

Date Request Submitted: Monday 9/13/2021

Overview of proposed event: Monthly Seminars

Date and Time of Event: will change monthly as needed to avoid conflict with other events

Requestor(s): Eduardo Builes

Community Sponsor: _____

Solicitation event (Yes/No): Yes

Objective: to educate residents

Alignment with our Charter: _____

Strategic value to the community: free information provided

References: _____

Financial Impact to CDD Budget:

a. Staffing Requirements: ⓐ Scheduling

b. Materials: none

c. Facility Requirements: 1-2 hrs at Beach club once a month

d. Others: _____

Risks:

A. Homeowner/community safety: _____

b. Equipment: none _____

c. Security none _____

Insurance Coverage:

a. CDD _____

b. Vendor _____

Risks Control Measures

a. Food & Beverage none _____

b. Traffic none _____

c. Security none _____

Insurance Coverage

a. CDD _____

b. Vendor _____

Risk Control Measures

a. Food & Beverage _____

b. Traffic _____

c. Waste Management _____

d. Site Safety _____

e. Environmental _____

f. Added Serucity _____

g. Impact to homeowner _____