

Print

Tourism Traditional Application - Submission #147

Date Submitted: 3/31/2018

I have read the Grant Guidelines posted on March 1, 2018

yes/no*

I plan to apply for two projects

yes/no

If yes please rank this project for level of priority

priority

Project Title*

Grant Cycle*

Amount Requested*

Total Project Cost*

Entity Federal Tax ID Number

Do not enter if putting in SSN

Entity Name*

Grant Contact Name*

Email Address*

Address*

3868 Anderson Avenue

City*

Klamath Falls

State*

Oregon

Zip Code*

97603

Phone Number*

541-591-0606

Fax Number

Is there a separate person responsible for the grant application than the project? Please specify names of person(s) responsible for application and project.

Name(s)

reply email

reply email

Are you or is anyone in your organization an employee of Klamath County Government or a relative of an employee of Klamath County Government?

yes/no

no

If yes, please enter name

Name

Are you or is anyone in your organization affiliated with or a relative of the Klamath County Tourism Review Committee?

yes/no

no

If yes, please enter name

Name

Select which of Travel Oregon's Key Initiatives your project aligns with:

choose one*

Drive year-round desti

Project (250 words or less)*

Klamath Falls BMX was organized in 2000 with the goal of promoting the sport of bicycle motorcross in the Klamath Basin. We are one of ten USA BMX sanctioned tracks in Oregon. Every year each track has the opportunity to host a State Race. In the state of Oregon riders participating in the State Championship Series must compete in four State Championship Races (SCR) and the State Championship Finals (SCF). For the 2018 season Klamath Falls BMX will host our SCR on Saturday, June 9. In an effort to encourage riders and their families to travel and stay in the Klamath Basin we have scheduled to host our Olympic Day (FREE day of BMX racing) event on Friday, June 8. In addition, we have partnered with our neighboring tracks to develop the Southern Oregon Series. This series allows riders to complete the four SCR events needed for the state series requirements in one weekend. Making travel to Klamath Falls and our neighboring tracks very appealing. However, our track was developed using mostly donated and used items from community members 18 years ago. Therefore, our track features and facilities are in dire need of repair and replacement making our track undesirable to travelers. Over the past two years we have had over 300 riders and their families in Klamath for our SCR. With updated facilities we hope to entice more families to race here. With higher memberships, renewals, and ridership we have the potential to host the State Championship Finals.

Describe the project for which funding is requested (details should include the primary goals and objectives of your project). If your grant project is approved, this description will be used to highlight your grant, so be as specific as possible when describing the elements of your grant project

Need (250 words or less)*

As our board began evaluating and prioritizing the needed renovations and upgrades we chose the items that ensured the safety of our riders and volunteers as our main concern. Our starting gate was generously donated and built by a local fabrication company and our members using plans supplied by our sanctioning body in 2000. The older design's falling section slammed flat to the ground driven by a pneumatic cylinder. Plus, it had a pinch or crush point where the metal frame contacted the ground. In the winter of 2016 and the spring of 2017 we finished welding and assembling a new start gate. The start hill was excavated, the gate was installed, and concrete was poured around the new gate to incorporate the gate into the start hill and staging area. Our goal continues to focus on completing our gate project. The roller part of the gate needs to be strengthened with gusseting and reinforcement. The staging area needs gravel and concrete in order to be finished. In addition, we need a walk gate in the chain link fence for easier access to the track watering pump. The walk through gate will provide safer conditions to our volunteers since we are currently climbing over the fence to reach the irrigation water. We humbly request your help with these safety based improvements to our facility.

Describe the need for your project

Long-Term (250 words or less)***Future Projects:**

- Job shack – permanent registration and snack bar building
- KID Irrigation turnout
- Pump house and 5,000 gallon water tank
- Klamath Falls city water and sewer hookup
- Skid steer or backhoe
- New grandstands or bleachers
- Gravel for additional parking space
- New sound system
- Grass and landscaping

Last year Klamath Falls BMX hosted a Gold Cup Series qualifying race. This series consists of two qualifying events and a regional final. In July of 2017 we hosted our Gold Cup Qualifier with over 120 riders and their families from Oregon, California, Nevada, Washington, Idaho, and Utah. We would like to put in a bid to host another qualifier next summer. This is a prestigious event with a highly coveted prize that could potentially bring a substantial amount of riders from around the northwest to Klamath Falls for the event and thousands of dollars into our local economy.

With a local airport and the possibility of having commercial flights in the future, available parking area around the track, and with community support Klamath Falls BMX has the possibility of hosting a USA BMX national race. Redmond, Oregon currently hosts the Great Northwest National every year in April. The national race in Redmond is a three day event with over 2,500 riders and their families in attendance.

BMX is an Olympic sport. Klamath Falls BMX would be thrilled to invite an Olympian to our track. Gold medal recipient Connor Fields or silver medal winner Alise Post would be a huge draw to our area.

What is the long-term plan for your project

Measurability (250 words or less)*

USA BMX provides a software program to all sanctioned tracks for registration purposes. Riders must have a USA BMX membership to ride. This system gives us a clear picture of everyone that visits our track and where they are from.

I am currently working with Discover Klamath on a mailer to market our SCR event. I was able to contact USA BMX for a list of all registered riders from last year's SCR and Gold Cup Qualifier for the mailer. USA BMX was able to provide me an Excel spreadsheet in under 24 hours with that information.

There are typically two people that complete registration at our SCR. This year we plan on asking everyone when they register how many people are in their group so that we can document the number of spectators too.

How will you measure the success of your project, in the short-term and in the long-term? Be as specific as possible.

You are not required to answer project preference questions, however answers may help to enhance a grant application's competitiveness.

Community/Region (250 words or less)

Klamath Falls BMX's racing season typically runs between the last weekend in April until the first weekend in November each year. The USA BMX season runs year round with only a 2 week break at the end of December. Our goal is to promote the opportunity to try an Olympic sport throughout our existing season to locals and tourists. We strive to host a national event in the future using the indoor facilities at the Klamath County Fairgrounds during our off season. Therefore, trying to optimize local opportunities throughout the year.

Describe how this project complements and is consistent with your community and/or region's current local objectives

Support & Involvement (250 words or less)

We greatly appreciate the community's support:

- Last year the gate's frame was welded together courtesy of Sunny D Manufacturing and the aluminum safety drum was cut and welded together without charge
- Carriage Works volunteered to build the template and roll the aluminum for the roller frame last year
- Two air cylinders were donated and in use (Advanced Ag Service, LLC and R&L Hay & Grain)
- A backup watering pump was donated by Advanced Ag Service, LLC
- Rocky Mountain Construction donated a large portion of the gravel needed for the start hill
- We received a \$500 donation from Wholesome Family Medicine for our gate project
- Klamath Basin Equipment has donated helmets for our raffles
- Gonracin' BMX has donated various items for us to raffle off
- JJ Wells Construction, LLC donated a picnic table
- New Vision Concrete provided a discount on concrete
- Bullet Rentals & Sales, Inc. provided a discount on equipment rental

Describe how this project has the support and involvement of the community. (List any partners, sponsors, volunteers and their contributions and/or activities. Support letter from these partners will also enhance your application.)

Impact (250 words or less)

BMX is a sport in which everyone can succeed at their own level. No one sits on the bench since everyone gets to ride. Riders can advance skill levels based solely on their own performance and desire to improve. BMX is one of the few sports in which the older, more talented riders assist, train, and mentor the younger racers. There are no team politics or strategies, only the desire to pay it forward to the next group of upcoming riders and to enable them to ride more safely and increase the level of talent within the sport. Our goal of upgrading our facilities will give children and their families a safe, family friendly alternative to the traditional ball and stick sports.

BMX became an Olympic sport in 2008 and bicycle motorcross has grown in popularity ever since. Klamath Falls embraces the Blue Zones Project, promoting better well-being and healthier choices. Klamath Falls BMX hopes to impact people of all ages locally and outside the area with a healthy destination alternative.

In what ways does this project address a need in the tourism industry and show potential to generate significant regional and/or local impact?

Diversity/Inclusion (250 words or less)

At the track we are a family and we take care of our own. Last season when one family could not afford to pay for their child's membership another family stepped up to cover the cost. Other families have donated water to keep our riders hydrated in the heat of the summer. Regardless of socioeconomic status, ethnicity, or cultural differences we are all brought together by our love of racing. And we are thrilled when new riders join our BMX family!

My son is autistic, hearing impaired, and medicated for ADHD and Anxiety. He feels completely at home at our local track. The sense of community and family is clearly evident.

Last season we had riders that ranged in age from 2 to 83. Young riders are able to compete on balance bikes and older riders are just too addicted to quit. We hosted a Mother's Day and a Father's Day race. We are excited to see who joins us at races this season!

In what ways does this project strive to promote diversity and inclusion (accessibility, minority populations or underserved visitor segments)?

Showcase partnership (250 words or less)

In addition to the sponsors listed above, we have recently reached out to Zach's Bikes to partner on a packet for newly purchased balance bikes to encourage kids to try the track. Discover Klamath is helping with marketing and additional grant opportunities. We are partnering with Carriage Works again to design a new registration and snack bar building. We continue to strive to grow, improve, and involve as much of the community as we can.

Describe how this project showcases a public/private partnership with Oregon-based small business.

Is this project/event in
shoulder season?

yes/no*

no

Does the project/event
occur outside urban
growth boundaries?

yes/no*

no

Required supporting documents*

Klamath Falls BMX Budget.xlsx

***Proof of federal tax id (if one is issued, do not upload docs for SSN)

***Entity's W-9 form (omit SSN) ***Grant Budget - Use the grant budget

template provided ***Support letters - All entities are required to obtain support

from 3 businesses/organizations ***If your grant project involves signage of any

kind, you are required to gather and submit letters from all required local,

regional or state sign authorities involved demonstrating approval to place

signage on their land/property during the timeframe of the grant ***Marketing

type projects - If producing collateral you must describe your distribution plan,

including budgeted costs ***If your grant project involves infrastructure

development/construction you must include plan drawings and approval from

permitting authorities if required locally

Submission Instructions

After submission of this application, please print 8 copies, and attach all your supporting documentation (8 copies) and turn in to Klamath County Finance office, 305 Main St., Room 230, Klamath Falls, OR 97601. If mailing, must be postmarked by 2:00 PM March 31, 2018.

Insurance Requirements

Insurance Acord 25-S with County required minimums, Klamath County as additional insured, additional insured endorsement, proof of workers comp and auto coverage (if needed). If no employees or autos will be used for grant fulfillment, a document on letterhead stating no employees or autos will be used for grant fulfillment must be submitted.

Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

I agree.

Electronic Signature

Nikki B Blodgett

Date/Time*

3/31/2018

1:45 PM



Dedicated to students, families, and community working together to realize individual

Fax Transmission

Attention to:-

Name: 541-850-5385

Company:

Date: 03/31/2018

Time: 02:32:42 P

From:-

Name: Nikki Blodgett

Company: Klamath Falls City Schools

Telephone: +1 (541) 8854275

Fax: +1 (541) 8502770

Pages: 11

RE: Klamath Falls BMX Grant Application

Comments/Notes:

Please see attached...

FAX COVERSHEET

DATE: 3/31/18

TO: Klamath County, Finance Department
FAX: 541-850-5385

FROM: Nikki Blodgett, Klamath Falls BMX
CONTACT PHONE NUMBER: 541-591-0606

OTHER: After submitting the grant application I was attempting to print it when I noticed that I might not have submitted the correct attachment. I was unable to print the application. So, in an effort to cover all of my bases I am faxing the attachments.

Thank you!



TOTAL PAGES: 11

DISCOVER
KLAMATH
OREGON UNEXPECTED

March 29, 2018

Klamath County Tourism Grants Committee
c/o Klamath County Finance Office
305 Main Street
Klamath Falls, Oregon 97601

Klamath Falls BMX
3868 Anderson Avenue
Klamath Falls, Oregon 97601

RE: Letter of Support – Klamath Falls BMX Club

Dear Committee Members,


Discover Klamath Visitor and Convention Bureau supports efforts of Nikki Blodgett and her colleagues and their non-profit organization (Klamath Falls BMX) which seeks a **Klamath County Tourism Grant**, which (if granted) would go towards infrastructure of the local track, located at 3868 Anderson Avenue.

Klamath Falls is a 2018 Host city for the statewide BMX Cycling Championships this June 9th, 2018. This event draw at least 150 participants plus, their families from out of the area. Improvements to infrastructure at the site will not only improve this year's event, but, will make Klamath Falls more competitive for future youth cycling BMX events.

What we like about this new initiative to the Grant Program is that Klamath Falls BMX is already bringing events to our community. They already have a track that is good. Their efforts are already putting heads in beds. At this point, they seek to 'up their game' by adding more bells and whistles to their current infrastructure in order to draw more and larger events. It's easy to support an already winning entity.

In contrast, we have seen a number of Grant Applications and/or organizations with a "*Build it & they will Come*" approach. This is a difficult model to support when the initiating organization hasn't proven it can host events, or, that events will actually come to Klamath if their infrastructure award is granted.

If awarded a tourism grant, our organization looks forward to supporting efforts of the proponent group to encourage additional tourism this June and beyond.



Jim Chadderdon
Executive Director



March 30, 2018

Re: Klamath Falls BMX's SCR Support Letter

To Whom It May Concern:

My family has been a part of Klamath Falls BMX since the first race when my daughter was only 11-months old. She is now a high school graduate. I believe in the success of the track so much that I opened a BMX bike shop here in Klamath Falls.

BMX is a sport in which everyone can succeed at their own level. No one sits on the bench since everyone gets to ride. Riders can advance skill levels based solely on their own performance and desire to improve. BMX is one of the few sports in which the older, more talented riders assist, train, and mentor the younger racers. There are no team politics or strategies, only the desire to pay it forward to the next group of upcoming riders and to enable them to ride more safely and increase the level of talent within the sport.

The State Championship Race (SCR) is an annual event when Klamath Falls BMX can showcase the track to riders from around Oregon and Northern California. Improving the facilities will encourage riders to return for future races. Therefore, I continue to support Klamath Falls BMX's efforts to update the track features and buildings.

I would love to see Klamath Falls BMX become a world class facility in the future!

Sincerely,

Tim Clemens
Owner



1717 Avalon Street
Klamath Falls, OR 97603

 ADVANCED AG. SERVICE, LLC

March 28, 2018

Re: Letter of Support for Klamath Falls BMX

Dear Sir or Madam:

BMX has taught our children how to win, lose, and overcome adversity. It has taught both of them to just be themselves. Klamath Falls BMX is a safe environment for our son with disabilities to be himself without judgment and knowing he'll be accepted for who he is. Evie met her best friend at our local track and she's met friends from around the state and she enjoys hanging out with them when we travel. The kids are so comfortable with their BMX family that when we go to the much larger state and national races they want to explore without realizing that they're running around with hundreds and even thousands of other people.

That sense of community is why I support Klamath Falls BMX. The state race offers our local track the opportunity to host an amazing event for the BMX community and to show them all that our area has to offer. Upgrading the facilities will hopefully encourage families to travel back to the basin.

Last winter I worked with other volunteers to design and fabricate a new gate for the track. Like any homemade structure it will require upkeep and general maintenance. Plus, the area behind the gate still needs to be completed. I look forward to the opportunity to lend my services to the track to help complete this project.

Klamath Falls BMX has the potential to grow and improve and I fully support their efforts.

Best Regards,



Jason Blodgett
Owner

Your Official T-L Irrigation Dealer

672 Del Fatti Lane

Klamath Falls, OR 97603

541-891-6669



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2017

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 USI Insurance Services LLC 2375 E. Camelback Rd, Suite 250 Phoenix AZ 85016	CONTACT NAME: Clorinda Thompson PHONE (A/C, No, Ext): 602-279-5800 FAX (A/C, No): E-MAIL ADDRESS: phx.certificates@usi.com														
INSURED American Bicycle Association dba: USA BMX P.O. Box 718 Chandler AZ 85244	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co</td> <td style="text-align: center;">18058</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Co	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Philadelphia Indemnity Insurance Co	18058														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 1232876927 **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	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			PHPK181583	3/1/2017	3/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK161583	3/1/2017	3/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB573938	3/1/2017	3/1/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE 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)
 Certificate holder and any other entities listed below are listed as additional insured under the General Liability on a primary & Non Contributory Basis including waiver of subrogation with respect to the American Bicycle Association/USA BMX sanctioned events/competitions/practices and other operations conducted by American Bicycle Association/USA BMX track operators on behalf of the American Bicycle Association/USA BMX.
 RE: Klamath Falls BMX #1471

CERTIFICATE HOLDER Klamath County Property Sales 305 Main Street #238 Klamath Falls OR 97601	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
--	--

PI-MANU-1 (01/00)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Additional Insured/Walver of Subrogation/Primary & Non-Contributory****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

ADDITIONAL INSURED: OWNERS AND / OR LESSORS OF PREMISES, LESSORS OF LEASED EQUIPMENT, SPONSORS OR CO-PROMOTERS

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

This policy is amended to include as an additional insured any person or organization of the type designated below, but only with respect to liability arising out of your operations:

1. Owners and / or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:
 - a. This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
 - b. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and / or lessor of the premises;
 - c. This insurance does not apply to liability of the owners and / or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to the sole negligence of such additional insured.

2. Lessor of Leased Equipment, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s) subject to the following additional exclusions:
 - a. This insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

3. ~~Spouses~~

All other terms and conditions of this Policy remain unchanged.

PI-MANU-1 (01/00)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

4. Non-Contributors

THIS INSURANCE IS PRIMARY, WITH ANY INSURANCE OR SELF-INSURANCE PROGRAM MAINTAINED BY THE NAME OF PERSON OR ORGANIZATION LISTED ABOVE BEING NON-CONTRIBUTING EXCEPTING LOSS RESULTING FROM THE SOLE NEGLIGENCE OF THE NAME OF PERSON OR ORGANIZATION LISTED ABOVE.

BLANKET WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed that, notwithstanding anything to the contrary in paragraph 6. Transfer of Rights of Recovery Against Others To Us of SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, in the event of any payment under this policy, we waive our right of recovery against any person or organization with respect to which the insured has waived its right of recovery.

It is further agreed that work commenced under letter of intent or work order, subject to subsequent reduction to writing, with customers whose customary contracts would require a waiver of recovery rights against them also falls within this blanket waiver of subrogation.

All other terms and conditions of this Policy remain unchanged.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUL 08 2005**

KLAMATH FALLS BMX
4424 LA HABRA WAY
KLAMATH FALLS, OR 97603

Employer Identification Number:
93-1305141
DLN:
17053141757015
Contact Person: ID# 31309
DEL TRIMBLE
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
509(a)(2)

Dear Applicant:

Our letter dated MAY 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Klamath Falls BMX

2 Business name/disregarded entity name, if different from above
Klamath Falls BMX

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **C**

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3868 Anderson Avenue

6 City, state, and ZIP code
Klamath Falls, OR 97603

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

9	3	-	1	3	0	5	1	4	1
---	---	---	---	---	---	---	---	---	---

Part II Certification

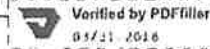
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *Nikki B Blodgett*



Date ▶ 03/31/2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*

COMPLETE "BUDGET" COLUMNS (C & D) ONLY FOR APPLICATION. LEAVE "AC

Klamath Falls BMX State Championship Race					
INCOME					
	BUDGET		Actual		
	Cash	In-Kind	Cash	In-Kind	
<i>Klamath County Matching Grant</i>	\$10,000.00				
OTHER INCOME					
Klamath Falls BMX	\$1,000.00		\$1,000.00		
Advanced Ag Service, LLC Donation	\$1,500		\$1,500		
Wholesome Family Medicine Donation	\$500		\$500		
SUB TOTAL INCOME	\$13,000.00	\$0.00	\$3,000.00	\$0.00	
TOTAL INCOME	\$13,000.00		\$3,000.00		
EXPENSES					
LINE ITEM	BUDGET		Actual		
	Cash	In-Kind	Cash	In-Kind	
1 New Vision Concrete	\$10,000.00		\$10,000.00		
2 Bowers Fencing	\$750.00		\$750.00		
3 Rocky Mountain Construction	\$2,250.00		\$2,250.00		
4					
SUB TOTAL EXPENSES	\$13,000.00	\$0.00	\$13,000.00	\$0.00	
TOTAL EXPENSES	\$13,000.00		\$13,000.00		