Set-up sketch, staging items, food vendors, parking area, security, etc.)

### SPECIFIC TYPE OF EVENT (Check all that apply):

- |                                         |                                            |                                          |                                           |
|-----------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Business Event    | <input type="checkbox"/> Celebrations    | <input type="checkbox"/> Community Event  |
| <input type="checkbox"/> Concert/Band   | <input type="checkbox"/> Fair/Carnival     | <input type="checkbox"/> Fireworks       | <input type="checkbox"/> Fundraiser       |
| <input type="checkbox"/> Grand Opening  | <input checked="" type="checkbox"/> Parade | <input type="checkbox"/> Political Event | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Wedding        | <input type="checkbox"/> Other _____       |                                          |                                           |

Description of Event: See attachment

Will Vendors be cooking or heating food? (Please read fire watch requirements for cooking.)

☐ Gas ☐ Electric ☐ Charcoal ☐ Other: \_\_\_\_\_

Will any of the following event staging items be used?

|                                              |                 |                       |
|----------------------------------------------|-----------------|-----------------------|
| <input type="checkbox"/> Canopy(ies)         | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input checked="" type="checkbox"/> Stage(s) | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Tent(s)             | Quantity: _____ | Sizes(s) LxWxH: _____ |

Please attach:

- 1) Structural information, anchoring details, flame certificates, etc.
- 2) A floor plan including seating arrangements, locations of means of egress, extinguishers and exit signs.

Producing Organization/Entity: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

(Please include a letter of permission from the property management/owner for this event if the applicant is not the responsible entity for the property at the location this event is scheduled. Events taking place on city or county property may require permission from the City Commission.)

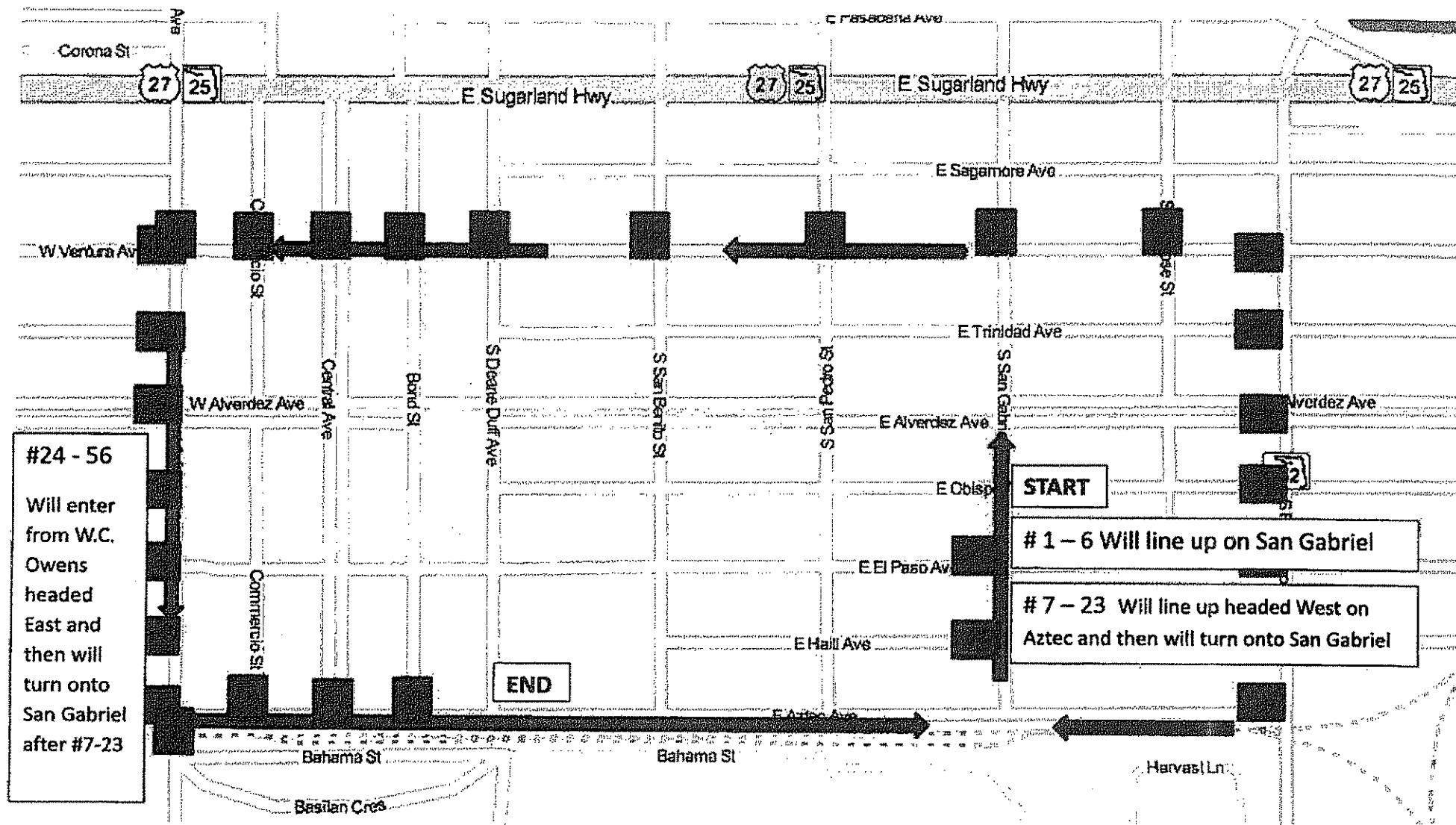
### APPLICANT INFORMATION:

Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_



**#24 - 56**

Will enter from W.C. Owens headed East and then will turn onto San Gabriel after #7-23

**START**

**# 1 – 6 Will line up on San Gabriel**

**# 7 – 23 Will line up headed West on Aztec and then will turn onto San Gabriel**

**END**

**BARRIERS**

**PARADE ROUTE**

The parade will start at 2:00 pm on E. Obispo and San Gabriel Ave. Numbers 1-6 (Emergency response vehicles) will line up on San Gabriel. Numbers 7-23 will line up on Aztec headed West and then make the turn onto San Gabriel. Numbers 24 – 56 Will line up along Aztec entering from W.C. Owens and will fall in behind # 23. \* Parade #s and Barriers are subject to change.

## **Clewiston Fire Department**

### **East Hendry County**

**121 Central Avenue, Clewiston, FL 33440**

**Phone (863) 983-1500**

**Fax (863) 983-1430**

## **Plan Submittal Requirements for Special Events**

*Upon application for a special event permit, a site plan is required. All required distances shall be indicated on the site plan. Permits shall be obtained and all requirements completed prior to a fire inspection.*

**1-Temporary tents and membrane structures must comply with the individual occupancy requirements for which the tent is being used (Example: mercantile, assembly, industrial, etc.)**

**2-All plans must include the following general items:**

- Dates and hours of the event or usage period (must be located on the site plan or the floor plan)
- "Certificate of Fire Resistance" for the structure
- "Certificate of Fire Resistance" or flame spread documentation for all draperies, curtains, decorations, stage scenery, etc.
- Provide a notarized affidavit indicating that the wiring will comply with NFPA 70 and the name and license number of the electrician installing any electrical wiring in the tent.

**3-All plans must include a separate FLOOR PLAN showing all, but not limited to, the following items:**

- Locations of required number of exits, and exit capacity (width) based on occupant loads calculated by square footage.
- Dimensions of required aisles and seating row widths shall be accordance with the provisions of aisles and shall not be less than 44 inches in width. Seating row widths shall not be less than 12 inches. Rows shall be increased by 0.3 inch for every additional seat beyond 14, but the width need not be more than 22 inches. When more than 200 loose seats or folding chairs are used they shall be bonded together in groups of three or more.
- Locations of battery back-up exit signs. Exception: Non-illuminated exit signs may be used for events held during daylight hours only.
- Locations of emergency lighting fixtures. Exception: Emergency lighting can be omitted for events held during daylight hours only.
- Seating arrangements for table and chairs with distances between tables (if seating arrangements are provided).
- Location of bleacher/grandstand and their details (if bleachers are provided).

- Stage plan (including mobile stages) and location of egress points, including stair details, ramp details, handrail and guardrail details, etc. (if stage is provided).
- Location of fire extinguishers (1 for each 400 sq.ft. up to 1200 sq.ft., then one for each 1000 sq.ft. thereafter).
- Location of "NO SMOKING" signs

**4-All plans must include a separate SITE PLAN including the following:**

- Location of the tent in relation to all buildings or structures, roads, parking areas, storage containers, etc. (Minimum 20' separation required).
- Location of generator if applicable (minimum 20' from tent).
- Fire extinguishers are to have a minimum rating of 2A:10BC and be permanently mounted on a support member.

**5-All plans submitted for SPARKLER SALES must also include the following:**

- State sparkler certificate.
- Copy of state ID of applicant.

**6-All cooking operations under a tent or membrane structure must comply with NFPA 1, chapter 50.**

- Open or Exposed Flame— Open Flame or other devices emitting flame, fire or heat or any flammable or combustible liquid, gas, charcoal or other cooking device or any other unapproved devices shall not be permitted inside or located within 20 feet of the tent, canopy or membrane structures while open to the public unless approved by the fire department official.
- If approved by fire department official, cooking and heating equipment shall be vented to the outside air by approved means. Cooking and heating equipment shall not be located within 10 feet of an exit or combustible material. Outdoor cooking that produces sparks or grease-laden vapors shall be at least 20 feet from tents, canopies, and membrane structures. The warming of previously prepared food is not considered to be cooking and is exempt from these requirements.
- **Class K Portable Fire Extinguishers** - Concession stands or vendors with cooking operations that include deep fat fryers shall provide a Class K wet chemical extinguisher. A minimum 2A:10BC fire extinguisher shall also be provided.

**7- All Generators and power sources-** Generators and other internal combustion power sources shall be separated from tents, canopies, and temporary membrane structures by a minimum of 20 feet.

**8-Fire Watch-**

- All temporary assembly tents with an occupant load of greater than 300 may be required to provide Fire Watch for the duration of the event.
- All permits will be reviewed and may require a fire watch based on information from application and site visit, if appropriate.

**Clewiston Fire Department**  
**East Hendry County**  
121 Central Avenue, Clewiston, FL 33440  
Phone (863) 983-1500 Fax (863) 983-1430

## **GENERAL INFORMATION SHEET**

### **REGARDING SPECIAL EVENTS, CARNIVALS AND FAIRS**

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**Special Event:** An event whether indoors or outdoors, that is held on public property or streets, non-profit organization property or non-residential private property that can reasonably be expected to cause a public gathering that is not part of the normal course of business at the location.

**Carnival:** A mobile enterprise principally devoted to offering amusement or entertainment to the public in, upon or by means of portable amusement rides or devices or temporary structures in any number or combination, whether or not associated with other structures or forms of public attraction.

**Fair:** An enterprise principally devoted to the exhibition of products of agriculture or industry in connection with the operation of amusement rides or devices, or concession booths.

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- A permit is required from the Fire Department to conduct a carnival or fair. *NFPA 1: 1.12*
- A permit is required from the Fire Department for all tents over 200 square feet or canopies over 400 square feet in size, which are used on the premises. *NFPA 1: 1.12*
- A permit is required from the Fire Department to conduct a parade. *NFPA 1: 1.12*
- Tents and canopies described above are to be in compliance with *NFPA 1, Chapter 25*.
- Size and location of the carnival or fair may require fire apparatus access roads. *NFPA 1: 10.16.2*
- Fire extinguishers shall have a minimum rating of 2-A:10-B:C. Maximum travel distance to a portable fire extinguisher shall not exceed 75 feet. All fire extinguishers shall be serviced and tagged according to the State Fire Code. *NFPA 1: 10.16.5 & 10.16.10.4*
- Electrical equipment and installation shall comply with the Electrical Code, and subject to approval by the Building Department. *NFPA 1: 10.16.7*
- Concession stands utilized for cooking shall have a minimum of 10 feet of clearance on two sides and shall not be located within 10 feet of amusement rides or devices. *NFPA 1: 10.16.8*

- A "K" rated dry chemical fire extinguisher shall be provided where deep-fat fryers are used.

*NFPA 1: 13.6.6.7.1*

- Internal combustion power sources shall have fuel tanks of adequate capacity to permit uninterrupted operation during normal operating hours. Refueling shall be conducted only when the ride is not in use. *NFPA 1: 10.16.10.1 & 10.16.10.2*

- Internal combustion power sources shall be isolated from contact with the public by either physical guards, fencing or an enclosure. A minimum of one fire extinguisher with a rating of not less than 2-A:10-B:C shall be provided. *NFPA 1: 10.16.10.3 & 10.16.10.4* (This is in addition to the normally required fire extinguishers.)

- For reviewing stands, grandstands, bleachers and folding and telescoping seating see *NFPA 1, Chapter 25*.

*The items listed are general information only. Codes are subject to change. Additional requirements may apply.*

**Clewiston Fire Department**  
**East Hendry County**  
**121 Central Avenue, Clewiston, FL 33440**  
Phone (863) 983-1500 Fax (863) 983-1430

**FIRE SAFETY PERMIT APPLICATION**

A Fire Safety Permit is required for any gathering that takes place on public or private property, an event whether indoors or outdoors, that is held on public property or streets, non-profit organization property or non-residential private property that can reasonably be expected to cause a public gathering that is not part of the normal course of business at the location.

The Fire Safety permit application form must be completed and submitted not less than thirty (30) days in advance of the event.

**REQUIREMENTS:**

1. Completed application and non-refundable permit fee of \$50.00.
2. Site plan of the event showing all temporary installations in relation to the surroundings. The site plan must show a detailed diagram of the event including the location of concession booths, portable toilets, dumpsters, public, emergency and accessible routes, parking, banners and signs, location of tents, stages, entertainment and orientation of loudspeakers, locations for electricity and water, and other relevant information.
3. If your event includes construction, electrical, plumbing or mechanical work, then the work must receive a final inspection prior to the commencement of the event. If the inspection must be completed after 3:00 p.m. Monday through Friday, over a weekend, or on a National Holiday, then the cost of each inspection will be \$60.00 per hour per inspector (minimum 2 hours, if available). Please note that the specific contractor for the applicable inspection must be on-site at time of inspection. If not, the inspection will be cancelled.

**The person or designee in charge of the event must be present at the event and remain at the location for the entire duration of the event.**

**SPECIAL EVENT PERMIT  
HOLD HARMLESS AGREEMENT**

I/We the undersigned, being of lawful age, by affixing my/our signatures hereto, do hereby agree to indemnify and to hold harmless the City of Clewiston, its officers, employees, elected officials and agents, from and against any and all liability claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses, and compensation for all negligence whether active or passive arising out of or in any way connected or related to \_\_\_\_\_

CHS Homecoming Parade to be held on Oct. 2, 2026  
(Name of Event) (Date of Event)

Student Council - Clewiston High School  
Name of sponsoring Individual(s) or Organization/Group

1501 S. Francisco St. Clewiston, FL 33440  
Address

863.983.1520  
Phone No. (include Area Code)

blevinst@hendry-schools.net  
Email Address

I understand by affixing my signature to this release, that I do assume all risks and waive defendant's negligence, including a release of heirs.

Furthermore, the undersigned hereby acknowledges receipt of the Special Event Permit Application and willingness to adhere to its provisions.

**AUTHORIZED REPRESENTATIVE**

*(To be completed by individuals representing an Organization or Group)*

I, Roberto Sanchez, warrant that I have authority to bind Hendry County  
(Name of individual) (Name of Organization/Group)

Schools to this Hold Harmless Agreement and by my signature hereon do so bind this individual/organization. By executing this waiver as an authorized representative you are hereby binding all of your organization/group's individuals participating in this event to this waiver and hereby assume responsibility for these individuals.

Signature

Date

Signature

Date

**For Minors:** (required for participants under the age of 18 at the time of the event)

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this waiver and release and do consent and agree to his/her waiver, release and assumption of the risk as provided above.

(Print Name of Parent/Legal Guardian)

Signature

Date



# EVENT APPLICATION

## City of Clewiston

115 W. Ventura Ave.  
Clewiston, FL 33440

Telephone: (863) 983-1484  
Fax : (863) 983-4055

INSTRUCTIONS: Applicant to submit Event Application and required fee to the City of Clewiston no less than four weeks before the event.

|                                                                                                              |                                                                                             |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Date of Event:<br><b>10/3 -11/13 - 12/12</b>                                                                 | Applicant's Name:<br><b>Hendry County Fair Board</b>                                        | Event:<br><b>Food Truck Festival</b>                                                                          |
| Mailing Address:<br><b>710 S Francisco St.</b>                                                               | City:<br><b>Clewiston</b>                                                                   | State/Zip Code:<br><b>FL / 33440</b>                                                                          |
| Telephone No.<br><b>863-983-9282</b>                                                                         | Email Address:<br><b>hsandy286@icloud.com</b>                                               | Fax No.                                                                                                       |
| Representative to Contact:<br><b>Sandy Williams</b>                                                          |                                                                                             | Telephone No:<br><b>863-233-3918</b>                                                                          |
| Site/Facility for Event:<br><b>HC Fair Grounds</b>                                                           | Time Event Starts:<br><b>5:30</b>                                                           | <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Will Street be Closed?<br><b>No</b>    |
| Estimated No. of Attendance: <b>150</b>                                                                      | Time Event Ends:<br><b>9:00</b>                                                             | <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Beginning Time:<br><b>Ending Time:</b> |
| Description of Event:<br><b>fall/winter food truck festival - a variety of food trucks for all to enjoy.</b> |                                                                                             |                                                                                                               |
| Will Food be Served? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                     | Will Alcohol be Served? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Are Dumpsters Needed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                     |
| Is Electricity Needed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                   | Minimum of (2) officers required*<br>Officers x \$35/\$50 = \$                              | Mandatory Cleaning Fee<br>(Determined by type of Event): \$                                                   |
| Any other City Service/Equipment Needed? If Yes, explain:                                                    |                                                                                             | City Supervisors Needed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                  |
|                                                                                                              |                                                                                             | Supervisors @\$20 per hour = \$                                                                               |

The premises shall not be used for any illegal, improper, or immoral purpose. Renter will promptly and fully observe and comply with requirements, rules, laws, and ordinances of all lawfully constituted governmental authorities in any manner affecting the premises herein and hereby rented. Two weeks cancellation notice is required. Facility and/or site plan to be attached to form.

Applicant's Signature:

Date:

**9/2/2020**

Fees (to be completed by City representative):

| Bldg/Site Rental: | Cleaning: | Security: | Supervisors: | Other: | Subtotal: | 25% Deposit if applicable | TOTAL: |
|-------------------|-----------|-----------|--------------|--------|-----------|---------------------------|--------|
| \$                | \$        | \$        | \$           | \$     | \$        | \$                        | \$     |

Remarks:

Date submitted to the City:

Date considered by City:

Approved?

Remarks:

Revised 10/17/11

\*\$35 Non-Alcohol / \$50 Alcohol is served. Any teen event minimum of (4) officers required.

## FIRE SAFETY PERMIT APPLICATION

Title of Event: HC Fair Food Truck Festival

Date(s) of Event: 10/3 - 11/13 - 12/12 2026 Estimated Attendance: 150 per day

Times of Event: 5:30pm to 9:00pm Set-up: \_\_\_\_\_ Breakdown: \_\_\_\_\_

Event Location: 710 S. Francisco St. Clewiston FL 33440

(Attach Site Diagram: Set-up sketch, staging items, food vendors, parking area, security, etc.)

### SPECIFIC TYPE OF EVENT (Check all that apply):

- |                                         |                                         |                                          |                                                     |
|-----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Business Event | <input type="checkbox"/> Celebrations    | <input checked="" type="checkbox"/> Community Event |
| <input type="checkbox"/> Concert/Band   | <input type="checkbox"/> Fair/Carnival  | <input type="checkbox"/> Fireworks       | <input type="checkbox"/> Fundraiser                 |
| <input type="checkbox"/> Grand Opening  | <input type="checkbox"/> Parade         | <input type="checkbox"/> Political Event | <input type="checkbox"/> Place of Worship           |
| <input type="checkbox"/> Wedding        | <input type="checkbox"/> Other _____    |                                          |                                                     |

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will Vendors be cooking or heating food? (Please read fire watch requirements for cooking.)

☒ Gas ☒ Electric ☒ Charcoal ☐ Other: \_\_\_\_\_

Will any of the following event staging items be used?

|                                      |                 |                       |
|--------------------------------------|-----------------|-----------------------|
| <input type="checkbox"/> Canopy(ies) | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Stage(s)    | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Tent(s)     | Quantity: _____ | Sizes(s) LxWxH: _____ |

Please attach:

- 1) Structural information, anchoring details, flame certificates, etc.
- 2) A floor plan including seating arrangements, locations of means of egress, extinguishers and exit signs.

Producing Organization/Entity: Hendry County Fair Board

Contact Name: Sandy Williams

Phone: 863-233-3918

Emergency contact: \_\_\_\_\_

(Please include a letter of permission from the property management/owner for this event if the applicant is not the responsible entity for the property at the location this event is scheduled. Events taking place on city or county property may require permission from the City Commission.)

### APPLICANT INFORMATION:

Name (Please Print): Sandy Williams

Signature: 

Mailing Address: 710 S Francisco St.

Phone: 863-233-3918

Cell: \_\_\_\_\_

Email: hsandy286@icloud.com

**SPECIAL EVENT PERMIT  
HOLD HARMLESS AGREEMENT**

I/We the undersigned, being of lawful age, by affixing my/our signatures hereto, do hereby agree to indemnify and to hold harmless the City of Clewiston, its officers, employees, elected officials and agents, from and against any and all liability claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses, and compensation for all negligence whether active or passive arising out of or in any way connected or related to \_\_\_\_\_  
HC Fair Food Truck Festival to be held on Oct 3, Nov 13 & Dec 13, 2026

(Name of Event)

(Date of Event)

Hendry County Fair Board

Name of sponsoring Individual(s) or Organization/Group  
710 S Francisco St. Clewiston FL, 33440

Address  
863-233-3918

HSANDY286@ICLOUD.COM

Phone No. (include Area Code)

Email Address

I understand by affixing my signature to this release, that I do assume all risks and waive defendant's negligence, including a release of heirs.

Furthermore, the undersigned hereby acknowledges receipt of the Special Event Permit Application and willingness to adhere to its provisions.

**AUTHORIZED REPRESENTATIVE**

(To be completed by individuals representing an Organization or Group)

I, \_\_\_\_\_, warrant that I have authority to bind \_\_\_\_\_  
(Name of individual) (Name of Organization/Group)  
\_\_\_\_\_ to this Hold Harmless Agreement and by my signature hereon do so bind this individual/organization. By executing this waiver as an authorized representative you are hereby binding all of your organization/group's individuals participating in this event to this waiver and hereby assume responsibility for these individuals.

Signature

Date

Signature

Date

**For Minors:** (required for participants under the age of 18 at the time of the event)

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this waiver and release and do consent and agree to his/her waiver, release and assumption of the risk as provided above.

(Print Name of Parent/Legal Guardian)

Signature

Date



# EVENT APPLICATION

**City of Clewiston**  
115 W. Ventura Ave.  
Clewiston, FL 33440

Telephone: (863) 983-1484  
Fax : (863) 983-4055

INSTRUCTIONS: Applicant to submit Event Application and required fee to the City of Clewiston no less than four weeks before the event.

|                                                                                           |                                                                            |                                                                                          |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Date of Event:<br><b>9-23-26</b>                                                          | Applicant's Name:<br><b>Glades Lives Matter</b>                            | Event:<br><b>Town Hall Meeting</b>                                                       |
| Mailing Address:<br><b>P.O. B. 764</b>                                                    | City:<br><b>Clewiston</b>                                                  | State/Zip Code:<br><b>Florida/33440</b>                                                  |
| Telephone No.<br><b>863-228-0612</b>                                                      | Email Address:<br><b>commish02@gmail</b>                                   | Fax No.<br><b>863-983-2729</b>                                                           |
| Representative to Contact:<br><b>Janet Taylor</b>                                         |                                                                            | Telephone No:<br><b>863-228-0612</b>                                                     |
| Site/Facility for Event:<br><b>John Boy Auditorium</b>                                    | Time Event Starts:<br><b>6 PM</b>                                          | Will Street be Closed?<br><input checked="" type="checkbox"/> <b>NO</b>                  |
| Estimated No. of Attendance:<br><b>80</b>                                                 | Time Event Ends:<br><b>8 PM</b>                                            | Beginning Time:<br><input type="checkbox"/> <input type="checkbox"/>                     |
| Description of Event:<br><b>Information to residents ref. Amendment 3/candidates info</b> |                                                                            | Ending Time:<br><input type="checkbox"/> <input type="checkbox"/>                        |
| Will Food be Served?<br><input type="checkbox"/> <input type="checkbox"/>                 | Will Alcohol be Served?* <input type="checkbox"/> <input type="checkbox"/> | Are Dumpsters Needed?<br><input type="checkbox"/> <input type="checkbox"/>               |
| Is Electricity Needed?<br><input checked="" type="checkbox"/> <input type="checkbox"/>    | Minimum of (2) officers required*<br>Officers x \$35/\$50 = \$             | Mandatory Cleaning Fee<br>(Determined by type of Event): \$                              |
| Any other City Service/Equipment Needed? If Yes, explain:<br><b>Power point equipment</b> |                                                                            | City Supervisors Needed?<br><input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                           |                                                                            | Supervisors @\$20 per hour = \$                                                          |

The premises shall not be used for any illegal, improper, or immoral purpose. Renter will promptly and fully observe and comply with requirements, rules, laws, and ordinances of all lawfully constituted governmental authorities in any manner affecting the premises herein and hereby rented. Two weeks cancellation notice is required. Facility and/or site plan to be attached to form.

|                                                |           |                          |              |               |           |                           |
|------------------------------------------------|-----------|--------------------------|--------------|---------------|-----------|---------------------------|
| Applicant's Signature:<br><b>Janet Taylor</b>  |           | Date:<br><b>9-1-26</b>   |              |               |           |                           |
| Fees (to be completed by City representative): |           |                          |              |               |           |                           |
| Bldg/Site Rental:                              | Cleaning: | Security:                | Supervisors: | Other:        | Subtotal: | 25% Deposit if applicable |
| \$                                             | \$        | \$                       | \$           | \$            | \$        | \$                        |
|                                                |           |                          |              |               |           | <b>TOTAL:</b>             |
|                                                |           |                          |              |               |           | \$                        |
| Remarks:                                       |           |                          |              |               |           |                           |
|                                                |           |                          |              |               |           |                           |
|                                                |           |                          |              |               |           |                           |
| Date submitted to the City:                    |           | Date considered by City: |              | Approved?<br> |           |                           |
| Remarks:                                       |           |                          |              |               |           |                           |
|                                                |           |                          |              |               |           |                           |
|                                                |           |                          |              |               |           |                           |

Revised 10/17/11

\*\$35 Non-Alcohol / \$50 Alcohol is served. Any teen event minimum of (4) officers required.

CITY OF CLEWISTON  
FINANCE DEPARTMENT

SEP 01 2026

RECEIVED

**Clewiston Fire Department**  
**East Hendry County**  
121 Central Avenue, Clewiston, FL 33440  
Phone (863) 983-1500 Fax (863) 983-1430

**Plan Submittal Requirements for Special Events**

*Upon application for a special event permit, a site plan is required. All required distances shall be indicated on the site plan. Permits shall be obtained and all requirements completed prior to a fire inspection.*

**1-Temporary tents and membrane structures must comply with the individual occupancy requirements for which the tent is being used (Example: mercantile, assembly, industrial, etc.)**

**2-All plans must include the following general items:**

- Dates and hours of the event or usage period (must be located on the site plan or the floor plan)
- "Certificate of Fire Resistance" for the structure
- "Certificate of Fire Resistance" or flame spread documentation for all draperies, curtains, decorations, stage scenery, etc.
- Provide a notarized affidavit indicating that the wiring will comply with NFPA 70 and the name and license number of the electrician installing any electrical wiring in the tent.

**3-All plans must include a separate FLOOR PLAN showing all, but not limited to, the following items:**

- Locations of required number of exits, and exit capacity (width) based on occupant loads calculated by square footage.
- Dimensions of required aisles and seating row widths shall be accordance with the provisions of aisles and shall not be less than 44 inches in width. Seating row widths shall not be less than 12 inches. Rows shall be increased by 0.3 inch for every additional seat beyond 14, but the width need not be more than 22 inches. When more than 200 loose seats or folding chairs are used they shall be bonded together in groups of three or more.
- Locations of battery back-up exit signs. Exception: Non-illuminated exit signs may be used for events held during daylight hours only.
- Locations of emergency lighting fixtures. Exception: Emergency lighting can be omitted for events held during daylight hours only.
- Seating arrangements for table and chairs with distances between tables (if seating arrangements are provided).
- Location of bleacher/grandstand and their details (if bleachers are provided).

- Stage plan (including mobile stages) and location of egress points, including stair details, ramp details, handrail and guardrail details, etc. (if stage is provided).
- Location of fire extinguishers (1 for each 400 sq.ft. up to 1200 sq.ft., then one for each 1000 sq.ft. thereafter).
- Location of "NO SMOKING" signs

**4-All plans must include a separate SITE PLAN including the following:**

- Location of the tent in relation to all buildings or structures, roads, parking areas, storage containers, etc. (Minimum 20' separation required).
- Location of generator if applicable (minimum 20' from tent).
- Fire extinguishers are to have a minimum rating of 2A:10BC and be permanently mounted on a support member.

**5-All plans submitted for SPARKLER SALES must also include the following:**

- State sparkler certificate.
- Copy of state ID of applicant.

**6-All cooking operations under a tent or membrane structure must comply with NFPA 1, chapter 50.**

- Open or Exposed Flame– Open Flame or other devices emitting flame, fire or heat or any flammable or combustible liquid, gas, charcoal or other cooking device or any other unapproved devices shall not be permitted inside or located within 20 feet of the tent, canopy or membrane structures while open to the public unless approved by the fire department official.
- If approved by fire department official, cooking and heating equipment shall be vented to the outside air by approved means. Cooking and heating equipment shall not be located within 10 feet of an exit or combustible material. Outdoor cooking that produces sparks or grease-laden vapors shall be at least 20 feet from tents, canopies, and membrane structures. The warming of previously prepared food is not considered to be cooking and is exempt from these requirements.
- **Class K Portable Fire Extinguishers** - Concession stands or vendors with cooking operations that include deep fat fryers shall provide a Class K wet chemical extinguisher. A minimum 2A:10BC fire extinguisher shall also be provided.

**7- All Generators and power sources-** Generators and other internal combustion power sources shall be separated from tents, canopies, and temporary membrane structures by a minimum of 20 feet.

**8-Fire Watch-**

- All temporary assembly tents with an occupant load of greater than 300 may be required to provide Fire Watch for the duration of the event.
- All permits will be reviewed and may require a fire watch based on information from application and site visit, if appropriate.

**Clewiston Fire Department**  
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121 Central Avenue, Clewiston, FL 33440  
Phone (863) 983-1500 Fax (863) 983-1430

## **GENERAL INFORMATION SHEET**

### **REGARDING SPECIAL EVENTS, CARNIVALS AND FAIRS**

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**Special Event:** An event whether indoors or outdoors, that is held on public property or streets, non-profit organization property or non-residential private property that can reasonably be expected to cause a public gathering that is not part of the normal course of business at the location.

**Carnival:** A mobile enterprise principally devoted to offering amusement or entertainment to the public in, upon or by means of portable amusement rides or devices or temporary structures in any number or combination, whether or not associated with other structures or forms of public attraction.

**Fair:** An enterprise principally devoted to the exhibition of products of agriculture or industry in connection with the operation of amusement rides or devices, or concession booths.

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- A permit is required from the Fire Department to conduct a carnival or fair. *NFPA 1: 1.12*
- A permit is required from the Fire Department for all tents over 200 square feet or canopies over 400 square feet in size, which are used on the premises. *NFPA 1: 1.12*
- A permit is required from the Fire Department to conduct a parade. *NFPA 1: 1.12*
- Tents and canopies described above are to be in compliance with *NFPA 1, Chapter 25*.
- Size and location of the carnival or fair may require fire apparatus access roads. *NFPA 1: 10.16.2*
- Fire extinguishers shall have a minimum rating of 2-A:10-B:C. Maximum travel distance to a portable fire extinguisher shall not exceed 75 feet. All fire extinguishers shall be serviced and tagged according to the State Fire Code. *NFPA 1: 10.16.5 & 10.16.10.4*
- Electrical equipment and installation shall comply with the Electrical Code, and subject to approval by the Building Department. *NFPA 1: 10.16.7*
- Concession stands utilized for cooking shall have a minimum of 10 feet of clearance on two sides and shall not be located within 10 feet of amusement rides or devices. *NFPA 1: 10.16.8*

- A "K" rated dry chemical fire extinguisher shall be provided where deep-fat fryers are used. *NFPA 1: 13.6.6.7.1*

- Internal combustion power sources shall have fuel tanks of adequate capacity to permit uninterrupted operation during normal operating hours. Refueling shall be conducted only when the ride is not in use. *NFPA 1: 10.16.10.1 & 10.16.10.2*

- Internal combustion power sources shall be isolated from contact with the public by either physical guards, fencing or an enclosure. A minimum of one fire extinguisher with a rating of not less than 2-A:10-B:C shall be provided. *NFPA 1: 10.16.10.3 & 10.16.10.4* (This is in addition to the normally required fire extinguishers.)

- For reviewing stands, grandstands, bleachers and folding and telescoping seating see *NFPA 1, Chapter 25*.

*The items listed are general information only. Codes are subject to change. Additional requirements may apply.*

**Clewiston Fire Department**  
**East Hendry County**  
**121 Central Avenue, Clewiston, FL 33440**  
Phone (863) 983-1500 Fax (863) 983-1430

## **FIRE SAFETY PERMIT APPLICATION**

A Fire Safety Permit is required for any gathering that takes place on public or private property, an event whether indoors or outdoors, that is held on public property or streets, non-profit organization property or non-residential private property that can reasonably be expected to cause a public gathering that is not part of the normal course of business at the location.

The Fire Safety permit application form must be completed and submitted not less than thirty (30) days in advance of the event.

### **REQUIREMENTS:**

1. Completed application and non-refundable permit fee of \$50.00.
2. Site plan of the event showing all temporary installations in relation to the surroundings. The site plan must show a detailed diagram of the event including the location of concession booths, portable toilets, dumpsters, public, emergency and accessible routes, parking, banners and signs, location of tents, stages, entertainment and orientation of loudspeakers, locations for electricity and water, and other relevant information.
3. If your event includes construction, electrical, plumbing or mechanical work, then the work must receive a final inspection prior to the commencement of the event. If the inspection must be completed after 3:00 p.m. Monday through Friday, over a weekend, or on a National Holiday, then the cost of each inspection will be \$60.00 per hour per inspector (minimum 2 hours, if available). Please note that the specific contractor for the applicable inspection must be on-site at time of inspection. If not, the inspection will be cancelled.

**The person or designee in charge of the event must be present at the event and remain at the location for the entire duration of the event.**

## FIRE SAFETY PERMIT APPLICATION

Title of Event: Town Hall Meeting

Date(s) of Event: 9-23-26 Estimated Attendance: 80 per day

Times of Event: 6pm to 8pm Set-up: chairs Breakdown: \_\_\_\_\_

Event Location: John Boy Auditorium  
(Attach Site Diagram: Set-up sketch, staging items, food vendors, parking area, security, etc.)

### SPECIFIC TYPE OF EVENT (Check all that apply):

- |                                         |                                         |                                          |                                                     |
|-----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Business Event | <input type="checkbox"/> Celebrations    | <input checked="" type="checkbox"/> Community Event |
| <input type="checkbox"/> Concert/Band   | <input type="checkbox"/> Fair/Carnival  | <input type="checkbox"/> Fireworks       | <input type="checkbox"/> Fundraiser                 |
| <input type="checkbox"/> Grand Opening  | <input type="checkbox"/> Parade         | <input type="checkbox"/> Political Event | <input type="checkbox"/> Place of Worship           |
| <input type="checkbox"/> Wedding        | <input type="checkbox"/> Other _____    |                                          |                                                     |

Description of Event: Information forum

Will Vendors be cooking or heating food? (Please read fire watch requirements for cooking.)

☐ Gas ☐ Electric ☐ Charcoal ☐ Other: NO

Will any of the following event staging items be used?

|                                      |                 |                       |
|--------------------------------------|-----------------|-----------------------|
| <input type="checkbox"/> Canopy(ies) | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Stage(s)    | Quantity: _____ | Sizes(s) LxWxH: _____ |
| <input type="checkbox"/> Tent(s)     | Quantity: _____ | Sizes(s) LxWxH: _____ |

Please attach:

- 1) Structural information, anchoring details, flame certificates, etc.
- 2) A floor plan including seating arrangements, locations of means of egress, extinguishers and exit signs.

Producing Organization/Entity: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

(Please include a letter of permission from the property management/owner for this event if the applicant is not the responsible entity for the property at the location this event is scheduled. Events taking place on city or county property may require permission from the City Commission.)

### APPLICANT INFORMATION:

Name (Please Print): Janet Taylor

Mailing Address: P.O. Box 764

Phone: 863-228-0612

Email: Commish02@gmail.com

Signature: Janet Taylor

Clewiston, FL 33440

Cell: \_\_\_\_\_

**SPECIAL EVENT PERMIT  
HOLD HARMLESS AGREEMENT**

I/We the undersigned, being of lawful age, by affixing my/our signatures hereto, do hereby agree to indemnify and to hold harmless the City of Clewiston, its officers, employees, elected officials and agents, from and against any and all liability claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses, and compensation for all negligence whether active or passive arising out of or in any way connected or related to \_\_\_\_\_

Town Hall Meeting to be held on 9-23-26  
(Name of Event) (Date of Event)

Glades Lives Matter  
Name of sponsoring Individual(s) or Organization/Group  
POB 764 Clewiston FL 33440  
Address  
863-228-0612 commish02@gmail.com  
Phone No. (include Area Code) Email Address

I understand by affixing my signature to this release, that I do assume all risks and waive defendant's negligence, including a release of heirs.

Furthermore, the undersigned hereby acknowledges receipt of the Special Event Permit Application and willingness to adhere to its provisions.

**AUTHORIZED REPRESENTATIVE**

(To be completed by individuals representing an Organization or Group)

I, Janet Taylor, warrant that I have authority to bind Glades Lives Matter  
(Name of individual) (Name of Organization/Group)  
\_\_\_\_\_ to this Hold Harmless Agreement and by my signature hereon do so bind this individual/organization. By executing this waiver as an authorized representative you are hereby binding all of your organization/group's individuals participating in this event to this waiver and hereby assume responsibility for these individuals.

Janet Taylor  
Signature

9-1-26  
Date

Signature

Date

**For Minors:** (required for participants under the age of 18 at the time of the event)

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this waiver and release and do consent and agree to his/her waiver, release and assumption of the risk as provided above.

\_\_\_\_\_  
(Print Name of Parent/Legal Guardian)

Signature

Date



## Agenda Item Memorandum

**TO:** City Commission of the City of Clewiston

**FROM:** Fransheska Berrios, City Clerk

**VIA:** Danny Williams, City Manager

**DATE:** September 24, 2026

**SUBJECT:** 2026–2027 PRM Insurance Renewal and Coverage Term

---

### Background:

Public Risk Management of Florida (PRM) has offered renewal of the City's property and crime, equipment breakdown, liability, and workers' compensation coverage effective October 1, 2026. The Commission may select one-year coverage or a two-year coverage agreement through October 1, 2028.

### Financial Impact:

| Option                         | 2026–2027 proposed premium |
|--------------------------------|----------------------------|
| One-year coverage              | \$863,833                  |
| Two-year agreement, first year | \$846,624                  |

**Term Conditions:** The two-year option reduces the proposed first-year premium by \$17,209. PRM guarantees rates, not the 2027–2028 premium; that premium may change with payroll, property values, and other updated exposure information. The agreement permits re-underwriting under its stated conditions and imposes a penalty equal to 60 days of premium on coverage canceled before October 1, 2027. Property, liability, and workers' compensation must all be purchased for the two-year option.

### Attachment:

- a. PRM 2026–2027 Renewal Proposal, including one-year and two-year binding options and two-year agreement terms.

**Recommendation:** Select and approve either the one-year coverage at a proposed premium of \$863,833 or the two-year coverage agreement with a proposed first-year premium of \$846,624 and authorize the City Manager to execute the applicable PRM binding documents, subject to City Attorney review of the final terms.

## Request to Bind Coverage – One Year Pricing

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

| PREMIUM BREAKDOWN                     |             |             |          |                          |
|---------------------------------------|-------------|-------------|----------|--------------------------|
| LINE OF COVERAGE                      | 2025 – 2026 | 2026 – 2027 | % CHANGE | BIND COVERAGE FOR        |
| PROPERTY & CRIME                      | \$587,926   | \$493,746   |          | <input type="checkbox"/> |
| EQUIPMENT BREAKDOWN                   | \$9,131     | \$5,337     |          | <input type="checkbox"/> |
| LIABILITY                             | \$195,424   | \$211,523   |          | <input type="checkbox"/> |
| WORKERS' COMPENSATION                 | \$158,105   | \$167,054   |          | <input type="checkbox"/> |
| PREFERRED MEMBER PARTICIPATION CREDIT | -\$16,859   | -\$13,827   |          | <input type="checkbox"/> |
| GRAND TOTAL                           | \$933,726   | \$863,833   | -7.49%   |                          |

| OPTIONAL / ANCILLARY COVERAGES | UNLESS INDICATED AS INCLUDED, THE COST OF COVERAGES REFERENCED BELOW ARE IN ADDITION TO, AND NOT A PART OF THE GRAND TOTAL ABOVE. |                |  |                          |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------|--|--------------------------|
| CYBER LIABILITY                | INCLUDED                                                                                                                          | INCLUDED       |  | <input type="checkbox"/> |
| POLLUTION LIABILITY            | NOT APPLICABLE                                                                                                                    | NOT APPLICABLE |  | <input type="checkbox"/> |
| AVIATION LIABILITY             | NOT APPLICABLE                                                                                                                    | NOT APPLICABLE |  | <input type="checkbox"/> |

Payment Plan: PRM allows their members to pay their total costs in four (4) quarterly installments. The first installment is due at the inception and is equal to 25% of all costs. The remaining costs will be paid over the next three (3) quarters.

This warrants that you have no knowledge of any claim or incident that may result in a claim that has not been reported to the insurance carrier.

It is understood and agreed that referenced proposal provides only a summary of the insurance program options offered. The actual policies will contain the complete terms, conditions, deductibles, exclusions, etcetera. Please review policy language for a full understanding of purchased program.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Dated

**THIS DOCUMENT IN ITS ENTIRETY IS CONFIDENTIAL & PROPRIETARY IN NATURE - NOT FOR PUBLIC RECORD**



## Request to Bind Coverage – Two Year Coverage Agreement

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

| PREMIUM BREAKDOWN                     |             |             |          |                          |
|---------------------------------------|-------------|-------------|----------|--------------------------|
| LINE OF COVERAGE                      | 2025 – 2026 | 2026 – 2027 | % CHANGE | BIND COVERAGE FOR        |
| PROPERTY & CRIME                      | \$587,926   | \$484,065   |          | <input type="checkbox"/> |
| EQUIPMENT BREAKDOWN                   | \$9,131     | \$5,232     |          | <input type="checkbox"/> |
| LIABILITY                             | \$195,424   | \$207,375   |          | <input type="checkbox"/> |
| WORKERS' COMPENSATION                 | \$158,105   | \$163,778   |          | <input type="checkbox"/> |
| PREFERRED MEMBER PARTICIPATION CREDIT | -\$16,859   | -\$13,827   |          | <input type="checkbox"/> |
| GRAND TOTAL                           | \$933,726   | \$846,624   | -9.33%   |                          |

| OPTIONAL / ANCILLARY COVERAGES | UNLESS INDICATED AS INCLUDED, THE COST OF COVERAGES REFERENCED BELOW ARE IN ADDITION TO, AND NOT A PART OF THE GRAND TOTAL ABOVE. |                |  |                          |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------|--|--------------------------|
| CYBER LIABILITY                | INCLUDED                                                                                                                          | INCLUDED       |  | <input type="checkbox"/> |
| POLLUTION LIABILITY            | NOT APPLICABLE                                                                                                                    | NOT APPLICABLE |  | <input type="checkbox"/> |
| AVIATION LIABILITY             | NOT APPLICABLE                                                                                                                    | NOT APPLICABLE |  | <input type="checkbox"/> |

Payment Plan: PRM allows their members to pay their total costs in four (4) quarterly installments. The first installment is due at the inception and is equal to 25% of all costs. The remaining costs will be paid over the next three (3) quarters.

This warrants that you have no knowledge of any claim or incident that may result in a claim that has not been reported to the insurance carrier.

It is understood and agreed that referenced proposal provides only a summary of the insurance program options offered. The actual policies will contain the complete terms, conditions, deductibles, exclusions, etcetera. Please review policy language for a full understanding of purchased program.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Dated

**THIS DOCUMENT IN ITS ENTIRETY IS CONFIDENTIAL & PROPRIETARY IN NATURE - NOT FOR PUBLIC RECORD**



## Two Year Coverage Agreement

PRM is offering a Two-Year Coverage Agreement option, with rates, not premiums, guaranteed to remain the same for the 10/1/2027 to 10/1/2028 Coverage Period [Coverage Periods (i) 10/1/2026 12:01am to 10/1/2027 12:01am (ii) 10/1/2027 12:01am to 10/1/2028 12:01am].

This Two-Year agreement does not constitute a bar on the ability of a PRM member to withdraw from the PRM Pool.

This Two-Year Agreement is subject to the following, for Liability, Property & Workers' Compensation:

| LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. A terrorist event or some other disaster that would cause PRM to become un-insurable/re-insurable or if said event severely crippled the world capacity making insurance/reinsurance unaffordable, substantial increase in cost or unavailable.</li> <li>2. 30% incurred loss ratio for the renewal period of October 1, 2024 to October 1, 2027. Loss ratio will be evaluated using losses valued as of June 30, 2027.</li> <li>3. PRM incurred loss ratio = paid losses and claim reserves divided by annual liability premium.</li> <li>4. If members loss ratio is breached, PRM reserves the right to re-underwrite.</li> <li>5. This does not negate the need to provide updated exposure information via the PRM Renewal Application. <b>Rates remain the same, but premiums will vary based on exposure information.</b></li> <li>6. All lines of Coverage (Liability (AL, GL &amp; E&amp;O), Property &amp; WC) must be purchased to bind the 2-year Coverage Agreement.</li> <li>7. Premiums are subject to change based on increases/decreases in payroll.</li> </ol>                                                                                                                                                                                                    |
| PROPERTY (INCLUDING B&M AND PRIMARY CRIME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ol style="list-style-type: none"> <li>1. A terrorist event or some other disaster that would cause PRM to become un-insurable/re-insurable or if said event severely crippled the world capacity making insurance/reinsurance unaffordable, substantial increase in cost or unavailable.</li> <li>2. If PRM's Property renewal rate at June 1, 2027 increases by more than 12.5% PRM reserves the right to re-underwrite.</li> <li>3. 30% incurred loss ratio for the renewal period of October 1, 2024 to October 1, 2027. Loss ratio will be evaluated using losses valued as of June 30, 2027.</li> <li>4. PRM incurred loss ratio = paid losses and claim reserves divided by annual Property premium.</li> <li>5. If members loss ratio is breached, PRM reserves the right to re-underwrite.</li> <li>6. This does not negate the need to provide updated exposure information via the PRM Renewal Application. <b>Rates remain the same, but premiums will vary based on exposure information.</b></li> <li>7. All lines of Coverage (Liability (AL, GL &amp; E&amp;O), Property &amp; WC) must be purchased to bind the 2-year Coverage Agreement.</li> <li>8. Premiums are subject to change based on increases/decreases in TIV.</li> <li>9. Two Year Agreement applies to both Wind and Ex-wind rates.</li> </ol> |
| WORKERS' COMPENSATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ol style="list-style-type: none"> <li>1. A terrorist event or some other disaster that would cause PRM to become un-insurable/re-insurable or if said event severely crippled the world capacity making insurance/reinsurance unaffordable, substantial increase in cost or unavailable.</li> <li>2. 30% incurred loss ratio for the renewal period of October 1, 2024 to October 1, 2027. Loss ratio will be evaluated using losses valued as of June 30, 2027.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



3. PRM incurred loss ratio = paid losses and claim reserves divided by annual Work Comp premium.
4. If members loss ratio is breached, PRM reserves the right to re-underwrite.
5. This does not negate the need to provide updated exposure information via the PRM Renewal Application. **Rates remain the same, but premiums will vary based on exposure information.**
6. All lines of Coverage (Liability (AL, GL & E&O), Property & WC) must be purchased to bind the 2-year Coverage Agreement.
7. Premiums are subject to change based on increases/decreases in payroll.

In the event the Member cancels one, or all lines of coverage prior to 10/1/2027 12:01am, a penalty equal to 60 days premium of All line(s) of coverage shall apply. This penalty shall apply regardless of when notice of cancellation is given, or the effective date of such cancellation; however, this penalty shall not serve as a prohibition or bar to the PRM member withdrawing from the PRM Pool.

By signing this Two-Year Coverage Agreement, you agree to the terms and conditions listed above.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Dated

