

REVISED
CITY COUNCIL AGENDA
225 EAST WEATHERSPOON STREET
SANFORD, NORTH CAROLINA
March 17, 2020 6:00 P.M. COUNCIL CHAMBERS



- 1. MEETING CALLED TO ORDER**
- 2. INVOCATION**
- 3. PLEDGE OF ALLEGIANCE**
- 4. PUBLIC COMMENT**
- 5. APPROVAL OF AGENDA**
- 6. CONSENT AGENDA**
- 7. SPECIAL AGENDA**
Presentation of Proclamation - Bleeding Disorders Awareness Month – (Page 2)
- 8. CASES FOR PUBLIC HEARING**
- 9. DECISIONS ON PUBLIC HEARINGS**
- 10. REGULAR AGENDA**
- 11. NEW BUSINESS *(Items for discussion and action will only be taken if necessary. Otherwise, these items will be placed on the next agenda for approval).***
 - A. Consider Resolution in Support of Temporary Closure of Portions of Several Streets for the Purpose of Christian Faith Ministries March for Christ (Pages 3-10)
 - B. Consider Ordinance Delegating Authority to the City Manager to Determine Whether and When to Terminate Water Services and Waive Late Fees – (Page 11)
 - C. Consider Implementation of Additional Paid Sick Leave Related to COVID-19 – (Page 12)
- 12. OTHER BUSINESS**
Closed Session – (Page 13)
- 13. ADJOURNMENT**

Office of the Mayor

City of Sanford

CHARTERED 1874

Proclamation

BLEEDING DISORDERS AWARENESS MONTH

WHEREAS, the U.S. Department of Health and Human Services has designated the month of March as Bleeding Disorders Awareness Month, expanding upon the designation 30 years ago of March 1986 as “Hemophilia Awareness Month” by President Ronald Reagan; and

WHEREAS, bleeding disorders, which share the inability to form a proper blood clot, are characterized by extended bleeding after injury, surgery, trauma or menstruation and can lead to significant morbidity, which can be fatal if not treated effectively; and

WHEREAS, many individuals with hemophilia became infected with HIV or Hepatitis C in the 1980’s due to the contamination of the blood supply and blood products; and

WHEREAS, this month will generate greater awareness and understanding of not only hemophilia but all inheritable bleeding disorders, including Von Willebrand Disease — which alone impacts an estimated one percent of the United States population, or more than 3.2 million individuals; and

WHEREAS, Bleeding Disorders Awareness Month will foster a greater sense of community and shared purpose among individuals with all inheritable bleeding disorders as well as elevate awareness of and engagement in the inheritable bleeding disorders journey to the general public, enabling the prevention of illness, unnecessary procedures, and disability;

NOW, THEREFORE, by virtue of the authority vested in me as Mayor of the City of Sanford, I, T. Chet Mann, do hereby proclaim March 2020 as “Bleeding Disorders Awareness Month” in the City of Sanford and I encourage all residents to join me in this observance.

DATED this 17th day of March, 2020.


T. CHET MANN, MAYOR

**RESOLUTION IN SUPPORT OF THE TEMPORARY CLOSURE OF
PORTIONS OF SEVERAL STREETS FOR THE PURPOSE OF
CHRISTIAN FAITH MINISTRIES MARCH FOR CHRIST**

WHEREAS, Casey Potter, organizer for and acting on behalf of the People of Christian Faith Ministries March for Christ, formally requests the temporary assistance of City of Sanford Police Department and Public Works Department to cross the intersections of the following route;

MARCH ROUTE

Starting From Depot Park crossing Carthage Street; crossing Moore Street at Carthage Street; crossing Steele Street at Carthage Street; crossing Horner Blvd. at Carthage Street; proceeding to S. Gulf Street; turning and proceeding South on S. Gulf Street to Wicker Street; turning East on Wicker Street to Horner Blvd; crossing Horner Blvd; proceeding along Wicker Street, crossing Steele Street at Wicker Street; crossing Moore Street at Wicker Street; and finishing the March at Depot Park.

WHEREAS, said temporary assistance would occur on Friday, April 10, 2020, between the hours of 11:00 am and 2:00 pm; and

WHEREAS, North Carolina General Statute 160A-296(a)(4) authorizes the Council for the City of Sanford to temporarily close streets for such purposes; and

WHEREAS, the City of Sanford has no objection to said event occurring between the stated hours on said date.

NOW THEREFORE BE IT RESOLVED, THAT the City of Sanford Police and Public Works Departments are directed to temporarily close the above intersections along the route on April 10, 2020 between the hours of 11:00 am and 2:00 pm.

Adopted this 17th day of March, 2020.

T. Chet Mann, Mayor

ATTEST:

Vicki R. Cannady, Deputy City Clerk

Susan Patterson, City Attorney

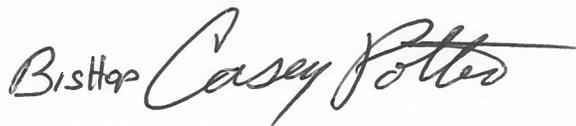
CHRISTIAN FAITH MINISTRIES
3110 CAMERON DR
SANFORD N.C. 27330
PASTOR BISHOP DONALD KIVETT
ASST. PASTOR BISHOP CASEY POTTER
919-775-1311

To Whom It May Concern,

My name is Casey Potter, I am the Asst. Pastor at Christian Faith Ministries in Sanford. I'm writing this letter to request permission for our church to do an event that we are calling "March For Christ" in downtown Sanford. We believe this event will have a positive effect on Sanford and surrounding communities. This is NOT a protest! It is our intention to bring awareness to our savior Jesus Christ during the Easter holiday. During our walk we will carry a cross and signs that will speak only of our faith in Christ.

We would like to assemble at Depot Park on April 10th at 11:00am and begin our walk at 12:00pm. It is our intention to walk on the sidewalk along Carthage St. crossing over Horner Blvd. We will then turn left onto Club and then turn left onto Wicker St. We will proceed back across Horner Blvd. up to Stelle St. and then we will turn left onto Steele St. We will end our walk back at Depot Park where we will have lunch for the group. A map is included to show the route that we will walk. Our group will be between 50 to 100 people. We will conclude all activities, including clean up, by 2pm.

Thank you for your attention in this matter
Bishop Casey Potter



Organizer: Casey Potter
For questions call
919-410-2188

APPLICATION FORM

Downtown Sanford, Inc.
Downtown Special Events Application

Event Title: MARCHE FOR CHRIST

Type of Event: Festival Other (Specify Below)

Specify: CHURCH GROUP WALKING ON THE SIDEWALK

Event Date/Times:
Setup Start Day/Date _____ Start Time _____ AM/PM

Event Start Day/Date APRIL 10, 2020 Start Time 11:00 AM AM/PM

Event End Day/Date APRIL 10, 2020 End Time 2:00 PM AM/PM

Cleanup End Day/Date _____ End Time _____ AM/PM

Estimated Attendance 100 Admission Charged? Yes No

Alcoholic Beverages Served? Yes No If Yes List the Types: _____

Facility Requested/Event Location: (Please list street names where the event will be held)
DEPOT PARK - MEET AT PARK, WALK DOWN CARTRIDGE,

TURN LEFT ON GULF, LEFT ON WICKER, LEFT ON STEBBLE, BACK TO DEPOT PARK

Organizer Contact Information: (This information will be used by staff to contact you.)

ORGANIZATION NAME CHRISTIAN FAITH MINISTRIES NON PROFIT ID# _____

CONTACT PERSON CASEY POTTER DAY PHONE # 919-410-2188

MAILING ADDRESS 5705 N.C. 42 HWY EVE. PHONE # _____

CITY/STATE/ZIP NEW HILL N.C. 27562 EMAIL CASEYRAYPOTTER123@GMAIL.COM

ALTERNATE CONTACT TONYA NEWELL DAY PHONE # 919-895-8097

EVE. PHONE # _____

Public Contact Information: (This will be the information posted for the public to obtain event info.)

PHONE # 919-410-2188 EMAIL CASEYRAYPOTTER123@GMAIL.COM

WEBSITE ADDRESS _____

LIABILITY RELEASE

NOTICE: THIS IS A LEGAL DOCUMENT WHICH LIMITS OUR LIABILITY. PLEASE READ CAREFULLY! BY SIGNING THIS DOCUMENT YOU STATE THAT: 1) YOU ASSUME ALL RISK OF INJURIES FROM PARTICIPATION IN THIS ACTIVITY; AND 2) YOU RELEASE DOWNTOWN SANFORD, INC., THE CITY OF SANFORD, ITS OFFICERS, EMPLOYEES, AND AGENTS FROM ALL LIABILITY ARISING OUT OF PARTICIPATION IN THIS ACTIVITY.

- I. ASSUMPTION OF RISK: As representative of the organization indicated above, we expressly assume the risk of all liability for accidents, injury, loss and/or damage to persons or property that may arise from the use of the above named facility. We agree that the City of Sanford does not guarantee the construction, condition, or safety of the facilities or equipment, nor the supervision of the activity by its officers, employees, and agents. 16
- II. RELEASE OF LIABILITY: In consideration for the opportunity to make use of this facility and the service provided by the City of Sanford, we (on behalf of ourselves, our heirs, assigns and legal representatives) release the City of Sanford, the Sanford Redevelopment Agency, their officers, employees, and agents from any liability whatsoever arising out of our participation in or presence at the above described activity. We expressly absolve the City of Sanford, the Sanford Redevelopment Agency, their officers, employees and agents of liability for any negligence on their part, unless they are the sole negligent parties.

Casey Potter 1/23/2020 _____ _____
 Signature of Applicant Date Approval Signature Date

MANDATORY ATTACHMENTS REQUIRED for all special events. Prepare as described. Applications without necessary attachments will not be accepted.

- SITE DIAGRAM or ROUTE MAP
- BRIEF EVENT DESCRIPTION
- DETAILED EVENT DESCRIPTION
- EVENT BUDGET
- * COMPREHENSIVE MARKETING PLAN

DECLARATION AS AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION CONDUCTING THIS EVENT, I HEREBY DECLARE THAT:

- I. I have received the Special Event Application & Information Packet;
- II. I have included all the mandatory attachments with this application;
- III. The information contained in this application and attachment(s) is true and correct to the best of my knowledge.

Signature Casey Potter Date 1/23/2020
 Print Name CASEY POTTER

North Carolina Department of Transportation
Special Event Request Form
Revised 6/5/13

This request form is required for all special events being held within the right-of-way of State Highway System roads. Special events include one-time, annual, or periodic bicycle races, marathons or other foot races, festivals, charity walks, parades, or other events outside of the normal usage of the State Highway System. **This request must be submitted to the appropriate Division Traffic Engineer(s) where the event will be held at least ninety (90) days prior to the scheduled beginning of the event.** See a listing of the Highway Divisions and their contact information at the following URL:

<https://apps.dot.state.nc.us/dot/directory/authenticated/UnitPage.aspx?id=630>

Section A: Event Information

Name of Event: MARCH FOR CHRIST

Type of Event: CHURCH GROUP MARCHING TO BRING AWARENESS TO CHRIST

County/Countries: LEE

City/Cities: SANFORD

Event Date(s): APRIL 10, 2020

Event Time(s): 11 AM TIL 2 PM

Primary Sponsoring Organization: CHRISTIAN FAITH MINISTRIES

Anticipated number of participants (estimate): 100

Approximate distance in miles: _____

Requested Action(s):
(Check all that apply) Temporary Road Closure Temporary Interference with Traffic
 Temporary Lane Closure Participants Share the Road with Traffic

Section B: Contact Information

Director/Organizer Name: CASEY POTTER Email: CASEY.POTTER123@GMAIL.COM

Mailing Address: 5705 N.C. 42 HWY,
NEW HILL N.C. 27562

Telephone 1: 919-410-2188 Telephone 2: _____ Fax: _____

Responsible Local Government: _____

Local Government Contact: _____ Telephone: _____

Responsible Law Enforcement Agency: _____

Law Enforcement Contact: MAJOR JAMIE THOMAS Telephone: _____

Section C: Support Material

The following support documentation must be attached to this request before it will be considered...

1. Detailed location(s) of event including maps indicating route(s) used by the event.
2. Detailed description of the event and how it will affect the route(s) used by the event.
3. Written support for the event from all local governments whose jurisdiction the event is being held in.
4. Written acknowledgement and approval by local law enforcement and/or the State Highway Patrol.
5. Type, description, and location of any proposed temporary lane closures/interference, road closures/interference, traffic control and signing with appropriate maps, sketches, detour routes, and written acknowledgement from the agency providing the temporary closures/interference, traffic control, and/or signing accepting responsibility for such.
6. Description of notification to residents along the route as a safety and informational service.
7. ~~Signed statement of liability waiver (last page).~~
8. **Proof of liability insurance in a minimum amount of \$1,000,000 per injury, with the State of North Carolina and the North Carolina Department of Transportation named as additional insured parties. Additional liability insurance may be requested at the discretion of the Department.**

Section D: Terms and Conditions

The following applies to all approved events...

1. Requestor shall be responsible to properly close the lanes/roads according to the [Manual on Uniform Traffic Control Devices \(MUTCD\)](#).
2. Requestor shall be responsible to provide all necessary traffic control using the appropriate law enforcement agency/agencies or individuals trained in traffic control as set forth in [General Statute §20-114.1](#).
3. Requestor shall be responsible to notify all emergency services and other responders of any impending closures and/or interference.
4. Event shall be supported by, or endorsed by, the local governing body/bodies.
5. If a bicycle race, requestor shall be responsible to follow rules and statutes specific to bicycle racing as provided for in [General Statute §20-171.2](#).

Section E: Signatures

Requestor Signature: Casey Potter Date: 1-23-2020

Approval Signature: _____ Date: _____

Division Traffic Engineer

- CC: Division Engineers
 District Engineers
 Resident Engineers
 Bridge Maintenance Engineers
 Roadside Environmental Engineers
 Bituminous Supervisors
 State Highway Patrol



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/07/2020

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 K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: Mass Merchandising Underwriting PHONE (A/C, No, Ext): 800-426-2889 FAX (A/C, No): 260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:														
INSURED Christian Faith Ministries Inc 3110 Cameron Dr Sanford, NC 27332 A Member of the Sports, Leisure & Entertainment RPG	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nationwide Mutual Insurance Company</td> <td>23787</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nationwide Mutual Insurance Company	23787	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** W01677290 **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.

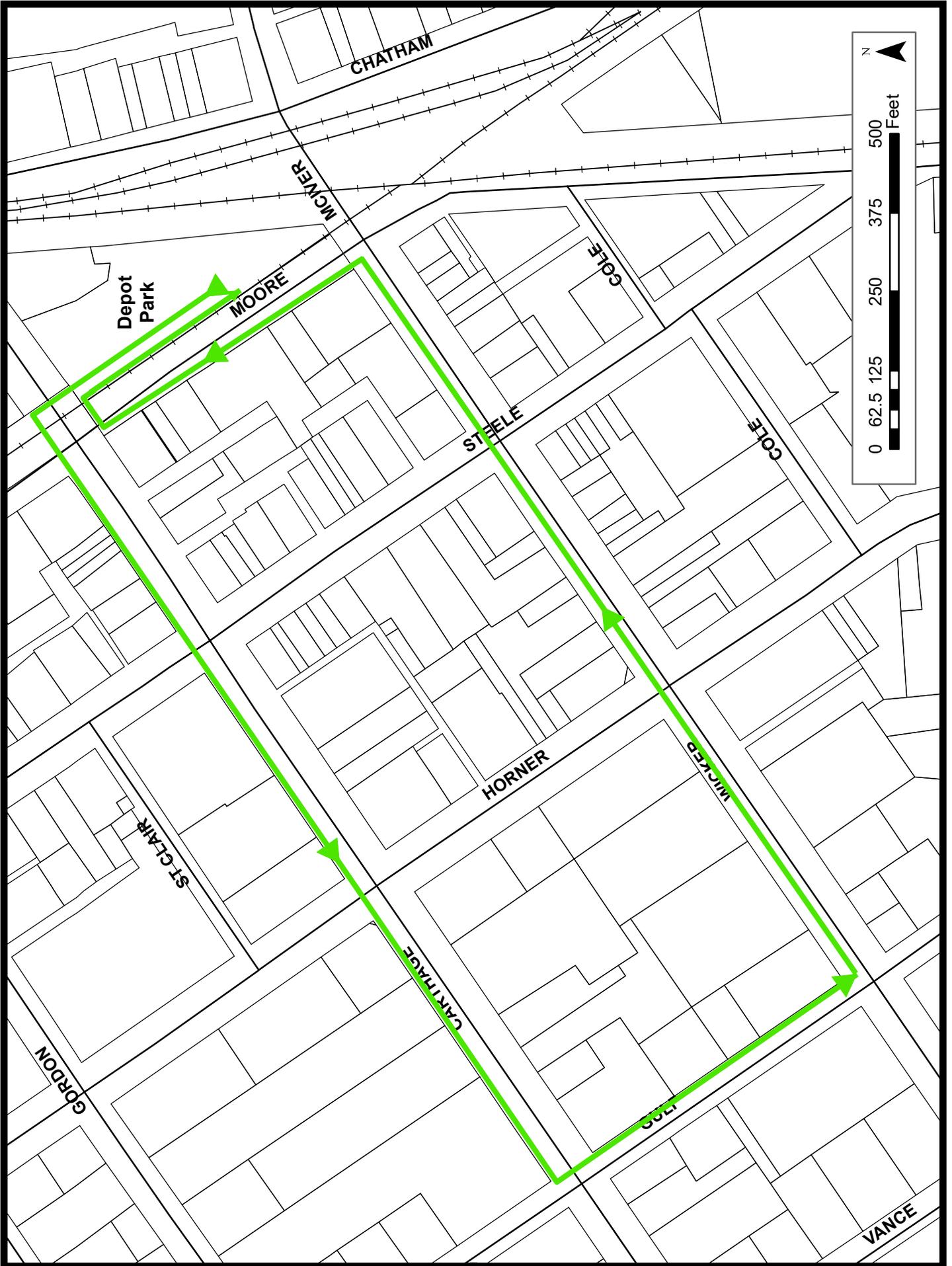
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td></tr> </table>	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		E.L. DISEASE - EA EMPLOYEE		E.L. DISEASE - POLICY LIMIT									
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A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007258700	04/10/2020 12:01 AM EDT	04/11/2020 12:01 AM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PRIMARY MEDICAL</td><td></td></tr> <tr><td>EXCESS MEDICAL</td><td style="text-align: right;">\$25,000</td></tr> </table>	PRIMARY MEDICAL		EXCESS MEDICAL	\$25,000												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Legal Liability to Participants (LLP) limit is a per occurrence limit.
 Event Name: Christian Faith Ministries Inc C/O Casey Porter Type of Event: Walk Distance:1 mile
 Event Date (including ancillary events and set-up/tear-down): 4/10/2020 to 4/10/2020 Number of Participants: 100 Event Location: Depo Park , 106 Charlotte Ave, Sanford

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER City of Sanford 225 E Weatherspoon St Sanford, NC 27330 (Owner/Lessor of Premises)	CANCELLATION 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
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Coverage is only extended to U.S. events and activities.
 ** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



**ORDINANCE DELEGATING AUTHORITY TO THE CITY MANAGER
TO DETERMINE WHETHER AND WHEN TO TERMINATE
WATER SERVICES AND WAIVE LATE FEES**

WHEREAS, the World Health Organization (WHO) has declared Coronavirus Disease 2019 (COVID-19) a global pandemic; and

WHEREAS, the Center for Disease Control and Prevention (CDC) has determined that washing your hands is the best preventative strategy to combat the spread of Coronavirus (COVID-19); and

WHEREAS, City Ordinance 38-101 provides for the termination of Water and Sewer services for non-payment of utility bills and assessment of a penalty for late payment; and

WHEREAS, in the interest of public health, and in order to ensure continued provision of water for hand washing and sanitizing, the Sanford City Council desires to delegate to the City Manager the authority to determine whether to continue water service, when to terminate service and when to waive late fees.

NOW, THEREFORE, BE IT ORDAINED by the Sanford City Council that following the declaration of a State of Emergency by state or local officials, the Sanford City Manager is hereby delegated the authority to determine whether and when to terminate water services under City Code 38-101, and the authority to waive penalties for late payment of water and sewer accounts.

This Ordinance shall become effective upon adoption.

Adopted this 17th day of March 2020.

CITY OF SANFORD

BY: _____
T. Chet Mann, Mayor

ATTEST:

Vicki R. Canady, Deputy City Clerk

Amendment to COS-PP-202, Sick Leave

Effective immediately, to help mitigate the financial impact of Coronavirus (COVID-19)-related absences, the City amends its current sick leave policy to allow for additional sick leave for the following reasons:

- self-isolation due to being diagnosed;
- to obtain a medical diagnosis;
- preventive care for Coronavirus;
- to comply with a recommended order from public official or health care provider that presence at work would jeopardize health of others due to exposure or symptoms of COVID-19;
- to care for or assist family member who is self-quarantining or symptomatic or has been ordered to be quarantined;
- to care for child due to closure of school or childcare provider.

The duration of benefits for full-time employees is up to 240 hours. Paid leave under this provision would not carryover.

The provisions to this amendment in policy will expire December 31, 2020, unless otherwise canceled or extended by Sanford Council.

Closed Session