

UNITED COMMUNITY CENTER, INC.

VAUXHALL, NEW JERSEY 07088

October 14, 2016

Mr. G. Tatum, Superintendent
Union Township Public School
2369 Morris Avenue
Union, New Jersey 07088

Dear Mr. Tatum:

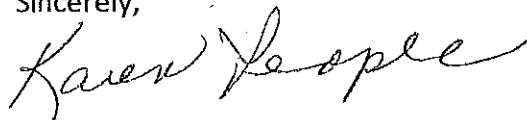
I am writing to request the use of Hannah Caldwell School's auditorium on Martin Luther King, Jr. Day for our annual celebration. The celebration will take place on Monday, January 16, 2017 from approximately 12:30 to 3:30 p.m. We, the United Community Center, Inc. will need access to the school's auditorium at 10:00 a.m.

Also, I am writing to obtain approval of the attached letter to be sent to each building principal asking their assistance in getting the names of potential honorees to us.

The staff of all the schools and the administrative offices are invited to share in the day with us and remarks from you or your designee would be welcomed. If you have any questions, please contact Karen People at 908-964-4135 or Vernell Wright at 908-687-9318.

Thanking you in advance for your assistance.

Sincerely,

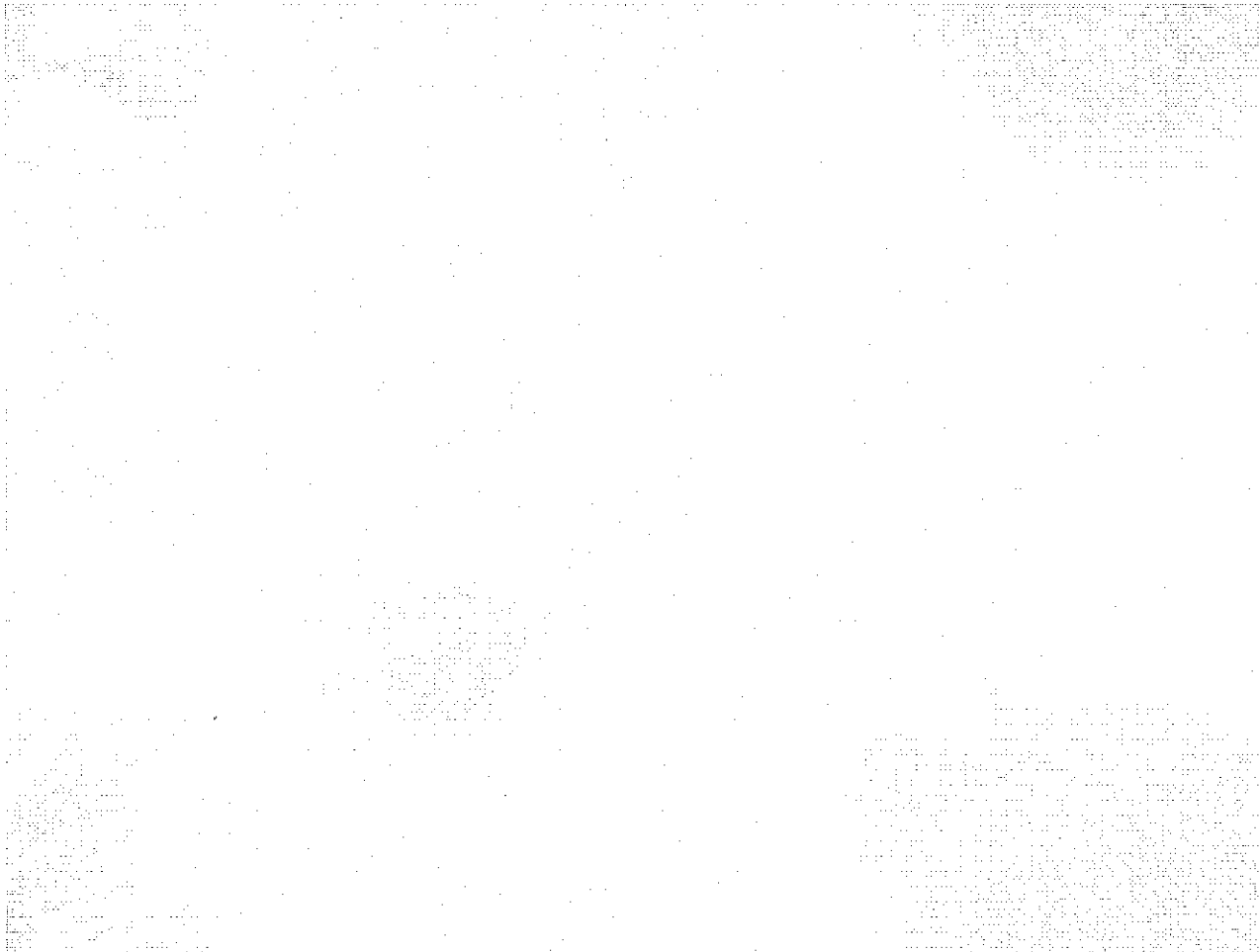


Karen People

Chairperson

Cappiello, Diane

From: Frain, Virginia
Sent: Wednesday, October 26, 2016 9:38 AM
To: Cappiello, Diane
Subject: FW: Request for Holy Spirit School (Union) to use Kawameeh Middle gym for the 2016-17 Basketball season (revised as of 10/25)



Revised letter attached, they are asking for all fees to be waived, even the \$20.00 utility surcharge fee per hour that we charge everyone.

Ginger Frain
Administrative Assistant
Operations & Maintenance
Township of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
908-851-6426
908-851-9688 Fax

From: Derrick J Watkins [mailto:derrick_j_watkins@hotmail.com]
Sent: Tuesday, October 25, 2016 10:30 PM
To: Frain, Virginia

Subject: RE: Request for Holy Spirit School (Union) to use Kawameeh Middle gym for the 2016-17 Basketball season (revised as of 10/25)

Virginia,

It was a pleasure speaking with you today. Thank you for all of your help, it is greatly appreciated. Below is the information I shared with Linda Ionta, please let me know if it is sufficient or if you have questions or need additional information.

My name is Derrick Watkins and I am writing on behalf of Holy Spirit School in Union, NJ. Holy Spirit School has been serving Union residents that desire a faith based education for over 40 years. I am writing to request that we have access to Kawameeh Middle School gym on Tuesday and Thursday evenings from 5:30 – 8:30PM, for our upcoming basketball season; from November through February. Our school provides a quality education and several services to our families, unfortunately we do not have a regulation basketball court for basketball teams to practice and compete on. Our scholar/athletes greatly appreciate your cooperation and consideration.

I have spoken to several people including Committeeman People and Board of Education Member Guy Francis and they mentioned you would be able to assist me in obtaining a gym for the upcoming season. Alternatively, if Kawameeh is not available on those days please consider us for Battle Hill School on Wednesday and Friday evenings. Since our school does not have funding for athletics, we are requesting that you waive the rental fee and \$20/hr utility surcharge.

Please let me know if you have questions or need any additional information.

Thank you in advance for your time and assistance.

Sincerely,

Derrick J Watkins

973.868.9475

Derrick_J_Watkins@hotmail.com

Sent from Mail for Windows 10

From: Derrick J Watkins

Sent: Saturday, October 22, 2016 7:48 PM

To: Frain, Virginia

Subject: RE: Request for Holy Spirit School (Union) to use Kawameeh Middle gym for the 2016-17 Basketball season

I didn't know if you need it, but we are looking to practice from 5:30 – 8:30 on Tuesday and Thursday.

Thanks again.

Derrick J Wakins

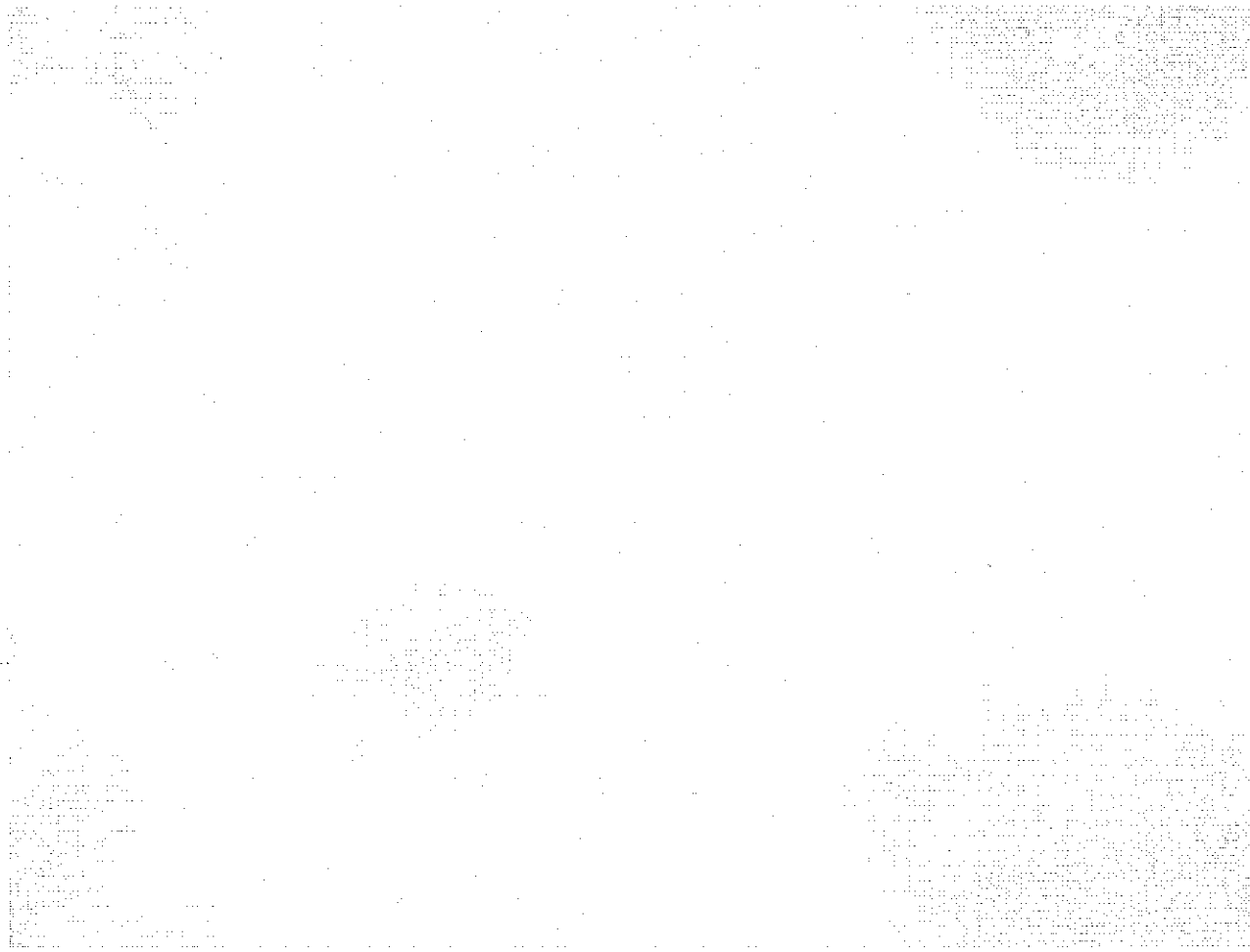
Sent from Mail for Windows 10

From: Frain, Virginia

Sent: Friday, October 21, 2016 9:37 AM

To: Derrick J Watkins

Subject: RE: Request for Holy Spirit School (Union) to use Kawameeh Middle gym for the 2016-17 Basketball season



Please have your insurance company add this to Description of Operations:

“The Township of Union Board of Education, including their officers, officials, agents, employees and consultants are named as additional insured as their interest may appear.”

Also, please add to your letter that you would like the rental fees waived, but that you will pay the \$20.00 per hour utility surcharge.

Thank you,

Ginger Frain
Administrative Assistant
Operations & Maintenance
Township of Union Board of Education
2369 Morris Avenue

Union, NJ 07083
908-851-6426
908-851-9688 Fax

From: Derrick J Watkins [mailto:derrick_j_watkins@hotmail.com]
Sent: Thursday, October 20, 2016 9:53 PM
To: Frain, Virginia
Subject: Request for Holy Spirit School (Union) to use Kawameeh Middle gym for the 2016-17 Basketball season

Virginia,

It was a pleasure speaking with you today. Thank you for all of your help, it is greatly appreciated. Below is the information I shared with Linda Ionta, please let me know if it is sufficient or if you have questions or need additional information.

My name is Derrick Watkins and I am writing on behalf of Holy Spirit School in Union, NJ. Holy Spirit School has been serving Union residents that desire a faith based education for over 40 years. I am writing to request that we have access to Kawameeh Middle School gym on Tuesday and Thursday evenings from 5:30 – 9:00 PM, for our upcoming basketball season; from November through February. Our school provides a quality education and several services to our families, unfortunately we do not have a regulation basketball court for basketball teams to practice and compete on. Our scholar/athletes greatly appreciate your cooperation and consideration.

I have spoken to several people including Committeeman People and Board of Education Member Guy Francis and they mentioned you would be able to assist me in obtaining a gym for the upcoming season. Alternatively, if Kawameeh is not available on those days please consider us for Battle Hill School on Wednesday and Friday evenings. Attached is the Certificate of Insurance you requested. Please let me know if you have questions or need any additional information.

Thank you in advance for your time and assistance.

Sincerely,

Derrick J Watkins
973.868.9475
[Derrick J Watkins@hotmail.com](mailto:Derrick_J_Watkins@hotmail.com)

Sent from [Mail](#) for Windows 10

From: Frain, Virginia
Sent: Thursday, October 20, 2016 1:45 PM
To: derrick_j_watkins@hotmail.com
Subject:

Derrick,

Please see attached sample Certificate of Liability Insurance that every vendor who uses our buildings must have.

Thank you,

Ginger Frain
Administrative Assistant
Operations & Maintenance
Township of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
908-851-6426
908-851-9688 Fax

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2016

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 Porter & Curtis 225 State Road Media, PA 19063-1537	CONTACT NAME: Kenneth Porter	
	PHONE (A/C No. Ext.): 610-894-9856	FAX (A/C No.):
E-MAIL ADDRESS: kporter@portercurtis.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: The National Catholic Risk Retention Group		10083
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Roman Catholic Archdiocese of Newark Holy Spirit Church 971 Suburban Road Union, NJ 07083
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COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES-PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RRG-10069-19	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ Not Covered PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ None Applicable PRODUCTS - COMP/OP AGG \$ None Applicable
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

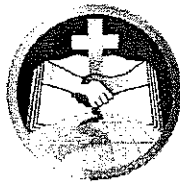
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The limits include applicable retentions and are limited to the amounts required by contract if less than the amounts stipulated above. The Township of Union Board of Education, including their officers, officials, agents, employees and consultants are included as Additional Insured as their interest may appear for the use of Battle Hill, Hannah Caldwell, Livingston, Washington and Kawameesh Middle School for Basketball from October 2016 - March 2017, for the negligent acts of Holy Spirit Church/School only.

CERTIFICATE HOLDER

CANCELLATION

Union Township Board of Education 2369 Morris Ave. Union, NJ 07083	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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CROSSROADS
Christian Fellowship

October 12, 2016

To the Union Board of Education Board,

Crossroads Christian Fellowship has been located on Morris Avenue in Union since the mid 1950's. I have pastored this church since 1985, and am a product of the Union School system, even teaching math at Union High School in the early 80's.

Crossroads has been renting the Battle Hill School Gym during the months of January, February and March since 1985. We have used the gym for a basketball program offered at our church.

I am writing to ask the board to consider waiving the rental fees for our upcoming volleyball/basketball program in 2017. We are scheduled to use the gym from 7:00pm-9:30pm every Thursday beginning Thursday, January 5, 2017 through Thursday April 6, 2017. We will provide our own insurance, as we have done in the past.

I appreciate your consideration for this request.

In His Service

Tom Sigley

Pastor Tom Sigley

Dr. Tom Sigley
Pastor/Teacher



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2016

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 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 HILDEBRAND AGENCY 1 Britton Place #4 Voorhees, NJ 08043	CONTACT NAME:	
	PHONE (A/C No. Ext): (856) 772-2612	FAX (A/C No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: GUIDEONE INSURANCE	15032
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
CROSSROADS CHRISTIAN FELLOWSHIP
2815 MORRIS AVENUE
UNION, NJ 07083

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADBL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP-1088-958	02/09/16	02/09/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$:
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$:
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$:
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
	UPDATED FOR RENEWAL COI						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CROSSROADS CHRISTIAN FELLOWSHIP PARTICIPATION IN USE OF BATTLE HILL ELEMENTARY SCHOOL GYM FACILITIES FOR ADULT BASKETBALL/VOLLEYBALL, (14) THURSDAYS, WEEKLY : JAN. 7,14,21,28, FEB. 4,11,18,25, MARCH 3,10,17,24,31, Apr.7, 2016. HOURS OF USE: 7:00PM - 9:00PM

DEAN HILDEBRAND

CERTIFICATE HOLDER TOWNSHIP OF UNION BOARD OF EDUCATION ADMINISTRATION OFFICES 2369 MORRIS AVENUE UNION NJ 07083 Attn: Donna Hubbard	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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