

Agenda

Board of Commissioners Work Session

7:00 PM February 24, 2025

Board Meeting Room, Town Hall Annex, 105 E. Corbin St.



This meeting will be live streamed on the
[Town of Hillsborough YouTube channel](#)

1. **Opening of the work session**
2. **Agenda changes and approval**
3. **Items for decision - consent agenda**
 - [A.](#) Miscellaneous budget amendments and transfers
 - [B.](#) Tourism Board Budget Amendments
 - [C.](#) Special Event Permit – Orange County Senior Games Archery Event
 - [D.](#) Special Event Permit – Kevin Dendy Memorial 5K
4. **In-depth discussion and topics**
 - [A.](#) Discussion of Potential “America 250” Celebrations
5. **Committee updates and reports**
6. **Adjournment**

Interpreter services or special sound equipment for compliance with the American with Disabilities Act is available on request. If you are disabled and need assistance with reasonable accommodations, call the Town Clerk’s Office at 919-296-9443 a minimum of two business days in advance of the meeting.



Agenda Abstract

BOARD OF COMMISSIONERS

Meeting Date: Feb. 24, 2025
Department: Administration
Agenda Section: Consent
Public hearing: No
Date of public hearing: N/A

PRESENTER/INFORMATION CONTACT

Emily Bradford, Budget Director

ITEM TO BE CONSIDERED

Subject: Miscellaneous budget amendments and transfers

Attachments:

Budget Changes Report

Summary:

To adjust budget revenues and expenditures, where needed, due to changes that have occurred since budget adoption.

Financial impacts:

As indicated by each amendment.

Staff recommendation and comments:

To approve the attached list of budget amendments and transfers.

Action requested:

Consider approving budget amendments and transfers.

FY 2024-2025

TOWN OF HILLSBOROUGH
BUDGET CHANGES REPORT

DATES: 02/24/2025 TO 02/24/2025

<u>REFERENCE</u>		<u>CHANGE NUMBER</u>	<u>DATE</u>	<u>USER</u>	<u>ORIGINAL BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
GF Contingency	10-00-9990-5300-000 CONTINGENCY						
	To cover Solid Waste repairs	45936	02/24/2025	EBRADFORD	450,000.00	-10,000.00	200,779.35
	To cover Insurance	46004	02/24/2025	EBRADFORD	450,000.00	-36,000.00	164,779.35
	Add funds for UDO re-write.	46037	02/24/2025	JFernandez	450,000.00	-65,000.00	99,779.35
	To cover OC EM plan	46057	02/24/2025	EBRADFORD	450,000.00	-15,000.00	84,779.35
	Norfolk Southern 2018 invoice	46059	02/24/2025	EBRADFORD	450,000.00	-1,058.00	83,721.35
	To cover vehicle body repair	46063	02/24/2025	EBRADFORD	450,000.00	-6,000.00	77,721.35
Admin.	10-10-4200-5100-020 SALARIES						
	Yr-end adj	45957	02/24/2025	EBRADFORD	578,949.00	27,051.00	606,000.00
Admin.	10-10-4200-5120-050 FICA						
	Yr-end adj	45958	02/24/2025	EBRADFORD	40,645.00	5,655.00	46,300.00
Admin.	10-10-4200-5125-060 HOSPITALIZATION						
	Yr-end adj	45959	02/24/2025	EBRADFORD	47,454.00	200.00	47,654.00
Admin.	10-10-4200-5127-070 RETIREMENT						
	Yr-end adj	45960	02/24/2025	EBRADFORD	76,881.00	6,500.00	83,381.00
Admin.	10-10-4200-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	45961	02/24/2025	EBRADFORD	28,452.00	2,748.00	31,200.00
Admin.	10-10-4200-5500-970 SERVICE CHARGE - W&S FUND						
	Yr-end adj	46011	02/24/2025	EBRADFORD	-459,439.00	-19,952.00	-481,843.00
Admin.	10-10-4200-5500-980 SERVICE CHARGE - STORMWATER FUND						
	Yr-end adj	46012	02/24/2025	EBRADFORD	-18,377.00	-798.00	-19,274.00
Account- ing	10-10-4400-5100-020 SALARIES						
	Yr-end adj	45963	02/24/2025	EBRADFORD	458,234.00	17,966.00	476,200.00
Account- ing	10-10-4400-5120-050 FICA						
	Yr-end adj	45964	02/24/2025	EBRADFORD	34,720.00	680.00	35,400.00
Account- ing	10-10-4400-5125-060 HOSPITALIZATION						
	Yr-end adj	45965	02/24/2025	EBRADFORD	41,345.00	355.00	41,700.00
Account- ing	10-10-4400-5127-070 RETIREMENT						
	Yr-end adj	45966	02/24/2025	EBRADFORD	58,641.00	2,019.00	60,660.00
Account- ing	10-10-4400-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	45967	02/24/2025	EBRADFORD	21,496.00	1,064.00	22,560.00
Account- ing	10-10-4400-5300-458 DATA PROCESSING SERVICES						
	To cover last quarter payment to SmartFusion]	46061	02/24/2025	JFernandez	24,900.00	1,500.00	34,003.00
Account- ing	10-10-4400-5300-570 MISCELLANEOUS						
	To cover last quarter payment to SmartFusion]	46060	02/24/2025	JFernandez	10,210.00	-1,500.00	7,710.00
Account- ing	10-10-4400-5500-970 SERVICE CHARGE - W&S FUND						
	Yr-end adj	46013	02/24/2025	EBRADFORD	-483,008.00	-11,043.00	-494,051.00
Account- ing	10-10-4400-5500-980 SERVICE CHARGE - STORMWATER FUND						
	Yr-end adj	46014	02/24/2025	EBRADFORD	-19,320.00	-442.00	-19,762.00
Human Resources	10-10-4500-5127-070 RETIREMENT						
	Yr-end adj	45969	02/24/2025	EBRADFORD	28,194.00	1,856.00	30,050.00
Human Resources	10-10-4500-5127-071 401(K) RETIREMENT SUPPLEMENT						
	Yr-end adj	45970	02/24/2025	EBRADFORD	10,515.00	855.00	11,370.00

JFernandez

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TOWN OF HILLSBOROUGH BUDGET CHANGES REPORT

DATES: 02/24/2025 TO 02/24/2025

	<u>REFERENCE</u>	<u>CHANGE NUMBER</u>	<u>DATE</u>	<u>USER</u>	<u>ORIGINAL BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
Human Resources	10-10-4500-5500-970 COST ALLOCATION - W&S FUND Yr-end adj	46015	02/24/2025	EBRADFORD	-253,165.00	-1,356.00	-254,521.00
Human Resources	10-10-4500-5500-980 COST ALLOCATION - STORMWATER FUND Yr-end adj	46016	02/24/2025	EBRADFORD	-10,126.00	-55.00	-10,181.00
Comms.	10-10-4600-5125-060 HOSPITALIZATION Yr-end adj	45971	02/24/2025	EBRADFORD	10,121.00	9,479.00	19,600.00
Comms.	10-10-4600-5125-062 INSURANCE - DENTAL Yr-end adj	45972	02/24/2025	EBRADFORD	348.00	257.00	605.00
Comms.	10-10-4600-5127-070 RETIREMENT Yr-end adj	45973	02/24/2025	EBRADFORD	35,034.00	1,586.00	36,620.00
Comms.	10-10-4600-5127-071 401(K) RETIREMENT SUPPLEMENT Yr-end adj	45974	02/24/2025	EBRADFORD	12,993.00	607.00	13,600.00
Comms.	10-10-4600-5300-080 TRAINING/CONF./CONV. To cover Communications training through ye	45949	02/24/2025	JFernandez	4,500.00	1,405.00	3,769.00
Comms.	10-10-4600-5300-570 MISCELLANEOUS To cover Communications training through ye	45950	02/24/2025	JFernandez	6,200.00	-1,405.00	736.00
Comms.	10-10-4600-5500-970 COST ALLOCATION - W&S FUND Yr-end adj	46017	02/24/2025	EBRADFORD	-192,361.00	-7,090.00	-202,858.00
Comms.	10-10-4600-5500-980 COST ALLOCATION - STORMWATER FUND Yr-end adj	46018	02/24/2025	EBRADFORD	-7,694.00	-283.00	-8,114.00
Planning	10-10-4900-5300-477 C.S./OTHER Move UDO re-write to C.S. account and add fi	46053	02/24/2025	JFernandez	0.00	160,000.00	160,000.00
Planning	10-10-4900-5300-570 MISCELLANEOUS Move UDO re-write to C.S. account.	46052	02/24/2025	JFernandez	109,000.00	-95,000.00	15,600.00
Facilities Mgmt.	10-10-5000-5100-020 SALARIES Yr-end adj	45975	02/24/2025	EBRADFORD	83,850.00	2,920.00	86,770.00
Facilities Mgmt.	10-10-5000-5120-050 FICA Yr-end adj	45976	02/24/2025	EBRADFORD	6,415.00	225.00	6,640.00
Facilities Mgmt.	10-10-5000-5127-070 RETIREMENT Yr-end adj	45977	02/24/2025	EBRADFORD	11,438.00	402.00	11,840.00
Facilities Mgmt.	10-10-5000-5127-071 401(K) RETIREMENT SUPP. Yr-end adj	45978	02/24/2025	EBRADFORD	4,193.00	307.00	4,500.00
Facilities Mgmt.	10-10-5000-5300-145 MAINTENANCE - BUILDINGS Yr-end adj	45980	02/24/2025	EBRADFORD	384,174.00	-5,446.00	415,722.85
Facilities Mgmt.	10-10-5000-5300-158 MAINTENANCE - EQUIPMENT Yr-end adj	45979	02/24/2025	EBRADFORD	5,000.00	2,000.00	7,000.00
Facilities Mgmt.	10-10-5000-5300-570 MISCELLANEOUS Yr-end adj	45981	02/24/2025	EBRADFORD	2,000.00	3,446.00	16,689.16
Facilities Mgmt.	10-10-5000-5500-970 SERVICE CHARGE - W&S FUND Yr-end adj	46019	02/24/2025	EBRADFORD	-194,563.00	-848.00	-206,024.00
Facilities Mgmt.	10-10-5000-5500-980 SERVICE CHARGE - STORMWATER FUND Yr-end adj	46020	02/24/2025	EBRADFORD	-114,969.00	-501.00	-121,741.00
Public Space	10-10-6300-5300-140 TRAVEL/VEHICLE ALLOTMENT JFernandez		02/17/2025	4:58:29PM			

FY 2024-2025

TOWN OF HILLSBOROUGH BUDGET CHANGES REPORT

DATES: 02/24/2025 TO 02/24/2025

	<u>REFERENCE</u>	<u>CHANGE NUMBER</u>	<u>DATE</u>	<u>USER</u>	<u>ORIGINAL BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
	Yr-end adj	46000	02/24/2025	EBRADFORD	0.00	3,614.00	3,614.00
Safety & Risk	10-10-6600-5125-060 HOSPITALIZATION						
	Yr-end adj	46001	02/24/2025	EBRADFORD	10,121.00	2,037.00	12,158.00
Safety & Risk	10-10-6600-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	46002	02/24/2025	EBRADFORD	5,198.00	1,552.00	6,750.00
Safety & Risk	10-10-6600-5300-540 INSURANCE						
	Yr-end adj	46003	02/24/2025	EBRADFORD	327,500.00	36,000.00	363,500.00
Safety & Risk	10-10-6600-5500-970 SERVICE CHARGE - W&S FUND						
	Yr-end adj	46023	02/24/2025	EBRADFORD	-289,533.00	-19,795.00	-309,328.00
Safety & Risk	10-10-6600-5500-980 SERVICE CHARGE - STORMWATER FUND						
	Yr-end adj	46024	02/24/2025	EBRADFORD	-11,581.00	-792.00	-12,373.00
IT	10-10-6610-5100-020 SALARIES						
	Yr-end adj	46006	02/24/2025	EBRADFORD	132,400.00	4,070.00	136,470.00
IT	10-10-6610-5120-050 FICA						
	Yr-end adj	46007	02/24/2025	EBRADFORD	10,129.00	181.00	10,310.00
IT	10-10-6610-5127-070 RETIREMENT						
	Yr-end adj	46008	02/24/2025	EBRADFORD	18,060.00	555.00	18,615.00
IT	10-10-6610-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	46009	02/24/2025	EBRADFORD	6,620.00	549.00	7,169.00
IT	10-10-6610-5500-970 SERVICE CHARGE - W&S FUND						
	Yr-end adj	46025	02/24/2025	EBRADFORD	-614,530.00	-2,677.00	-651,458.00
IT	10-10-6610-5500-980 SERVICE CHARGE - STORMWATER FUND						
	Yr-end adj	46026	02/24/2025	EBRADFORD	-24,581.00	-107.00	-26,058.00
Police	10-20-5100-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	45983	02/24/2025	EBRADFORD	131,141.00	429.00	131,570.00
Police	10-20-5100-5127-075 SEPARATION ALLOWANCE						
	Yr-end adj	45984	02/24/2025	EBRADFORD	82,438.00	-429.00	91,709.00
Police	10-20-5100-5300-080 TRAINING/CONF./CONV.						
	To cover Emergency Mgmt Training	46064	02/24/2025	EBRADFORD	18,900.00	1,000.00	19,900.00
Police	10-20-5100-5300-330 SUPPLIES - DEPARTMENTAL						
	Yr-end adj	45986	02/24/2025	EBRADFORD	57,375.00	-155.00	128,040.00
Police	10-20-5100-5300-481 C.S./MOBILE DATA TERMINALS						
	Yr-end adj	45985	02/24/2025	EBRADFORD	5,500.00	155.00	655.00
Police	10-20-5100-5300-732 EMERGENCY OPERATIONS CENTER						
	To cover OC EM plan	46056	02/24/2025	EBRADFORD	10,000.00	15,000.00	65,000.00
	To cover Emergency Mgmt Training	46065	02/24/2025	EBRADFORD	10,000.00	-1,000.00	64,000.00
Fleet Maint.	10-30-5550-5100-010 OVERTIME COMPENSATION						
	Yr-end adj	45951	02/24/2025	EBRADFORD	500.00	7,500.00	8,000.00
Fleet Maint.	10-30-5550-5100-020 SALARIES						
	Yr-end adj	45952	02/24/2025	EBRADFORD	262,688.00	20,000.00	282,688.00
Fleet Maint.	10-30-5550-5120-050 FICA						
	Yr-end adj	45953	02/24/2025	EBRADFORD	20,096.00	1,224.00	21,320.00
Fleet Maint.	10-30-5550-5127-070 RETIREMENT						
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TOWN OF HILLSBOROUGH
BUDGET CHANGES REPORT

DATES: 02/24/2025 TO 02/24/2025

	<u>REFERENCE</u>	<u>CHANGE NUMBER</u>	<u>DATE</u>	<u>USER</u>	<u>ORIGINAL BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
	Yr-end adj	45954	02/24/2025	EBRADFORD	35,217.00	4,283.00	39,500.00
Fleet Maint.	10-30-5550-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	45955	02/24/2025	EBRADFORD	13,135.00	2,365.00	15,500.00
Fleet Maint.	10-30-5550-5300-180 VEHICLE REPAIR - SOLID WASTE						
	To cover Solid Waste repairs	45935	02/24/2025	EBRADFORD	30,000.00	10,000.00	46,000.00
Fleet Maint.	10-30-5550-5300-201 VEHICLE REPAIR - WATER & SEWER						
	To cover body repair	46062	02/24/2025	EBRADFORD	35,000.00	6,000.00	42,414.40
Fleet Maint.	10-30-5550-5500-970 SERVICE CHARGE - W&S FUND						
	Yr-end adj	46021	02/24/2025	EBRADFORD	-243,475.00	-18,259.00	-266,909.00
Fleet Maint.	10-30-5550-5500-980 SERVICE CHARGE - STORMWATER FUND						
	Yr-end adj	46022	02/24/2025	EBRADFORD	-5,367.00	-338.00	-5,779.00
Streets	10-30-5600-5100-010 OVERTIME COMPENSATION						
	Yr-end adj	45987	02/24/2025	EBRADFORD	3,000.00	4,500.00	7,500.00
Streets	10-30-5600-5100-020 SALARIES						
	Yr-end adj	45988	02/24/2025	EBRADFORD	227,252.00	18,908.00	238,360.00
Streets	10-30-5600-5120-050 FICA						
	Yr-end adj	45989	02/24/2025	EBRADFORD	17,385.00	2,706.00	19,475.00
Streets	10-30-5600-5127-070 RETIREMENT						
	Yr-end adj	45990	02/24/2025	EBRADFORD	29,694.00	4,231.00	33,925.00
Streets	10-30-5600-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj	45991	02/24/2025	EBRADFORD	10,960.00	5,695.00	16,655.00
Streets	10-30-5600-5300-483 C.S./RR CROSSINGS						
	Norfolk Southern 2018 invoice	46058	02/24/2025	EBRADFORD	1,100.00	1,058.00	2,158.00
Solid Waste	10-30-5800-5100-010 OVERTIME COMPENSATION						
	Yr-end adj.	45993	02/24/2025	EBRADFORD	4,000.00	13,500.00	17,500.00
Solid Waste	10-30-5800-5100-020 SALARIES						
	Yr-end adj.	45994	02/24/2025	EBRADFORD	283,538.00	16,462.00	300,000.00
Solid Waste	10-30-5800-5120-050 FICA						
	Yr-end adj.	45995	02/24/2025	EBRADFORD	21,691.00	2,959.00	24,650.00
Solid Waste	10-30-5800-5125-060 HOSPITALIZATION						
	Yr-end adj.	45996	02/24/2025	EBRADFORD	45,359.00	332.00	45,691.00
Solid Waste	10-30-5800-5127-070 RETIREMENT						
	Yr-end adj.	45997	02/24/2025	EBRADFORD	38,287.00	6,763.00	45,050.00
Solid Waste	10-30-5800-5127-071 401(K) RETIREMENT SUPP.						
	Yr-end adj.	45998	02/24/2025	EBRADFORD	14,177.00	2,673.00	16,850.00
Special Approp.	10-60-6900-5300-570 MISCELLANEOUS						
	Yr-end adj	45956	02/24/2025	EBRADFORD	377,443.00	-35,372.00	342,312.01
	Yr-end adj	45962	02/24/2025	EBRADFORD	377,443.00	-42,154.00	300,158.01
	Yr-end adj	45968	02/24/2025	EBRADFORD	377,443.00	-22,084.00	278,074.01
	Yr-end adj	45982	02/24/2025	EBRADFORD	377,443.00	-18,494.00	259,580.01
	Yr-end adj	45992	02/24/2025	EBRADFORD	377,443.00	-36,040.00	223,540.01
	Yr-end adj.	45999	02/24/2025	EBRADFORD	377,443.00	-42,689.00	180,851.01
	Yr-end adj	46005	02/24/2025	EBRADFORD	377,443.00	-7,203.00	173,648.01
	Yr-end adj	46010	02/24/2025	EBRADFORD	377,443.00	-5,355.00	168,293.01

JFernandez

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TOWN OF HILLSBOROUGH BUDGET CHANGES REPORT

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	<u>REFERENCE</u>	<u>CHANGE NUMBER</u>	<u>DATE</u>	<u>USER</u>	<u>ORIGINAL BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
	Yr-end adj	46027	02/24/2025	EBRADFORD	377,443.00	84,336.00	252,629.01
	Yr-end adj	46040	02/24/2025	EBRADFORD	377,443.00	-9,700.00	242,929.01
W&S Fund Bal.	30-80-3900-3900-000 FUND BALANCE APPROPRIATED Yr-end adj	46038	02/24/2025	EBRADFORD	406,244.00	83,295.35	3,176,878.96
Admin. of Enterprise	30-80-7200-5350-611 SERVICE CHARGE - ADMINISTRATION Yr-end adj	46028	02/24/2025	EBRADFORD	459,440.00	19,952.00	481,843.00
Admin. of Enterprise	30-80-7200-5350-612 SERVICE CHARGE - ACCOUNTING Yr-end adj	46029	02/24/2025	EBRADFORD	483,009.00	11,042.00	494,051.00
Admin. of Enterprise	30-80-7200-5350-613 SERVICE CHARGE - FLEET MAINTENANCE Yr-end adj	46034	02/24/2025	EBRADFORD	243,476.00	18,259.00	266,909.00
Admin. of Enterprise	30-80-7200-5350-614 SERVICE CHARGE - FACILITY MGMT Yr-end adj	46032	02/24/2025	EBRADFORD	194,564.00	848.00	206,024.00
Admin. of Enterprise	30-80-7200-5350-615 SERVICE CHARGE - SAFETY & RISK MGMT Yr-end adj	46035	02/24/2025	EBRADFORD	289,534.00	19,794.00	309,328.00
Admin. of Enterprise	30-80-7200-5350-616 SERVICE CHARGE - INFORMATION TECH Yr-end adj	46036	02/24/2025	EBRADFORD	614,531.00	2,677.00	651,458.00
Admin. of Enterprise	30-80-7200-5350-622 SERVICE CHARGE - HUMAN RESOURCES Yr-end adj	46030	02/24/2025	EBRADFORD	253,166.00	1,355.00	254,521.00
Admin. of Enterprise	30-80-7200-5350-623 SERVICE CHARGE - COMMUNICATIONS Yr-end adj	46031	02/24/2025	EBRADFORD	192,361.00	7,090.00	202,858.00
Admin. of Enterprise	30-80-7200-5350-624 SERVICE CHARGE - ENGINEERING SERVIC Yr-end adj	46033	02/24/2025	EBRADFORD	0.00	175,900.00	175,900.00
Water Dist.	30-80-8140-5300-330 SUPPLIES - DEPARTMENTAL Valves, fittings, hydrants, repair materials, etc	45948	02/24/2025	JFernandez	120,000.00	15,000.00	98,605.00
WW Collect.	30-80-8200-5300-330 SUPPLIES - DEPARTMENTAL Valves, fittings, hydrants, repair materials, etc.	45947	02/24/2025	JFernandez	70,000.00	-15,000.00	51,100.00
W&S Contingency	30-80-9990-5300-000 CONTINGENCY Yr-end adj	46039	02/24/2025	EBRADFORD	400,000.00	-173,621.65	0.00
SW Contingency	35-30-5900-5300-000 CONTINGENCY Yr-end adj	46050	02/24/2025	EBRADFORD	25,000.00	-7,818.00	0.00
Storm- water	35-30-5900-5350-611 SERVICE CHARGE - ADMINISTRATION Yr-end adj	46041	02/24/2025	EBRADFORD	18,378.00	798.00	19,274.00
Storm- water	35-30-5900-5350-612 SERVICE CHARGE - ACCOUNTING Yr-end adj	46042	02/24/2025	EBRADFORD	19,321.00	441.00	19,762.00
Storm- water	35-30-5900-5350-613 SERVICE CHARGE - FLEET MAINTENANCE Yr-end adj	46047	02/24/2025	EBRADFORD	5,368.00	338.00	5,779.00
Storm- water	35-30-5900-5350-614 SERVICE CHARGE - FACILITY MGMT Yr-end adj	46045	02/24/2025	EBRADFORD	114,970.00	501.00	121,741.00
Storm- water	35-30-5900-5350-615 SERVICE CHARGE - SAFETY & RISK MGMT Yr-end adj	46048	02/24/2025	EBRADFORD	11,582.00	791.00	12,373.00
Storm- water	35-30-5900-5350-616 SERVICE CHARGE - INFORMATION TECH Yr-end adj	46049	02/24/2025	EBRADFORD	24,582.00	107.00	26,058.00
Storm- water	35-30-5900-5350-622 SERVICE CHARGE - HUMAN RESOURCES JFernandez		02/17/2025	4:58:29PM			
	f1142r03						

FY 2024-2025

TOWN OF HILLSBOROUGH
BUDGET CHANGES REPORT

DATES: 02/24/2025 TO 02/24/2025

	<u>REFERENCE</u>	<u>CHANGE NUMBER</u>	<u>DATE</u>	<u>USER</u>	<u>ORIGINAL BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
	Yr-end adj	46043	02/24/2025	EBRADFORD	10,127.00	54.00	10,181.00
Storm-water	35-30-5900-5350-623 SERVICE CHARGE - COMMUNICATIONS						
	Yr-end adj	46044	02/24/2025	EBRADFORD	7,695.00	283.00	8,114.00
Storm-water	35-30-5900-5350-624 SERVICE CHARGE - ENGINEERING SERVIC						
	Yr-end adj	46046	02/24/2025	EBRADFORD	0.00	70,360.00	70,360.00
Storm-water	35-80-3900-3900-000 FUND BALANCE APPROPRIATED						
	Yr-end adj	46051	02/24/2025	EBRADFORD	268,561.00	65,855.00	334,416.00
Restr. Revenue	72-00-5100-3301-003 RESTRICTED REV- K-9 DONATION						
	Adj to actual	45945	02/24/2025	EBRADFORD	3,100.85	0.15	3,101.00
Restr. Revenue	72-00-5100-3301-023 RESTRICTED REV-HILLSBOROUGH ROCKS						
	Adj to actual	45941	02/24/2025	EBRADFORD	2,539.51	253.15	2,792.66
Restr. Revenue	72-00-5100-3301-027 RESTRCITED REV-CHRISTMAS TOY DRIVE						
	Adj to actual	45937	02/24/2025	EBRADFORD	2,949.00	3,737.29	6,686.29
Restr. Revenue	72-00-5100-3301-052 RESTRICTED REV-ABC BOARD GRANT						
	Adj to actual	45939	02/24/2025	EBRADFORD	27,157.85	-123.89	37,533.96
Restr. Revenue	72-00-5100-3301-054 RESTRICTED REV-DRUG SEIZURE						
	Adj to actual	45943	02/24/2025	EBRADFORD	0.00	554.07	554.07
Restr. Revenue	72-20-5100-5300-023 HILLSBOROUGH ROCKS EXPENDITURES						
	Adj to actual	45942	02/24/2025	EBRADFORD	2,539.51	253.15	2,792.66
Restr. Revenue	72-20-5100-5300-052 ABC BOARD EXPENDITURES						
	Adj to actual	45940	02/24/2025	EBRADFORD	27,157.85	-123.89	37,533.96
Restr. Revenue	72-20-5100-5300-053 DRUG SEIZURE EXPENDITURES						
	Adj to actual	45944	02/24/2025	EBRADFORD	0.00	554.07	554.07
Restr. Revenue	72-20-5100-5300-328 K-9 DONATION SUPPLIES						
	Adj to actual	45946	02/24/2025	EBRADFORD	3,100.85	0.15	3,101.00
Restr. Revenue	72-20-5100-5300-357 CHRISTMAS TOY DRIVE EXPENDITURES						
	Adj to actual	45938	02/24/2025	EBRADFORD	2,949.00	3,737.29	6,686.29
						<u>297,442.24</u>	



Agenda Abstract

BOARD OF COMMISSIONERS

Meeting Date: Feb. 24, 2025
Department: Administration
Agenda Section: Consent
Public hearing: No
Date of public hearing: N/A

PRESENTER/INFORMATION CONTACT

Emily Bradford, Budget Director

ITEM TO BE CONSIDERED

Subject: Tourism Board Budget Amendments

Attachments:

Budget Changes Report – Tourism Board (02-24-2025)

Summary:

To reflect allocation of Tourism Board fund balance for Hillsborough Arts Council contract update re: Last Fridays.
Approved by Tourism Board at its Feb. 6, 2025 meeting.

Financial impacts:

As indicated by amendment.

Staff recommendation and comments:

To approve the attached budget amendment.

Action requested:

Consider approving budget amendment and allocation of Tourism Board fund balance.

FY 2024-2025

TOWN OF HILLSBOROUGH

UPDATE BUDGET CHANGES

PRINT ONLY

				2024-2025 BUDGET	
<u>ACCOUNT</u>	<u>DATE</u>	<u>CHANGE NUMBER</u>	<u>CURRENT BUDGET</u>	<u>BUDGET CHANGE</u>	<u>AMENDED BUDGET</u>
Revenue					
74					
74-00-3900-3900-000 FUND BALANCE	2/25/2025	46054	84,151.00	20,000.00	104,151.00
APPROPRIATED					
Allocate fund balance for contract w/ HAC Last Fri					
Total for 74			84,151.00	20,000.00	104,151.00
Total for Revenue			84,151.00	20,000.00	104,151.00
Expenditure					
74					
74-51-6250-5300-477 C.S./OTHER	2/25/2025	46055	185,700.00	20,000.00	205,700.00
Allocate fund balance for contract w/ HAC Last Fri					
Total for 74			185,700.00	20,000.00	205,700.00
Total for Expenditure			185,700.00	20,000.00	205,700.00
Grand Total			269,851.00	40,000.00	309,851.00



Agenda Abstract

BOARD OF COMMISSIONERS

Meeting Date: Feb. 24, 2025
Department: Planning and Economic Development
Agenda Section: Consent
Public hearing: No
Date of public hearing: N/A

PRESENTER/INFORMATION CONTACT

Planning and Economic Development Manager Shannan Campbell

ITEM TO BE CONSIDERED

Subject: Special Event Permit – Orange County Senior Games Archery Event

Attachments:

1. Special Event Permit Application
2. Event Layout
3. Event certificate of liability insurance

Summary:

The Orange County Senio Games Archery event has been held at Cates Creek Park for the last few years. The event has minimal impact to park operations, however archery is generally not permitted in the park, requiring a special event permit and approval from the town board for the use of the park as the property owner.

Financial impacts:

Low/none. No sponsorship of trash or streets closure is requested. Only use of Cates Creek Park.

Staff recommendation and comments:

Staff recommends approval and will include standard conditions including no painting or defacing the park with permanent markings. The event organizer has indicated that they use chalk.

Action requested:

Approve, approve with additional conditions, or deny the permit.



TOWN OF
HILLSBOROUGH

APPLICATION
Special Event Permit

Planning and Economic Development Division
101 E. Orange St., PO Box 429, Hillsborough, NC 27278
919-296-9470 | Fax: 919-644-2390
planning@hillsboroughnc.gov
www.hillsboroughnc.gov

Please review Chapter 7, Article 3 of the Hillsborough Code of Ordinances to determine if your event requires a special event permit. **The application must be received 60 days in advance of the event.**

Name of event: Orange County Senior Games Archery

Event location address: Cates Creek Park

Date(s) of event: Tuesday, April 1

Event setup time: 11am Event hours: 5.5 Event breakdown: 4:30pm

Date(s) of event: _____

Event setup time: _____ Event hours: _____ Event breakdown: _____

EVENT ORGANIZER AND CONTACT INFORMATION

Name of organization/company: Orange County Senior Games

Organization/company mailing address: P.O. Box 8181, Hillsborough NC 27278

Organization status: ☐ Formal ☐ Informal ☐ For-profit ☒ Not-for-profit

Event organizer name: Ardra Webster

Event organizer phone: 919-724-7781 Event organizer email: awebster@orangecountync.gov

On-site contact(s) during the event:

Name: Ardra Webster Cell phone: 919-724-7781

Name: _____ Cell phone: _____

GENERAL EVENT INFORMATION

Type of event:

- ☐ Private event on private property ☒ Public event on public property
☐ Private event on public property ☐ Public event on private property
☐ Street or greenway event (includes parades, marches, rallies, and foot and bike races)

General event description:

Please outline the event purpose and elements, including items such as food trucks, car shows, races and vendors.
This is the annual archery competition for Orange County Senior Games. We bring in our own targets and shoot from 3 distances and would mark the grass with chalk paint.

Estimated number of people who will attend the event: 20-25

Estimated peak time(s) of attendance: 12:30pm - 4pm

Maximum capacity of event location (number of persons, if applicable): _____

For annual events, the estimated attendance of the last event of this kind: 25-30

GENERAL EVENT QUESTIONNAIRE

Will tickets be sold or admission or fees charged as part of the event? ☐ Yes ☒ No

Will alcohol be sold or provided as a part of this event? ☐ Yes ☒ No

If yes regarding alcohol:

Indicate the vendor(s) and/or ABC permit holder(s) responsible for the alcohol sales or distribution and attach a copy of the ABC permit(s) for each vendor:

Note: Alcohol may only be sold by vendors with an off-premise permit or by event organizers with a special one-time ABC sales permit. Alcohol sales may be subject to the prepared food and beverage tax.

Will vendors be on site selling goods, crafts or wares during the event? ☐ Yes ☐ No

Will vendors be on site selling food or beverages during the event? ☐ Yes ☒ No

Note: Vendors without a physical location in town and food trucks without Town of Hillsborough Food Truck Permits must pay the food and beverage tax in advance of selling prepared food or beverage. For the tax application, see the Financial Services Department page on the town website, hillsboroughnc.gov.

List name(s) of the vendors:

Will you solicit donations as part of the event? ☐ Yes ☒ No

If yes, for what cause or organization? _____

Will you bring additional equipment, such as stages, microphones and amplification? ☒ Yes ☐ No

Please explain: Archery targets, tables and chairs

Will any items be left at the event site overnight? ☐ Yes ☒ No

Please explain: _____

Will signs or banners be displayed on site or around town?

☐ Yes ☒ No

Note: Special event signage *must be applied for and permitted separately BEFORE signage is placed around town. See the Reservations page on the town website, hillsboroughnc.gov.*

Will tents be erected for the event?

☐ Yes ☒ No

If yes, how many and what size? _____

Note: Tents may require a permit and inspection by the Orange County Fire and Life Safety Division depending on size and number. Tents should be shown with location and dimensions on the event map or layout.

Will you provide (portable) restroom facilities?

☐ Yes ☒ No

Note: Depending on attendance numbers and duration, restroom facilities must be provided by special event organizers. Restrooms of local businesses and town and county facilities may complement but not be a substitute for providing adequate restrooms for the event.

Will you provide (portable) handwashing facilities?

☐ Yes ☒ No

Note: Handwashing facilities are required for events that include on-site food preparation and/or sales without direct or immediate sink access.

Will the event require any street closures or change in traffic flow?

☐ Yes ☐ No

Will the event require additional trash and recycling facilities?

☐ Yes ☒ No

Will you request that the town board sponsor specific services in conjunction with this event? ☐ Yes ☒ No

☐ Road closures

☐ Police coverage

☐ Traffic control

☐ Trash and recycling rollouts

Number of rollouts _____

EVENT MAP AND LAYOUT REQUIREMENTS

With this application, you must attach a map of the area that the event is to take place and indicate the following:

- Traffic flow — Include any streets requested to be closed or obstructed (law enforcement will determine locations of barriers and officers).
- Event route — Clearly show route if the event includes an event such as a parade or greenway closure.
- Parking areas — Note areas where event attendees will be directed that are adequate for the event attendance. The Eno River Parking Deck has 400 parking spaces.
- Pedestrian access and flow.
- Location of —
 - Any concession stand, food truck(s), booth, or other temporary structures, tents, stages or facilities.
 - Proposed fences, stands, platforms, benches, or bleachers.
 - Restroom and handwashing facilities.

Note: A street map and Gold Park map are available on the town's website. Google Maps is another resource and can be easily marked up. Contact staff if you need assistance with providing an event layout or route map.

EVENT LIABILITY INSURANCE

Event organizers and/or property owners need to insure themselves from liability in case event attendees injure themselves during the course of the event. Events occurring on public property (town or county) are required to carry event liability insurance with the public property owner listed as "additionally insured."

Copy of event liability Certificate of Insurance is attached: ☒ Yes ☐ No

Name of insurance company providing liability coverage for the event:

Alliant Insurance Services

Contact information for broker/agent providing coverage:

619-238-1828

EVENT PROPERTY USE PERMISSION

If the event will be on property not owned or managed by the event organizer, then the property owner must indicate consent below for the use of the property:

Name of property owner

Phone

Signature of property owner

Date

TOWN LIABILITY AGREEMENT

I, the applicant, agree to indemnify and hold harmless the Town of Hillsborough, its employees, and its agents from and against any and all liability for any injury that may be suffered in connection with this special event approval or park reservation. I also hold harmless the Town of Hillsborough, its employees, and its agents from and against any liability for any equipment or supplies lost, damaged, or stolen that are stored or otherwise as a result of this special event.

Applicant signature

Date

SUBMITTAL DIRECTIONS:

The following methods may be used:

- Submit electronically to Planning Technician Kelsey Carson at kelsey.carson@hillsboroughnc.gov.
- Submit paper copy to:
Hillsborough Planning Department
ATTN: Planning Technician Kelsey Carson
PO Box 429
101 E. Orange St.
Hillsborough, NC 27278

FOR OFFICE USE ONLY

Application received by: _____

Date: _____ Fee paid: _____

Date information emailed out: 2/17/25**Permit Status**Approved: ☐ Yes ☐ No

Explanation: _____

Date permit issued: _____

Approved with any conditions: _____

By: _____

Name of town staff member

Date

Forwarded to:

- ☒ Hillsborough Communications Division
- ☐ Hillsborough Financial Services Department (Food and Beverage Tax)
- ☒ Hillsborough Police Department
- ☒ Hillsborough Public Space Manager
- ☐ Hillsborough Public Works Division
- ☐ North Carolina Department of Transportation (DOT road closures)
- ☐ Orange County Asset Management Services (Visitors Center, library, courthouses)
- ☐ Orange County Department of Environment, Agriculture and Parks and Recreation (River Park)
- ☐ Orange County Fire and Life Safety Division
- ☐ Orange County Sheriff's Office
- ☐ Orange Rural Fire Department





ORANCOU-50

ABOYARLA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc. 101 N. Tryon St, Ste 6000 Charlotte, NC 28246	CONTACT NAME:	
	PHONE (A/C, No, Ext): (619) 238-1828	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Charter Oak Fire Insurance Company	
	NAIC # 25615	
INSURED Orange County, NC 300 West Tryon Street Hillsborough, NC 27278	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZLP91N5373024PA	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town of Hillsborough is included as additional insured.

CERTIFICATE HOLDER

CANCELLATION

Town of Hillsborough 101 E. Orange St. Hillsborough, NC 27278	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



ORANCOU-50

JSHARMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc. 101 N. Tryon St, Ste 6000 Charlotte, NC 28246	CONTACT NAME:	
	PHONE (A/C, No, Ext): (619) 238-1828	FAX (A/C, No):
INSURED Orange County, NC 300 West Tryon Street Hillsborough, NC 27278	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Charter Oak Fire Insurance Company	NAIC # 25615
	INSURER B : Phoenix Insurance Company	25623
	INSURER C : Travelers Property Casualty Company of America	25674
	INSURER D : Farmington Casualty Company	41483
	INSURER E : USE LLOS8 / Syndicate 2623/623 at Lloyd's (Beazley Furlonge Ltd.	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZLP91N5373024PA	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			H8106T107454PHX24	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Collision \$ 1,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			ZUP16P3255724PA	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	UB5T76883624PAD	7/1/2024	7/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	<input checked="" type="checkbox"/> Cyber Liability			FN2311046	7/1/2023	7/1/2024	Limit 1,000,000
A	<input checked="" type="checkbox"/> Professional Liabili			ZLP91N5373024PA	7/1/2024	7/1/2025	Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of coverage only.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



Agenda Abstract

BOARD OF COMMISSIONERS

Meeting Date: Feb. 24, 2025
Department: Planning and Economic Development
Agenda Section: Consent
Public hearing: No
Date of public hearing: N/A

PRESENTER/INFORMATION CONTACT

Planning and Economic Development Manager Shannan Campbell

ITEM TO BE CONSIDERED

Subject: Special Event Permit – Kevin Dendy Memorial 5K

Attachments:

1. Special Event Permit Application
2. Riverwalk race route
3. Event certificate of liability insurance

Summary:

The Kevin Dendy 5K was previously held on Riverwalk and started/ended in Gold Park. However, due to limited parking and restroom facilities needing to be less event utilized, the town has started requiring event organizers to shift events larger than 75 attendees outside of Gold Park to allow for the park to be used by regular patrons/residents that are not participating in the event.

The event organizers have moved the event start/end to Eno River Brewing, which has parking and restrooms to accommodate it.

Financial impacts:

Low/none. No sponsorship of trash or streets closure is requested. Only use of the Riverwalk.

Staff recommendation and comments:

Staff recommends approval and will include standard conditions including no painting or defacing the greenway with permanent markings.

Action requested:

Approve, approve with additional conditions, or deny the permit.



TOWN OF
HILLSBOROUGH

APPLICATION Special Event Permit

Planning and Economic Development Division
101 E. Orange St., PO Box 429, Hillsborough, NC 27278
919-296-9470 | Fax: 919-644-2390
planning@hillsboroughnc.gov
www.hillsboroughnc.gov

Please review Chapter 7, Article 3 of the Hillsborough Code of Ordinances to determine if your event requires a special event permit. **The application must be received 60 days in advance of the event.**

Name of event: Generation Life Church Kevin Dendy Memorial 5K Run/Walk(4thAnnual)

Event location address: Eno River Brewing, 329 Eno Mountain Rd, Hillsborough, NC 27278

Date(s) of event: 04/05/2025

Event setup time: 8:00 AM Event hours: 3 Event breakdown: 11:00 AM

Date(s) of event: _____

Event setup time: _____ Event hours: _____ Event breakdown: _____

EVENT ORGANIZER AND CONTACT INFORMATION

Name of organization/company: Generation Life Church

Organization/company mailing address: 1519 Pleasant Green Rd, Durham, NC 27705

Organization status: ☒ Formal ☐ Informal ☐ For-profit ☒ Not-for-profit

Event organizer name: Becky Dendy

Event organizer phone: 919-695-5098 Event organizer email: beckyd613@gmail.com; chelsea

On-site contact(s) during the event:

Name: Chelsea Peterson Cell phone: 919-973-5504

Name: Meghan Vanasek Cell phone: 336-269-1285

GENERAL EVENT INFORMATION

Type of event:

- ☐ Private event on private property ☐ Public event on public property
☐ Private event on public property ☒ Public event on private property
☒ Street or greenway event (includes parades, marches, rallies, and foot and bike races)

General event description:

Please outline the event purpose and elements, including items such as food trucks, car shows, races and vendors.

The purpose of this event is to host a 5k run/walk in memory of a church and community member, Kevin Dendy, who passed away in 2021.

The event will raise funds to go towards local and regional charities in his honor. The event is family-friendly and dog-friendly.

The 5k will occur on the Riverwalk, as it has in years passed, with check-in and post-race celebrations occurring at Eno River Brewing (permits)

A professional race timing company will be in attendance, as well as a food truck to offer items for sale to participants/the public (at ERB). Wat

Estimated number of people who will attend the event: 200

Estimated peak time(s) of attendance: 8:30-10:30 AM

Maximum capacity of event location (number of persons, if applicable): N/A

For annual events, the estimated attendance of the last event of this kind: 180

GENERAL EVENT QUESTIONNAIRE

Will tickets be sold or admission or fees charged as part of the event? ☒ Yes ☐ No

Will alcohol be sold or provided as a part of this event? ☐ Yes ☒ No

If yes regarding alcohol:

Indicate the vendor(s) and/or ABC permit holder(s) responsible for the alcohol sales or distribution and attach a copy of the ABC permit(s) for each vendor:

Note: Alcohol may only be sold by vendors with an off-premise permit or by event organizers with a special one-time ABC sales permit. Alcohol sales may be subject to the prepared food and beverage tax.

Will vendors be on site selling goods, crafts or wares during the event? ☐ Yes ☒ No

Will vendors be on site selling food or beverages during the event? ☒ Yes ☐ No

Note: Vendors without a physical location in town and food trucks without Town of Hillsborough Food Truck Permits must pay the food and beverage tax in advance of selling prepared food or beverage. For the tax application, see the Financial Services Department page on the town website, hillsboroughnc.gov.

List name(s) of the vendors:

Paris Delights Food Truck, which is the vendor we hosted last year.

They will setup at Eno River Brewing for the AM, departing by 11:30.

ERB will open to the public after the race has concluded.

Will you solicit donations as part of the event? ☒ Yes ☐ No

If yes, for what cause or organization? Generation Life Church (handling funds distribu

Will you bring additional equipment, such as stages, microphones and amplification? ☒ Yes ☐ No

Please explain: A small speaker to help with communicating race start/end

Will any items be left at the event site overnight? ☐ Yes ☒ No

Please explain: _____

Will signs or banners be displayed on site or around town? ☒ Yes ☐ No

Note: Special event signage must be applied for and permitted separately BEFORE signage is placed around town. See the Reservations page on the town website, hillsboroughnc.gov.

Will tents be erected for the event? ☒ Yes ☐ No

If yes, how many and what size? One 10x10 pop-up tent - placed on ERB property if needed

Note: Tents may require a permit and inspection by the Orange County Fire and Life Safety Division depending on size and number. Tents should be shown with location and dimensions on the event map or layout.

Will you provide (portable) restroom facilities? ☐ Yes ☒ No

Note: Depending on attendance numbers and duration, restroom facilities must be provided by special event organizers. Restrooms of local businesses and town and county facilities may complement but not be a substitute for providing adequate restrooms for the event.

Will you provide (portable) handwashing facilities? ☐ Yes ☒ No

Note: Handwashing facilities are required for events that include on-site food preparation and/or sales without direct or immediate sink access.

Will the event require any street closures or change in traffic flow? ☐ Yes ☐ No

Will the event require additional trash and recycling facilities? ☐ Yes ☒ No

Will you request that the town board sponsor specific services in conjunction with this event? ☐ Yes ☒ No

☐ Road closures

☐ Police coverage

☐ Traffic control

☐ Trash and recycling rollouts

Number of rollouts _____

EVENT MAP AND LAYOUT REQUIREMENTS

With this application, you must attach a map of the area that the event is to take place and indicate the following:

- Traffic flow — Include any streets requested to be closed or obstructed (law enforcement will determine locations of barriers and officers).
- Event route — Clearly show route if the event includes an event such as a parade or greenway closure.
- Parking areas — Note areas where event attendees will be directed that are adequate for the event attendance. The Eno River Parking Deck has 400 parking spaces.
- Pedestrian access and flow.
- Location of —
 - Any concession stand, food truck(s), booth, or other temporary structures, tents, stages or facilities.
 - Proposed fences, stands, platforms, benches, or bleachers.
 - Restroom and handwashing facilities.

Note: A street map and Gold Park map are available on the town's website. Google Maps is another resource and can be easily marked up. Contact staff if you need assistance with providing an event layout or route map.

EVENT LIABILITY INSURANCE

Event organizers and/or property owners need to insure themselves from liability in case event attendees injure themselves during the course of the event. Events occurring on public property (town or county) are required to carry event liability insurance with the public property owner listed as "additionally insured."

Copy of event liability Certificate of Insurance is attached: ☒ Yes ☐ No

Name of insurance company providing liability coverage for the event:

State Farm

Contact information for broker/agent providing coverage:

Matt Phillips - matt.phillips.qug2@statefarm.com

EVENT PROPERTY USE PERMISSION

If the event will be on property not owned or managed by the event organizer, then the property owner must indicate consent below for the use of the property:

Jason Crowe

Name of property owner

919-630-6946

Phone

2/1/25

Signature of property owner

Date

TOWN LIABILITY AGREEMENT

I, the applicant, agree to indemnify and hold harmless the Town of Hillsborough, its employees, and its agents from and against any and all liability for any injury that may be suffered in connection with this special event approval or park reservation. I also hold harmless the Town of Hillsborough, its employees, and its agents from and against any liability for any equipment or supplies lost, damaged, or stolen that are stored or otherwise as a result of this special event.

Kelsey Carson

Applicant signature

2/3/24

Date

SUBMITTAL DIRECTIONS:

The following methods may be used:

- Submit electronically to Planning Technician Kelsey Carson at kelsey.carson@hillsboroughnc.gov.
- Submit paper copy to:
Hillsborough Planning Department
ATTN: Planning Technician Kelsey Carson
PO Box 429
101 E. Orange St.
Hillsborough, NC 27278

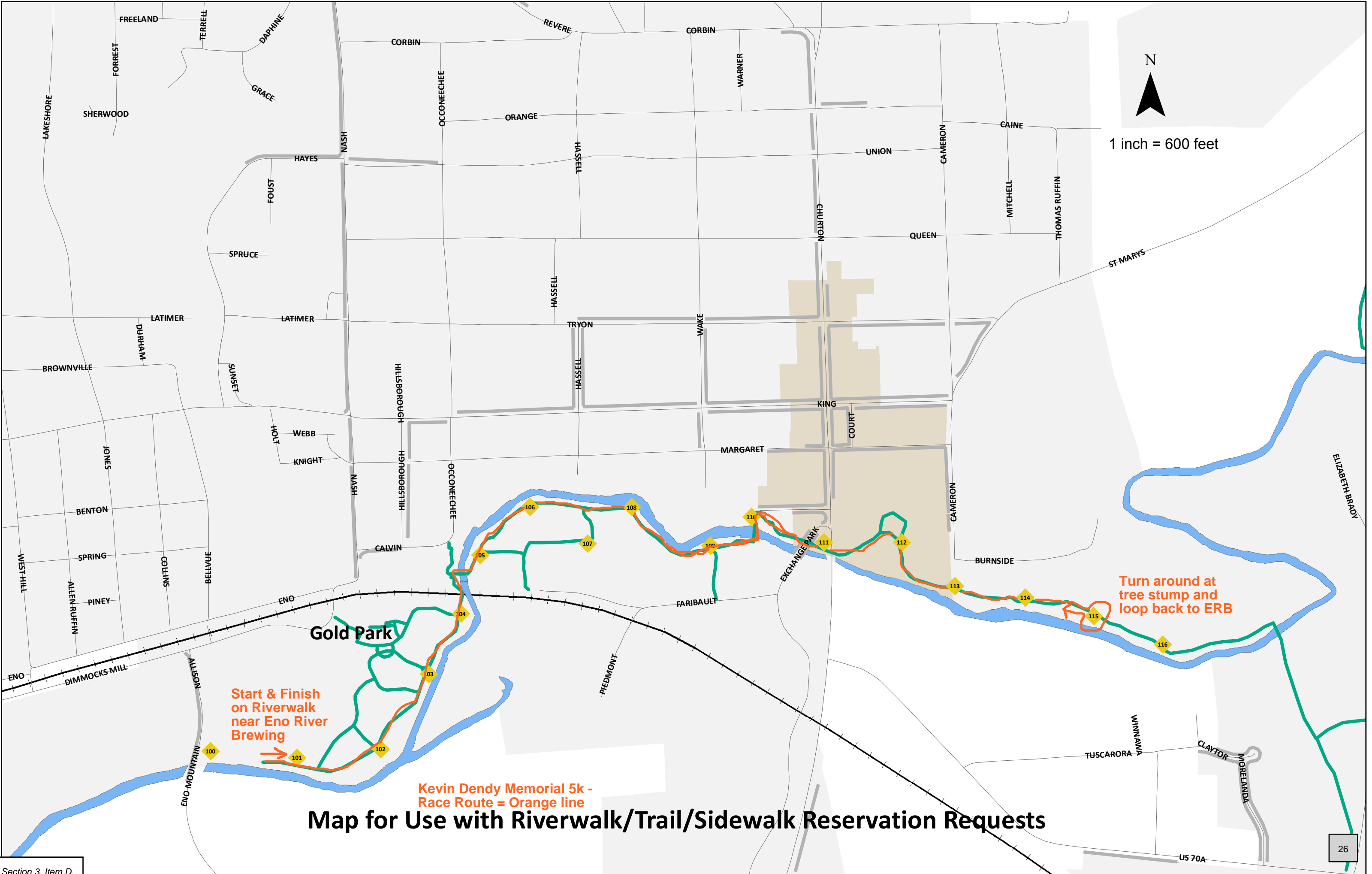
FOR OFFICE USE ONLYApplication received by: SNCDate: 2/3/25 Fee paid: YES- 2/6 \$65Date information emailed out: 2/17/25**Permit Status**Approved: ☐ Yes ☐ NoExplanation: Town Board- INSERT DATE HERE

Date permit issued: _____

Approved with any conditions: _____

By: _____
Name of town staff member Date**Forwarded to:**

- ☒ Hillsborough Communications Division
- ☒ Hillsborough Financial Services Department (Food and Beverage Tax)
- ☒ Hillsborough Police Department
- ☒ Hillsborough Public Space Manager
- ☐ Hillsborough Public Works Division
- ☐ North Carolina Department of Transportation (DOT road closures)
- ☐ Orange County Asset Management Services (Visitors Center, library, courthouses)
- ☒ Orange County Department of Environment, Agriculture and Parks and Recreation (River Park)
- ☒ Orange County Fire and Life Safety Division
- ☐ Orange County Sheriff's Office
- ☐ Orange Rural Fire Department



N

1 inch = 600 feet

Start & Finish
on Riverwalk
near Eno River
Brewing

Turn around at
tree stump and
loop back to ERB

Kevin Dendy Memorial 5k -
Race Route = Orange line

Map for Use with Riverwalk/Trail/Sidewalk Reservation Requests




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Matt Phillips 1330 St. Mary's Street Suite A020 Raleigh NC 27605	CONTACT NAME: Matt Phillips PHONE (A/C, No, Ext): 919-929-9552 E-MAIL ADDRESS: matt.phillips.qug2@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company NAIC # 25143
INSURED GENERATION LIFE CHURCH 1519 PLEASANT GREEN RD DURHAM NC 277059083	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

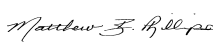
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	93-E9-G490-8	01/19/2025	01/19/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Town of Hillsborough 101 E Orange St Hillsborough NC 27278	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  This form was system-generated on 01/15/2025
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ACORD 25 (2016/03)

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Section 3, Item D.

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Agenda Abstract

BOARD OF COMMISSIONERS

Meeting Date:	Feb. 24, 2025
Department:	Community Services
Agenda Section:	In-Depth Discussion
Public hearing:	No
Date of public hearing:	N/A

PRESENTER/INFORMATION CONTACT

Shannan Campbell, Planning & Economic Development Manager

ITEM TO BE CONSIDERED

Subject: Discussion of Potential "America 250" Celebrations

Summary:

July 4, 2026 will commemorate the 250th anniversary of the signing of the Declaration of Independence. Per America250.org, Inc. – "the journey toward this historic milestone is an opportunity to pause and reflect on our nation's past, honor the contributions of all Americans, and look ahead toward the future we want to create for the next generation and beyond." As a historic town with treasured revolutionary-era significance, there are opportunities for local events to celebrate and remember the past 250 years.

Local non-profit historical and cultural organizations have already begun discussions about potential events. This work session will provide an opportunity for the Board of Commissioners to discuss what role the town should play in organizing and supporting the America 250 celebration.

Staff's input for board consideration:

- There is a lot of energy already in the community, but it is not organized.
- The town may be able to play a role as a facilitator/convenor in order to focus the efforts.
- There has been an idea introduced for a "steering committee" that may be worth exploring. Representatives from the town, Tourism Board and Tourism Development Authority would be important participants in the committee from a funding standpoint.
- The town may not have the capacity to run a major event – it may make sense to focus on a series of smaller, scattered or daytime events and leveraging partnerships with other organizations.

Financial impacts:

Cost will depend on the level of town/Tourism Board/Tourism Development Authority involvement and the magnitude of planned events.

Staff recommendation and comments:

N/A

Action requested:

Discuss and provide feedback to staff on how to support potential America 250 events in town.