

SPECIAL
BOARD OF COMMISSIONERS
REVISED AGENDA
Monday, July 10, 2017 2015 - 6:30 PM

Pledge of Allegiance

1. Public Participation

2. Discussion and Possible Motion to Approve Radnorshire Room Rental to ABA Auction

3. Discussion on Capital Project Funding, Sanitary Sewer Funding & Pension Funding

Adjournment





MEMORANDUM

DATE: JULY 6, 2017

TO: BOARD OF COMMISSIONERS

FROM: ROBERT A. ZIENKOWSKI, TOWNSHIP MANAGER/SECRETARY

RE: ABA AUCTION

We have received a request from ABA Auction who in the past rented the Willows Mansion for fine art and jewelry auctions. They would like to rent the Radnorshire Room for July 29th and 30th between 12-4 each day. However, they would like to leave their merchandise in the room overnight.

The cost for the room rental for the hours "used" is \$3,600 and the cost for the rental for the hours they would like to leave their items in the room is \$9,600. We would like approval for a negotiated rate of \$4,000 for them to rent the Radnorshire. Since the room is vacant during these times, I would like to see us rent the room and generate the revenue.

Radnor Township Room Setup Form



Event Details

Event Date: 7/29/30 | 2019
 Event Time: 12 pm To 5 pm
 Number of People: 100
 Name of Event: ABA Auction
 Other: _____

Contact Information

Contact Name: Oscar Menjivar
 Company Name: America's Best Auctioneer LLC (ABA)
 Phone Number: 203-975-8400
 Email Address: Oscar@abauction.com
 Billing Address: 464 Boston Post Rd
 City/State/Zip: Orange | CT | 06611

Room Configuration

- Theater Style
- Classroom Style
- Small U-Shape
- Large U-Shape
- Banquet Style
- Other

of 8' Tables Needed
(15 Max)

Room
 Registration
 Food

Notes:

Open room 6 60x8 FT Tables
 75 Chairs
 Set-up Friday 1:00pm - to 5pm
 Merchandise stays over night
 Saturday 10am - doors open 12-4 out by 8pm
 Sunday 10am doors open 12-4 out by 7pm.



By initialing this box, I, the listed contact person for this event, attest that I have reviewed the above form and agree to be bound by its terms.

none

SECTION D - AUDIO/VISUAL EQUIPMENT RENTAL (Conference room rental required)

Mon - Fri: billed hourly (minimum 2 hours) Sat, Sun, and Holidays: no a/v equipment rentals

	A Total Hours	B Hourly Rate	C Total (A * B)		A Total Hours	B Hourly Rate	C Total (A * B)
1. Staff Member				9. Document Cam			
2. Setup room				10. DVD/VCR			
3. Cleanup room				11. Laptop			
4. Podium				12. DVD Format			
5. Microphones				13. Digital Format			
6. Wireless Mics				14. Portable Projector			
7. Projectors				15. 50" TV Cart			
8. Monitors				16. Graphics			
				17. Total		TOTAL	

SECTION E - PACKAGE RENTAL

Mon - Fri: billed hourly (minimum 2 hours) Sat, Sun, and Holidays: no a/v equipment rentals

	A Total Hours	B Hourly Rate	C Total (A * B)
1. Powys Conference Room (50" Plasma TV Cart and laptop)			
2. Radnorshire Room (no recording, all a/v equipment)			
3. Radnorshire Room (recording, all a/v equipment)			
4. Total		TOTAL	

TOTAL (Sections C+D+E)

The undersigned has read the Radnor Township Conference Room and Equipment Rental Policy and agrees to abide by the conditions. Payment for rental of conference room and audio/visual equipment (if applicable) is due when the room is scheduled and approved.

Signature: _____ Date: _____

For Township use only:

Approved By: _____ Date: _____



RADNOR TOWNSHIP CONFERENCE ROOM AND AUDIO/VISUAL EQUIPMENT RENTAL APPLICATION

SECTION A - CONTACT INFORMATION

- | | |
|--|---|
| 1. Name of Organization: <u>ABA Auction</u> | 5. Phone number: <u>203-975-8400</u> |
| 2. Name of Responsible Member: <u>Oscar Menjivar</u> | 6. Fax number: <u>203-327-9997</u> |
| 3. Address: <u>464 Boston Post Rd</u> | 7. E-mail address: <u>OscarJabauction.com</u> |
| 4. City, State, Zip: <u>Orange CT 06611</u> | |

SECTION B - EVENT INFORMATION

1. Purpose of event: Fine art, Antiques and Jewelry Auction
2. Date(s) Requested:
- | | | | |
|--------|-----------------------------|---------------------------|---------------------------------|
| Friday | Date 1: <u>Setup Friday</u> | Begin Time: <u>1:00pm</u> | End Time: <u>5PM</u> |
| | Date 2: <u>Saturday</u> | Begin Time: <u>10AM</u> | End Time: <u>5PM</u> |
| | Date 3: <u>Sunday</u> | Begin Time: <u>10AM</u> | End Time: <u>5PM out by 7PM</u> |
| | Date 4: _____ | Begin Time: _____ | End Time: _____ |
| | Date 5: _____ | Begin Time: _____ | End Time: _____ |
| | Date 6: _____ | Begin Time: _____ | End Time: _____ |
3. Does your group plan to use the room on a continuing basis? yes
4. Will the meeting be open to the general public? yes
5. Approximate number of persons who will attend the meeting: 50-100

SECTION C - CONFERENCE ROOM RENTAL

Mon - Fri: billed hourly

Sat, Sun, and Holidays: billed double-time

	A Total Hours	B Hourly Rate	C Total (A * B)
1. Powys Conference Room			
2. Radnorshire Room			
3. Total	TOTAL		

[Handwritten initials]



Radnor Township Conference Room Rental Fee Waiver Request Form

I, _____, (hereinafter "Responsible Member") of

_____, (hereinafter "Organization")

hereby request a waiver of conference room rental fees (if applicable) for the event(s) scheduled on:

Date 1: _____

Date 2: _____

Date 3: _____

Date 4: _____

Date 5: _____

Date 6: _____

The Organization requests a waiver of fees for the following reason(s):

The Organization understands that fee waiver requests shall be granted at the discretion of the Township Manager and subject to approval by the Board of Commissioners for certain community groups.

The Organization also understands that room rental deposits and fees for audio/visual equipment and room setup/cleanup will not be waived.

Regardless of fee waiver approval, Township reserves the right to invoice for any cleanup or damage to the conference room and/or equipment as set forth in the Consolidated Fee Schedule.

Signature of Responsible Member: _____ Date: _____

Print name of Responsible Member: _____

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TOWNSHIP MANAGER APPROVAL

APPROVED ___ / DENIED ___ BY:

Signature of Township Manager: _____ Date: _____

BOARD OF COMMISSIONER APPROVAL

APPROVED ___ / DENIED ___ BY:

Signature of Board of Commissioners, President: _____ Date: _____