

Canal Winchester

*Town Hall
10 North High Street
Canal Winchester, OH 43110*



Meeting Agenda

March 5, 2018

6:00 PM

Council Work Session

Mike Walker – Chair

Jill Amos

Will Bennett

Bob Clark

Mike Coolman

Bruce Jarvis

Patrick Lynch

- A. Call To Order
- B. Roll Call
- C. Also In Attendance

Mayor Ebert, Matt Peoples, Lucas Haire, Amanda Jackson

D. Request for Council Action

[ORD-18-009](#)

An Ordinance to Update the Swimming Pool Rates

Public Service

- Request to move to full Council

Ordinance Attachments: [Redlined Pool Rate Ordinance](#)

E. Reports

Matt Peoples –

Lucas Haire –

Amanda Jackson –

F. Items for Discussion

18-014 Housing Council Appointments

[18-020](#) Bed Tax Grant Application Review

G. Old/New Business

H. Adjournment

ORDINANCE NO. 18-009

AN ORDINANCE TO UPDATE THE SWIMMING POOL RATES

WHEREAS, based on the recommendations of the Director of Public Service and Finance Director, the Council of the City of Canal Winchester hereby finds and determines that it is in the best interest of the City of Canal Winchester to update the Municipal Swimming Pool rates.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CANAL WINCHESTER, STATE OF OHIO:

Section 1. That there hereby be established a rate schedule as follows:

MEMBERSHIP RATES

Memberships are available to both residents and non-residents.

	<u>Prior to July 5</u>	<u>After July 5 & Active-Duty Military</u>
SUNBATHER’S PASS (Full Year)		
Individual:		
Resident	\$99	\$79
Non-resident	\$119	\$89
Family:		
Resident	\$199	\$149
Non-resident	\$239	\$179
60 and over:		
Resident	Free	
Non-resident	\$25	
TWILIGHT PASS (Every Day After 5pm)		
Individual	\$79	
Family	\$159	
WEEKENDERS PASS (Fri After 5pm + Sat & Sun)		
Individual	\$49	
Family	\$99	
Canal Winchester Joint Recreation District Swim Team		
Family	\$129	

- Family membership prices are based on up to two adults and their dependent children under the age of 18, plus one caregiver (must be at least 16 years old).
- Active-duty military personnel and their families must show valid ID.
- Members are required to show their membership card each time they enter the pool. There is a \$1.00 charge for a member who does not have their card to enter the pool. Replacement membership cards are \$10.
- Children ages 10 & under must be accompanied by an adult (16 or over) who intends to directly supervise them during the entire visit. Children ages 5 & under must have an adult (18 or over) within arms-reach at all times.

DAILY ADMISSION RATES

- Normal rate: \$5 per person
- After 5 p.m.: \$2 per person
- Vacationers Pass (10-day pass good any day): \$45 per person
- Children 2 and under are free with a paying adult
- Active-duty military personnel and their families with valid ID: \$4 per person
- Non-swimmer rate: \$1 per person (59 and under)
- Resident 60 and over: Free

- Non-resident 60 and over: \$3 per person
- Reduced daycare admission rate: \$3 per person
 - The daycare must be within the city corporation limits, be county/state certified, serve a minimum of 10 children, and follow applicable terms and conditions to qualify for the reduced rate.

POOL PARTY RATES

- Resident rate: \$250 (under 100 people)
- Non-resident rate: \$300 (under 100 people)
- Additional rate for parties of 100+ people: \$50

Section 2. That this ordinance shall take effect and be in force from and after the earliest period allowed by law.

DATE PASSED _____

PRESIDENT OF COUNCIL

ATTEST _____
CLERK OF COUNCIL

MAYOR

DATE APPROVED _____

APPROVED AS TO FORM:

LEGAL COUNSEL

I hereby certify that the ordinance as set forth above was published for a period of not less than fifteen days after passage by the Council, by posting a copy thereof in not less than three (3) public places in the municipal corporation, as determined by Council and as set forth in the Canal Winchester Charter.

Finance Director/Clerk of Council

ORDINANCE NO. 17-

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- [Resident 60 and over: Free](#)
- [Non-resident 60 and over: \\$3 per person](#)
- Reduced daycare admission rate: [\\$3 per person](#)
 - The daycare must be within the city corporation limits, be county/state certified, ~~and~~ serve a minimum of 10 children, ~~and follow applicable terms and conditions~~ to qualify for the reduced rate. ~~Children must be at least five years old to attend and there must be at least one daycare instructor for every four children. Daycares may be required to enter into an agreement with the city to receive discount.~~

POOL PARTY RATES

- ~~Resident Pool party rate: \$200-250 (under 100 people) for two hours (typically 8 p.m. – 10 p.m. on designated days)~~
- [Non-resident rate: \\$300 \(under 100 people\)](#)
- [Additional rate for parties 100+ people: \\$50](#)

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ATTEST _____
CLERK OF COUNCIL

MAYOR

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Clerk of Council



**City of Canal Winchester
Bed Tax Grant Application Guidelines**

Introduction

In 1997 the City of Canal Winchester implemented a Transient Occupancy Tax (Bed Tax) to be imposed when lodging is furnished to transient guests by a hotel, motel, or similar businesses. This 6% tax is collected by the City of Canal Winchester for two specific uses. One half of the collections (3%) is contributed to Destination: Canal Winchester, the City's Visitors and Convention Bureau, to be used to promote Canal Winchester. The second half of collections has been dedicated by City Council to be used for grants to community organizations to further enhance the City of Canal Winchester and its residents.

Eligible Organizations

Non-profit and private organizations are eligible to apply for funding. Public agencies are not eligible.

Eligible Projects

Projects that are eligible for funding must enhance the City of Canal Winchester for its residents and visitors. Projects that promote Canal Winchester to visitors are highly encouraged.

Applications for funding that will be passed through to another organization or individual are not eligible.

Application Guidelines

- Applications must be made for one (1) project only. Applications listing multiple projects will not be considered for funding. Applicants can submit up to three (3) applications per year for three (3) unique projects.
- The total maximum funding awarded to one applicant across all applications will be \$2,000 per year.
- Funds will not be granted for projects that consist of basic operating and maintenance activities including, but not limited to:
 - o Salaries/benefits of organization personnel
 - o Payment of utilities including fuel
 - o Purchase of office supplies
 - o Payment of subscriptions or membership fees
 - o State or local taxes, fees, etc.
- Applications will be scored based on the following criteria:
 - o Completeness of Application
 - o Projected Impact of project on city residents and visitors
 - o Availability of other funding to help support project
 - o Ability of project to continue or expand in future years
- Funding must be used with the calendar year for which it was requested. Unused funding cannot be carried over to the next calendar year and must be returned to the City.

- Funded applications will be required to submit a final report within 45 days of completion of the funded project.

Grant Process

Bed Tax Grant funds are available once each year as allowed by the City's budget. Funding can vary from year to year based on the availability of funds. Applications will be available on October 1st of each year. Applications can be obtained by visiting the City's website, www.canalwinchesterohio.gov, or by email request to the Finance Director, Amanda Jackson, at ajackson@canalwinchesterohio.gov.

Completed applications must be submitted by November 30th to be considered for funding. Applications can be submitted via email to ajackson@canalwinchesterohio.gov or by mail to: The City of Canal Winchester, Attn: Finance Director, 36 South High Street, Canal Winchester, Ohio 43110.

Questions concerning the process can be directed to Amanda Jackson at ajackson@canalwinchesterohio.gov or 614-837-6937.

Completed applications will be reviewed by a subcommittee of the Finance Committee of City Council. Recommendations of projects to be funded and funding amounts will be made to the Finance Committee with full City Council giving final approval. Approval will occur in December and funding will be provided in January of the following year. Applicants approved for funding will be notified by letter. Unapproved projects will not be notified.

If an approved applicant has previously received funding from the Canal Winchester Bed Tax Grant program, the approval will be conditional upon the receipt of the Final Project Report from the previous grant year. For example, if Organization ABC received funding in calendar year 2014 and the Final Project Report was not due until February 15, 2015 based on the project's completion date, 2015 funding would not be released until receipt and approval of the 2014 Final Project Report.

Scoring Criteria Descriptions

Completion of Application – Application includes all required documentation. Applicants will not be notified if documentation is missing or does not meet requirements. If a requirement is not applicable to the applicant, a brief explanation (2 to 3 sentences) stating the reason it is not applicable should be submitted. Applicants may be contacted by the City to provide clarification as deemed necessary by the awarding committee.

Required documents:

- Application
- Brief, descriptive narrative (no more than 2 pages) of project which includes background on organization, project information, projected impact on Canal Winchester and its residents or visitors and timeline of project
- Budget for the project or calendar year in which project will occur. Must include all other funding sources secured or expected for the project. Budget should be specific and identify the projected costs to be covered by Bed Tax Grant funds.

Additional supporting documents can be submitted as deemed appropriate by the applicant but are not required.

Projected Impact of Project on City Residents and Visitors – Description of how the project will enhance the City of Canal Winchester. This can be expressed in a written description or numerically with dollars, percentages, etc.

Availability of Other Funding to Help Support Project – Demonstration that funding from the Bed Tax Grant is not the sole source of funding for the project. Applicant should include documentation of other grants organization has applied for, intends to apply for or has been awarded that would help fund the project.

Ability of Project to Continue or Expand – Demonstration that project can become a reoccurring event or expanded in the future and its impact on Canal Winchester. Please be specific as to how this would be achieved and supported.

Final Project Report

A Final Project Report must be submitted within 45 days of completion of the project. At a minimum, the report should include the following:

- Organization name and contact information
- Date(s) project occurred
- A summary or comparison of the proposed project to actual outcomes, including the impact on Canal Winchester and its residents and visitors
- Copies of invoices or receipts paid with grant funds
- Financial report showing all revenues and expenses of the project
- Any promotional or advertising materials related to the project, if applicable
- Other materials deemed relevant by the awardee

Failure to submit the Final Project Report within 45 days of the project's completion will result in the applicant being ineligible for future funding.

Final Project Reports should be submitted to: The City of Canal Winchester, Attn: Finance Director, 36 South High Street, Canal Winchester, Ohio 43110.

It is the responsibility of the organization to submit the report on time. No reminders that the Final Project Report is due will be sent.



**City of Canal Winchester
Bed Tax Grant Program Application**

Name of Organization: _____

Address: _____

Website: _____

Contact Name/Title: _____

Contact Phone Number: _____ Contact Email Address: _____

Type of Organization _____ Non-Profit _____ Private _____ Other (Please Describe)

Is your organization audited: _____ Yes _____ No If yes, list most recent year audited: _____

Project Name or brief description (one sentence or less) of project: _____

Project Date(s) or Timeline: _____

Amount of Funding Requested: _____

Total Project Budget (including all sources): _____

Please briefly describe other funding sources included in Total Project Budget: _____

Please briefly describe how requested funds will be used: _____

Project Summary: Please include the following information with this application. Refer to the Bed Tax Grant Program Guidelines for additional information on these requirements.

1. Brief, descriptive narrative (no more than 2 pages) of the project.
2. Budget for the project or calendar year in which project will occur.

Authorized Official's Signature

Date



City of Canal Winchester
Bed Tax Grant Program Application Score Sheet

Name of Organization: _____

Project: _____

Based on the criteria below, please evaluate the application on a scale of 1 to 5, with 5 being the highest score and 1 being the lowest.

Evaluation Criteria	Points
Completeness of Application	
Projected impact of project on city residents and visitors	
Availability of other funding to help support project	
Ability of project to continue or expand	
Total	

Comments: _____

Reviewer Name

Date