

## WALK FOR AUTISM AGREEMENT

**THIS AGREEMENT**, made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2026, between the City of Oneida, a municipal corporation organized and existing under and by virtue of the laws of the State of New York and having its principal office at City Hall, 109 North Main Street, Oneida, New York 13421, and Jennifer Bailey, on behalf of NY Families FIRST, a not-for-profit organization established to promote, provide, and advocate for awareness events, programs, and training for inclusive opportunities for families.

**WHEREAS**, Jennifer Bailey contacted the City of Oneida on behalf of NY Families FIRST and expressed interest in hosting and organizing a Walk for Autism (the "Walk") as a special event to raise awareness and support for individuals and families affected by autism within the community; and

**WHEREAS**, the City of Oneida Common Council has found that the use of streets and other public places in the City from time to time for purposes of walk-a-thons, festivals, neighborhood celebrations, and other public events serves to improve the quality of life of the residents of the City; and

**WHEREAS**, as part of its ongoing effort to promote community events and raise awareness of needs within the community, the City of Oneida Common Council is desirous of having a Walk for Autism; and

**WHEREAS**, because it is anticipated that NY Families FIRST will incur expenses in connection with conducting the Walk, the City of Oneida desires to co-sponsor such Walk; and

**WHEREAS**, the Walk is scheduled for April 25, 2026, from 10:00 a.m. until 2:00 p.m.

**NOW, THEREFORE, IT IS HEREBY AGREED** that the City shall co-sponsor the 2026 Walk for Autism with NY Families FIRST whereby NY Families FIRST shall host and organize the Walk and the City of Oneida shall provide support services and liability coverage for the Walk.

**IN WITNESS WHEREOF**, the parties hereto have hereunto set their hands and seals the day, and year first written above.

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**CITY OF ONEIDA**

By: \_\_\_\_\_  
Kyle Lovell  
City Manager

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**NY FAMILIES FIRST**

By: \_\_\_\_\_  
Jennifer Bailey

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**ACKNOWLEDGMENTS**

**STATE OF NEW YORK )**

**: ss.:**

**COUNTY OF MADISON )**

On the \_\_\_\_ day of \_\_\_\_\_, in the year 2026, before me, the undersigned, personally appeared **Jennifer Bailey**, on behalf of NY Families FIRST, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and she acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the same.

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Notary Public

\_\_\_\_\_ Dated: \_\_\_\_\_

**STATE OF NEW YORK )**

**: ss.:**

**COUNTY OF MADISON )**

On the \_\_\_\_ day of \_\_\_\_\_, in the year 2026, before me, the undersigned, personally appeared **Kyle Lovell**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual who signed the within instrument, who being by me duly sworn did depose and say that he is the **City Manager of the City of Oneida**, the municipal corporation described in and which executed the foregoing instrument; that he knows the seal of said municipal corporation; that the seal affixed to said instrument is such corporate seal; and that it was affixed by order of the **Common Council of the City of Oneida**, and that he signed his name thereto by like order.

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Notary Public

\_\_\_\_\_ Dated: \_\_\_\_\_



CITY OF ONEIDA  
 City Clerk  
 109 N. Main Street  
 Oneida, NY 13421  
 315-363-7378/315-363-9558 (Fax)

**RECEIVED**  
 MAR 11 2026  
 BY: \_\_\_\_\_

**APPLICATION FOR SPECIAL EVENT**

**FEE:** \$25.00

OFFICE USE ONLY:

Date \_\_\_\_\_

Processed/Mailed: \_\_\_\_\_

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

- \_\_\_\_\_ Insurance Binder (Full Policy)
- Traffic Control (Police Dept. Assistance)
- \_\_\_\_\_ Fire Barriers / Blockades
- \_\_\_\_\_ Notification to Residents
- \_\_\_\_\_ Proof of Volunteers
- \_\_\_\_\_ Bleachers/Tables/Garbage Cans/Etc.

**NOTE:** This application must be submitted at least forty- five (45) days prior to the event to the address above.

NAME OF EVENT: Oneida area Walk For Autism DATE OF EVENT: 4/25/2026

SPONSORING ORGANIZATION: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PRIMARY CONTACT: Benjamin S. Basley EMAIL: \_\_\_\_\_

LOCATION OF EVENT: Oneida Public library ESTIMATED ATTENDANCE: \_\_\_\_\_

EVENT TIME: From 10 Am AM/PM To 2 pm AM/PM

SET UP DATE: 4/25/26 From 9 AM/PM To 10 AM/PM

STREET CLOSURES: Start Date/Time: \_\_\_\_\_ Through: \_\_\_\_\_

Please check appropriate boxes:

- Annual Event
- Vendors All vendors will need to obtain a Vendor permit and provide a list with this application
- Entertainment Please provide a listing of all performers, type of entertainment and schedule
- Restrooms

OTHER REQUESTS: Last year the City Covered this event under its Insurance. Hoping we can do that again

**MAP:** If your event will use City streets or sidewalks (for a walk/run/parade) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and route plans. You must include any streets or parking lots that you are requesting to be blocked off and location of vendors, if any. A final map, if different, must be provided seven (7) days prior to the event. You must allow for emergency access.

**INSURANCE:** All events must obtain a liability insurance policy in the amount of \$1,000,000.00 with the City of Oneida named as an additional insured. The insurance policy must be submitted to the City Clerk no later than thirty (30) days prior to the event and shall be subject to the approval of the City Attorney. This must be the full policy.

### CERTIFICATION AND SIGNATURE

I understand and agree on behalf of the sponsoring organization that I have read and understand the attached Local Law No. 1 of 2012 in the City of Oneida.

I further understand that a liability insurance policy, with the City of Oneida named as an additional insured in the amount of \$1,000,000.00 will be presented to the City Clerk no later than thirty (30) days prior to the event and is subject to the review and approval of the City Attorney.

I further understand that the approval of this Special Event may include additional requirements or limitations based on the City's review of this application. Applicants who fail to follow the terms and conditions of the Special Events Policy may be subject to a fine.

As the duly authorized agent of the sponsoring organization, I am applying for approval of this Special Event, affirm the above understandings and agree that my sponsoring organization will comply with the terms of the confirmation of approval and all other City requirements, Ordinances, or other laws which may apply to this event.

3/11/26  
DATE

Benjamin S. Baug  
SIGNATURE

\_\_\_\_\_  
ORGANIZATION

Attachments: Local Law No. 1 of 2012-Special Events Policy  
Recreation Department Fee Schedule

**CITY CLERK'S USE ONLY:**

Insurance Policy Received: \_\_\_\_\_ Sent to City Attorney: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Common Council Approval: \_\_\_\_\_ Resolution No.: \_\_\_\_\_ Notification to Applicant: \_\_\_\_\_

City Clerk/Deputy City Clerk Signature: \_\_\_\_\_

Sandra LaPera-City Clerk

Monique Ludwig-Deputy City Clerk



Measure distance

Click on the map to add to your path

Total area: 1,356,644.64 ft<sup>2</sup> (126,036.41 m<sup>2</sup>)

Total distance: 1.48 mi (2.38 km)