10th Annual DOGFEST

Celebrating our 10th year!
A community fundraiser, dog show and family fun event to benefit McKinley Elementary.

Dear DogFest Vendor / Rescue,

Let me begin by thanking you from the bottom of my heart for your consideration of Dogfest again this year! I can speak for all McKinley families when I say we truly appreciate your support and put the funds raised to very good use.

Please join us once again (**April 22, 2017**) to support enrichment programs for children in neighborhood public schools, and simultaneously **promote your business** throughout San Francisco by becoming a vendor at our 10th annual **DogFest**, a community fundraiser, dog show, and family fun event.

Every penny raised will go to support academic and enrichment programs for the more than 350 children at McKinley Elementary, a small public school in the center of San Francisco.

Please see the attached Vendor/Rescue Application form for details of the application process on page (Page 2)

We are proud of the achievements of our school and its families, but with the continued underfunding of public education, your help and support are as vital as ever.

Thank you for your consideration and support

Sincerely,

Michelle Delaney
Vendor Team, DogFest 2017
14158239304

Some additional ways you can help…

- BECOME A SPONSOR

Many of our vendors like to get **more exposure** at the event and increase their commitment to McKinley by becoming a **DogFest sponsor**. We have many sponsorship opportunities available for anyone who is able to make a larger impact on the day's success. What is the benefit in becoming a sponsor? **More exposure for your business** and more money for our school. You can download the full sponsorship package from http://mckinleyschool.org/dogfest/sponsors/ if you are interested. You can also contact me Michelle Delaney Mckinleym.delaney@gmail.com 14158239304 to discuss your options. Check out the levels of sponsorship offered on page 3 of this packet.

- DONATE TO THE SILENT AUCTION

In addition to being a vendor or sponsor, you can also donate to our silent auction. If you'd like to donate items to the auction, please complete the enclosed Silent Auction Donation Record on page 5 or simply login to our donor website by clicking the "Donate Now" button at mckinleyschool.org/dogfest/silent-auction and follow the instructions for New Donors.

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2017 VENDOR / RESCUE APPLICATION

Name _____

Company Name _____

Company Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

URL _____

Description of Wares _____

Signature _____ Date: _____

Event Details:

Fee	$150 (Please make checks payable to **McKinley Elementary School PTA**; fee is waived for Rescues)
Booth	Approximately 10'X10'; Space includes one 6' x 30" folding table Vendor is responsible for all other fixtures: chairs, linens, tents and tent weights; Rec and Park does not allow tent pegs/staking and **tents must be weighed down with tent weights (sandbags / water jugs / etc.) to be allowed on site** for safety reasons
Event Details	April 22, 2017, rain or shine 11:00 a.m. – 4:00 p.m. Set-up: 9:30 a.m. – 11:00 a.m. Duboce Park, San Francisco Tear-down: 4:00 p.m. – 5:00 p.m.
Insurance & Permits	See the next page for proof of insurance requirements for all vendors and permitting requirements for vendors selling or sampling food

Please sign and send a copy of **this page** and the **Hold Harmless Agreement** along with **payment, proof of insurance** and applicable **SFDPH permit forms** to:

McKinley Elementary School PTA
Attn: DogFest 2017 – Vendor Application
1025 14th Street
San Francisco, CA 94114
Fax: 415.241.6548

Application forms and payments are due **February 1st, 2017**. Limited spaces are available to non-sponsor vendors. Successful applicants will be notified by February 10th, 2017. Event will be held rain or shine. Please contact us at dogfest@mckinleyschool.org if you have any questions or are interested in other sponsorship opportunities.

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2017 Sponsorship Levels and Benefits

Great Dane	Golden Retriever	Greyhound	Beagle	Jack Russell
$5,000	**$2,500**	**$1,000**	**$500**	**$250**
Event Sponsor "DogFest 2017 Sponsored by [Your Company's Name]"	***Zone Sponsor*** "Dog Show / Kid Kennel / Dog Rescue Zone / Chow Zone or Silent Auction Presented by [Your Company's Name]			
Your Logo on: 500 Posters 5,000 Postcards 2 Banners 500 Tote Bags	***Your Logo on***: 500 Posters 5,000 Postcards 2 Banners 500 Tote Bags	***Your Logo on:*** 500 Posters 5,000 Postcards 2 Banners 500 Tote Bags	***Your Logo on:*** 500 Posters 5,000 Postcards	***Your Logo on:*** 5,000 Postcards
Marketing Material in 500 Tote Bags	***Marketing Material*** in 500 Tote Bags	***Marketing Material*** in 500 Tote Bags	***Marketing Material*** in 500 Tote Bags	***Marketing Material*** in 500 Tote Bags
Featured on DogFest Website	Featured on DogFest Website	Featured on DogFest Website	Featured on DogFest Website	Featured on DogFest Website
10' x 10' Booth / Table at the Park	10' x 10' Booth / Table at the Park	10' x 10' Booth / Table at the Park	10' x 10' Booth / Table at the Park	
Featured in Print Media*	Featured in Print Media*	Featured in Print Media*		

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2017 Sponsorship Form

Sponsor _____

Contact / Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____

URL _____

Sponsorship Level

- ❑ $5,000 The Great Dane*
- ❑ $2,500 The Golden Retriever*
- ❑ $1,000 The Greyhound*
- ❑ Media / In-Kind Value* _____
- ❑ $500 The Beagle*
- ❑ $250 The Jack Russell
- ❑ Other _____

YES/NO* For sponsorship levels of $500 and above, would you like to reserve your entitled booth space?

Signature _____ Date _____

Please mail check and email / mail / fax completed form to:

McKinley Elementary School PTA
Attn: DogFest Sponsorship
1025 14th Street
San Francisco, CA 94114
Fax: 415.241.6548
dogfest.sponsorships@mckinleyschool.org

Please send your company logo to dogfest.sponsorships@mckinleyschool.org for immediate posting to the DogFest website. High resolution logos for all printed marketing material in both color and black and white must be received by **February 1st, 2017**. Promotional and informational material for tote bags must be delivered to the school office (see address above) no later than **February 1st, 2017**. If you have any questions regarding available sponsorship levels, please contact dogfest.sponsorships@mckinleyschool.org. **Thank you for your support!**

[Please make a copy of this form for your records.]

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2017 SILENT AUCTION DONATION RECORD

Donor [Business or Individual] _____

Contact Person [If Business] _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

URL _____ McKinley Contact [If Known] _____

Please give a **detailed description** of the item(s) as you would like it to appear in the auction catalog. Please be **creative** and **descriptive**.

Item Title _____

Item Description _____

_____

Method of Delivery [Please arrange delivery by **March 18th, 2016**]

- ! Donated item(s) accompanies form
- ! I will email my donation to dogfest.auction@mckinleyschool.org
- ! I would like to arrange someone to pick-up my donation before March 1st, 2017
- ! I will drop off my donation at McKinley Elementary School, 1025 14th Street
- ! Please print a certificate on my behalf; Expiry Date:__/_____/ _____

Fair Market Value of Donation $ _____

Signature _____ Date: _____

Please sign, fax, mail or email this form by March 1st, 2017:

McKinley Elementary School PTA
Attn: DogFest 2016 Auction
1025 14th Street
San Francisco, CA 94114
Fax: 415.241.6548

Please contact us at dogfest.auction@mckinleyschool.org for questions and/or delivery/pick-up arrangements.

Thank you for your support!

Please keep this stub or a copy of this form as acknowledgement of your donation for tax purposes.

McKinley Elementary School PTA wishes to acknowledge the donation of:

ITEM TITLE _____ WITH A VALUE OF $ _____

DONATED BY _____

LOCATED AT _____

To be used as an auction or raffle prize in connection with DogFest 2017 on April 22, 2017. Contributions to McKinley Elementary School Parent Teacher Association are tax deductible as allowed by law. Please consult with your tax preparer. **EIN / Tax I.D. #13--- 4317995**

Proof of Insurance Requirements:

To be able to have a space at the park, each vendor / sponsor / rescue needs to submit:

- a copy of your **Certificate of Liability Insurance** with dates that will be current on April 22, 2017 and with the **Description of Operations** section stating exactly:

  "California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and Volunteers are hereby named as Additional Insured per the attached Additional Insured endorsement",

  and the **Certificate Holder** section of exactly:

  "California State PTA
  c/o BB&T Insurance Services
  535 N. Brand Blvd., 10th Floor
  Glendale, CA 91203" (see attached sample certificate), and

- a copy of an **Additional Insured Endorsement** with the **Name of Additional Insured Person(s) or Organizations(s)** of exactly:

  "California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and volunteers"
  (see attached sample AI Endorsement)

  or a **Blanket Additional Insured Endorsement**, and

- a signed copy of the **Hold Harmless Agreement** (attached)

Samples of Certificate of Liability Insurance and Additional Insured Endorsement forms can be found on pages 6 and 7 and can be forwarded to your insurance agent as examples of the required documents.

SFDPH Temporary Food Facility Concessionaire Requirements:

All vendors selling food or offering food samples will have to meet SF Department of Public Health permitting requirements. Additional fees may apply.

For vendors offering food samples or donating all proceeds from sales to the event:

- Complete page 3 of the SFDPH Craven allowance
  http://www.sfdph.org/dph/files/EHSdocs/ehsForms/formsSpecialEvents/Craven%20Allowance%20Declarations.pdf

For vendors selling food samples and not donating all proceeds from sales to the event:

- Complete the SFDPH TFF Food Concessionaire application
  http://www.sfdph.org/dph/files/EHSdocs/ehsForms/formsSpecialEvents/food_conc_app.pdf
- Include SFDPH application and inspection fees with your registration fee ($207 for high-hazard booths and $105 for low-hazard booths)

The SFDPH supplies FAQs and checklists for all food providers that must be read prior to the event:

- http://www.sfdph.org/dph/files/EHSdocs/ehsForms/formsSpecialEvents/food_conc_chklst.pdf
- http://www.sfdph.org/dph/files/EHSdocs/ehsForms/formsSpecialEvents/TFF_FAQ.pdf

Please contact us at dogfest@mckinleyschool.org if you have any questions about the proof of insurance or SFDPH TFF requirements.

California State PTA
everychild. onevoice.

California State PTA insurance does not cover vendors/concessionaires/service providers. Consequently, all vendors/concessionaires/service providers are required to provide Evidence of Insurance to each PTA unless annual Evidence of Insurance has been filed with the California State PTA Insurance Broker.

HOLD HARMLESS AGREEMENT

FOR PTA FUND RAISING VENDORS/CONCESSIONAIRES/SERVICE PROVIDERS

Insurance Requirements:

(a) Workers' Compensation Insurance, Required if you have employees engaged in the performance of work under the agreement.

(b) Comprehensive General Liability, Required $1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and include Bodily Injury, Property Damage, Personal Injury.

(c) Automobile Liability Insurance. Required only if you are providing transportation (e.g., limousine or bus service) at PTA event. $5,000,000 limit required. $1,500,000 for Limo's 15 and under passenger.

If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy MUST be submitted with your contract.

Contract containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers. The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

_____.
(Name of vendor/concessionaire/service provider)

I/We _____ (v
directors, members and volunteers with respect to my/our liability for "bodily injury," "property damage" or "personal and advertising injury" to the extent caused by my/our acts or omissions or for the acts or omissions of those acting on my/our behalf:

A. In the performance of my/our ongoing operations; or
B. In the sale or distribution of my/our products; or
C. In connection with my/our premises rented to you.

NOTE: The terms and conditions of this agreement shall apply with respect to Vendor's/Concessionaire's/Service Provider's operations for any unit, council, district or State PTA in California.

DATE: _____ SIGNED: _____
(Vendor/Concessionaire/Service Provider)

NAME OF ENTITY: _____ TITLE: _____

Vendor: If you wish to be included as an approved vendor on the PTA Insurance website then contact our broker at (818) 662-4200.

January 2010

Sample of Certificate of Liability Insurance

Client#: 1255615 306CALIFCON

ACORD **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/05/2011

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 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 Insurance Producer Name Address Phone Number	CONTACT NAME: Vendor's Agent PHONE (A/C, No, Ext): 555-555-5555 FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Vendors Name & Address	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurance Company	9999
	INSURER B : Insurance Company	9999
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		Policy Number	dates must be		EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY				current at event		DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	POLICY PRO-JECT LOC							$
A	AUTOMOBILE LIABILITY			Policy Number	dates must be		COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
	X ANY AUTO				current at event		BODILY INJURY (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X HIRED AUTOS			Auto needed for transportation				$
	X NON-OWNED AUTOS			or if vehicle(s) on site of event				$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number	dates must be		X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)		N/A		current at event		E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Work Comp. needed if vendor has			E.L. DISEASE - EA EMPLOYEE	$1,000,000
				employees working at event			E.L. DISEASE - POLICY LIMIT	$1,000,000

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

California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and Volunteers are hereby named as Additional Insured per the attached Additional Insured endorsement.

CERTIFICATE HOLDER

California State PTA
c/o BB&T Insurance Services
535 N. Brand Blvd., 10th Floor
Glendale, CA 91203
*********or*********
Unit's Address - Specific Event

CANCELLATION 10 Days for Non-Payment

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

Signature

©1988-2009 ACORD CORPORATION. All rights reserved.

ACORD 25 (2009/09) 1 of 1 The ACORD name and logo are registered marks of ACORD
#S5874023/M5873956 JCBUR

Sample Additional Insured Endorsement:

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization. California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and volunteers.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

SF