

File No. 100890

Committee Item No.
Board Item No. 77

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee:

Date

Board of Supervisors Meeting

Date 7/13/10

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Victor Young
Completed by: Victor Young

Date July 7, 2010
Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

01518

1 [San Francisco County Exhibit in the 2010 State Fair]

2
3 **Motion appointing the City Administrator as the official representative of the City and**
4 **County of San Francisco for the purpose of entering a county exhibit in the 2010**
5 **California State Fair and authorizing a county exhibit on San Francisco's behalf.**

6
7 WHEREAS, The City and County of San Francisco, as home to the first California
8 State Fair in 1854, has a long history with the California State Fair; and,

9 WHEREAS, Each year, the California State Fair includes a Counties Exhibit
10 Competition, which is open to entries from any of California's 58 counties that show off their
11 county's attractions, with the best display being awarded the People's Choice Award; and,

12 WHEREAS, A County Exhibit in the State Fair may encourage additional tourism and
13 visitors; and,

14 WHEREAS, The City and County of San Francisco has not entered a display in the
15 Counties Exhibit for several years; and,

16 WHEREAS, The Office of Assemblywoman Fiona Ma, the Convention and Visitors
17 Bureau, the San Francisco Chamber of Commerce, and several interested individuals have
18 proposed creating a San Francisco exhibit for entry in the Counties Exhibit at the State Fair
19 this year; and,

20 WHEREAS, The Municipal Transportation Authority has agreed to make a cable car
21 available for inclusion in the San Francisco display; and,

22 WHEREAS, There will be no cost to the City and County for this display; and,

23 WHEREAS, In order to enter the exhibit, the Board of Supervisors must appoint an
24 official representative of the County, authorize entry in the Counties Exhibit Competition, and
25 direct the Clerk of the Board to sign the official entry form, which is on file with the Clerk of the

1 Board of Supervisors in File No. ¹⁰⁰⁸⁹⁰, and which is hereby declared to be a part of this motion
2 as if set forth fully herein; and,

3 WHEREAS, The City Administrator is prepared to serve as the official representative of
4 the City and County of San Francisco in connection with the 2010 California State Fair; now,
5 therefore, be it

6 MOVED, That the City Administrator is appointed as the official representative of the
7 City and County of San Francisco in connection with the 2010 California State Fair and is
8 authorized to enter a display in the State Fair's Counties Exhibit Competition on behalf of the
9 City and County of San Francisco and to take all steps necessary to effectuate the purpose of
10 this motion, provided that there is no direct, additional cost to the City; and, be it

11 FURTHER MOVED, That the Clerk of the Board is hereby authorized and directed to
12 sign the Counties Exhibit Entry Form; and, be it

13 FURTHER MOVED, That should the City and County of San Francisco win a monetary
14 award for its entry in the 2010 State Fair, that such money be used by the City Administrator
15 for an entry in the 2011 State Fair, subject to future appropriation by the Board.

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California State Fair

2010 Counties Exhibits Entry Form

Mailing Address: Counties Exhibits
California State Fair, PO Box 15649
Sacramento, CA 95852-1538

Shipping Address: Counties Exhibits
1600 Exposition Blvd., Sacramento, CA 95815
(916) 263-3033 gkinder@calexpo.com

Entry Form Instructions:

1. Refer to Counties Exhibits Competition Handbook for complete rules, conditions and entry deadlines at www.bigfun.org.
2. Print or type all information where applicable.
3. No copies or faxes will be accepted.
4. Provide Social Security Number or Tax ID Number. Entries will not be accepted without this information.
5. Exhibit Representative Information, Board of Supervisor Approval, Space Selection Request and Media Distribution, must be complete and postmarked no later than 4:30 p.m., March 26, 2010. Entries will not be accepted without this information.
6. Mail completed entry form to the address above.

COUNTIES EXHIBITS AUTHORIZATION AND APPOINTMENT

Please Print

The Board of Supervisors of the County of _____

EXHIBIT REPRESENTATIVE INFORMATION:

- Has appointed _____ as official representative(s) of the County to be responsible for the County's exhibit and to make decisions, requests, and any protests on behalf of the County.

Title _____

Email _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip _____

Shipping Address _____ Fax () _____

City _____ State _____ Zip _____

BOARD OF SUPERVISOR APPROVAL:

- This entry must be signed by the Chairman of the Board, the Clerk of the Board or the Executive Officer of the Board.

Signature _____ Printed Name _____

Title _____ Date _____

Upon signature and submission of entry form, the county agrees with, understands and accepts all rules, regulations and conditions of the Counties Exhibits Competition Handbook. County agrees to take responsibility for providing general liability insurance as outlined on the reverse side of this form.

EXHIBIT BUILDER INFORMATION:

- Builder _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Email _____

When is your exhibit start date (after 6/25/10) _____

PREMIUM INFORMATION:

- Has authorized any award money for, or on account of, an exhibit representing said county, to be paid by the California Exposition and State Fair in Sacramento, California, to the following person(s) or organization (for the year 2010 only):
- All Premium Awardees MUST provide their Social Security Numbers or Tax ID Number.

Organization Name _____ Phone () _____

Contact Name: _____

Address _____

City _____ State _____ Zip _____

SSN# _____ OR

Tax ID# _____

County Name: _____

SPACE SELECTION REQUEST:

- Please indicate in the box your 1st, 2nd, 3rd and 4th choices for space design. Counties sending in the Official Entry form before or by the deadline will have consideration for their 1st choice over those counties who do not meet the deadline.

| | | | |
|---|--|--|--|
| <input type="checkbox"/> 20' x 20' Island | <input type="checkbox"/> 16' x 16' Corner | <input type="checkbox"/> 10' x 20' Corner | <input type="checkbox"/> 10' x 10' Corner |
| <input type="checkbox"/> 16' x 16' Island | <input type="checkbox"/> 16' x 16' Back Wall | <input type="checkbox"/> 10' x 20' Back Wall | <input type="checkbox"/> 10' x 10' Back Wall |

The following sizes are tentative and based on availability.

| | |
|---|---|
| <input type="checkbox"/> 24' x 24' Corner | <input type="checkbox"/> 24' x 24' Island |
|---|---|

MEDIA DISTRIBUTION:

- The California State Fair will provide exhibit photographs and a news release to newspaper listed below.

Local Newspaper: (Newspaper that should receive Press Release)

Newspaper Name _____ Phone () _____

Contact Person _____ Fax () _____

Position Title _____

Email _____

Address _____

City _____ State _____ Zip _____

Newspaper Name _____ Phone () _____

Contact Person _____ Fax () _____

Position Title _____

Email _____

Address _____

City _____ State _____ Zip _____

GENERAL LIABILITY INSURANCE: At all times while the County or its agents have access to the Cal Expo grounds, (June 25, 2010 through August 7, 2010). County shall provide proof of commercial general liability insurance coverage with minimum limits of at least \$1,000,000 per occurrence combined single limit for bodily injury and property damage and cover damages for bodily injury, property damage, personal injury liability, and products and completed operations liability. The general liability insurance coverage shall include the following provision: State of California, California Exposition & State Fair, its agents, officers, directors, employees, and servants are made additional insured but only insofar as the operations under this agreement are concerned.

If County is self-insured, County must continue to be self-insured or must acquire appropriate insurance coverage.

County must submit an insurance certificate or, if self-insured, a letter confirming self-insurance to Cal Expo prior to having access to the Cal Expo grounds.

WORKERS' COMPENSATION INSURANCE: All employees or agents of County shall be covered by workers' compensation insurance as required by law.

Insurance certificates or letters are to be submitted to: Counties Exhibits, Cal Expo, P.O. Box 15649, Sacramento, CA. 95852, Fax: 916-263-7903.

| | | |
|-------------------------|-------------------------|-----------------------|
| Office Use Only: | | |
| Postmark Date: _____ | Initials: _____ | Exhibit Space # _____ |
| Medal Received: _____ | Premiums Received _____ | |