



CITY OF CASCADE, IOWA
PARK BOARD AGENDA
MONDAY, OCTOBER 7, 2024, 5:00PM AT
Cascade City Hall. 320 1st Ave West

1. Call Meeting to Order
2. Roll Call
3. Approve the Agenda
4. Public Comment
5. Approve Meeting Minutes from September 3, 2024
6. Month-End Financial Reports – September 2024
7. Accept Resignation of Samie Simon
8. Update Park Rental Agreements
9. Update on Dog Poop Bag Dispensers
10. Pool Wrap Up
11. Adjournment

Park Board Meeting Minutes

September 3, 2024

The September 3, 2024 Cascade Park Board meeting was called to order by Chairman Rausch at 4:30 p.m. at the Cascade City Hall with Simon, McLees and Rausch answering roll. Manternach and Orr were absent.

Motion McLees, second Simon to approve the agenda – all ayes, motion carried.

Recommendation to Excavate and Set Gravel – Fall 2024 for New Pickleball courts. Terry Frasher and Dale Mescher were present to ask for permission to excavate the area where the pickleball courts will be installed and bring in fill dirt to settle over the winter. Motion by Simon, second by McLees to approve and send to City Council – all ayes, motion carried.

Motion Simon, second McLees to approve the meeting minutes from August 5 and 19, 2024 – all ayes, motion carried.

Motion McLees, second Simon to approve August 2024 month-end financial reports – all ayes, motion carried.

Volunteerism – citizens that want to do things on city property or that might affect city property must let the Superintendent or City Administrator know in advance.

The dog poop bag dispensers are together but have not been placed in the locations previously discussed. If people want to donate to purchase additional dispensers, they may do so. The City would need to know what location they would like the dispenser to be placed.

Pool Wrap Up – Great summer, wrapping up things. May need to review the cost of pool parties and having them in June and July and maybe 1 weekend in early August only since guards return to college. The financial overview will be ready for the next meeting.

Motion McLees, second Simon to adjourn the meeting at 5:12 p.m. – all ayes, motion carried.

Respectfully submitted by
Deanna McCusker, Interim City Administrator

REVENUE & EXPENSE REPORT
CALENDAR 9/2024, FISCAL 3/2025

PCT OF FISCAL YTD 25.0%

ACCOUNT NUMBER	ACCOUNT TITLE	MTD BALANCE	YTD BALANCE	BUDGET	DIFFERENCE
PARKS DEPARTMENT					
001-430-6010	SALARIES	.00	.00	.00	.00
001-430-6020	WAGES - PART TIME	.00	.00	.00	.00
001-430-6040	WAGES - OVERTIME	.00	.00	.00	.00
001-430-6050	BOARD MEMBERS COMPENSATION	.00	.00	950.00	950.00
001-430-6110	FICA/MEDICARE	.00	.00	75.00	75.00
001-430-6130	IPERS	.00	.00	.00	.00
001-430-6131	CA PENSION	.00	.00	.00	.00
001-430-6150	GROUP INSURANCE	.00	.00	.00	.00
001-430-6160	WORKERS' COMPENSATION	.00	.00	.00	.00
001-430-6310	BUILDING REPAIR/MAINT	400.00	1,040.00	8,000.00	6,960.00
001-430-6320	PARKS/EQUIP-REPAIR/MAINT	.00	258.06	3,000.00	2,741.94
001-430-6331	FUEL	.00	1,282.69	2,000.00	717.31
001-430-6360	PAVILION DEPOSIT REFUND	.00	550.00	2,000.00	1,450.00
001-430-6371	UTILITIES	.00	1,083.49	3,500.00	2,416.51
001-430-6373	TELEPHONE/INTERNET	.00	.00	.00	.00
001-430-6408	INSURANCE-GENERAL	.00	259.00	4,500.00	4,241.00
001-430-6425	DONATIONS - PARK	.00	.00	.00	.00
001-430-6490	PROFESSIONAL FEES	425.00	425.00	.00	425.00-
001-430-6507	MISC OPERATING SUPPLIES	419.88	3,126.24	1,000.00	2,126.24-
001-430-6701	PARK IMPROVEMENTS	599.97	1,109.97	55,000.00	53,890.03
001-430-6727	CAPITAL EQUIPMENT	.00	.00	6,000.00	6,000.00
	PARKS TOTAL	<u>1,844.85</u>	<u>9,134.45</u>	<u>86,025.00</u>	<u>76,890.55</u>
	GENERAL TOTAL	<u><u>1,844.85</u></u>	<u><u>9,134.45</u></u>	<u><u>86,025.00</u></u>	<u><u>76,890.55</u></u>
013-430-6701	PARK IMPROVEMENTS	.00	.00	.00	.00
	PARKS TOTAL	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
	RIVERVIEW PARK TOTAL	<u><u>.00</u></u>	<u><u>.00</u></u>	<u><u>.00</u></u>	<u><u>.00</u></u>
019-430-6702	PLAYGROUND EQUIPMENT	.00	.00	.00	.00
	PARKS TOTAL	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
	PARKS/PLAYGROUND TOTAL	<u><u>.00</u></u>	<u><u>.00</u></u>	<u><u>.00</u></u>	<u><u>.00</u></u>

REVENUE & EXPENSE REPORT
CALENDAR 9/2024, FISCAL 3/2025

PCT OF FISCAL YTD 25.0%

ACCOUNT NUMBER	ACCOUNT TITLE	MTD BALANCE	YTD BALANCE	BUDGET	DIFFERENCE
PARKS DEPARTMENT					
001-430-4310	PAVILION RENTAL	.00	275.00	1,100.00	825.00
001-430-4311	PAVILION DEPOSIT	.00	200.00	.00	200.00-
001-430-4440	STATE GRANTS	.00	.00	.00	.00
001-430-4700	DONATIONS - PARK	.00	200.00	5,000.00	4,800.00
	GENERAL TOTAL	.00	675.00	6,100.00	5,425.00
013-430-4300	INTEREST	.00	100.33	200.00	99.67
	RIVERVIEW PARK TOTAL	.00	100.33	200.00	99.67
019-430-4300	INTEREST	.00	218.06	800.00	581.94
019-430-4490	PARK/PLAYGROUND GRANT	.00	.00	.00	.00
	PARKS/PLAYGROUND TOTAL	.00	218.06	800.00	581.94
025-430-4300	INTEREST	.00	.44	.00	.44-
	TRAIL TOTAL	.00	.44	.00	.44-
	TOTAL OF ALL REVENUE	.00	993.83	7,100.00	6,106.17

REVENUE & EXPENSE REPORT
CALENDAR 9/2024, FISCAL 3/2025

PCT OF FISCAL YTD 25.0%

ACCOUNT NUMBER	ACCOUNT TITLE	MTD BALANCE	YTD BALANCE	BUDGET	DIFFERENCE
SWIMMING POOL DEPARTMENT					
001-460-4560	SALES TAXES COLLECTED	.00	.00	7,000.00	7,000.00
001-460-4575	SWIMMING LESSONS	.00	141.00	30,000.00	29,859.00
001-460-4580	SWIMMING POOL CONCESSIONS	689.10	11,520.57	17,000.00	5,479.43
001-460-4590	SWIMMING POOL ADMISSIONS	519.17	12,957.38	52,500.00	39,542.62
001-460-4710	REIMBURSEMENTS	.00	56.00	.00	56.00-
001-460-4799	MISCELLANEOUS REVENUES	225.00	775.00	.00	775.00-
	SWIMMING POOL TOTAL	1,433.27	25,449.95	106,500.00	81,050.05
	TOTAL REVENUE	1,433.27	25,449.95	106,500.00	81,050.05
001-460-6010	SALARIES	13,171.43	69,616.50	95,000.00	25,383.50
001-460-6020	WAGES - PART TIME	.00	.00	.00	.00
001-460-6040	WAGES - OVERTIME	100.00	100.00	.00	100.00-
001-460-6110	FICA/MEDICARE	1,015.27	5,333.35	7,267.50	1,934.15
001-460-6130	IPERS	.00	.00	.00	.00
001-460-6131	CA PENSION	.00	.00	.00	.00
001-460-6150	GROUP INSURANCE	.00	.00	.00	.00
001-460-6160	WORKERS' COMPENSATION	.00	.00	2,000.00	2,000.00
001-460-6240	TRAVEL TRAINING & CONFERENCE	.00	2,370.00	4,000.00	1,630.00
001-460-6310	REPAIR & MAINT. OF BUILDINGS	.00	.00	1,000.00	1,000.00
001-460-6331	FUEL	.00	.00	.00	.00
001-460-6371	UTILITIES	.00	4,963.19	10,000.00	5,036.81
001-460-6373	TELEPHONE/INTERNET	.00	102.10	250.00	147.90
001-460-6402	ADVERTISING AND PUBLICATIONS	.00	.00	300.00	300.00
001-460-6408	INSURANCE-GENERAL	.00	.00	15,000.00	15,000.00
001-460-6418	SALES TAX	.00	.00	.00	.00
001-460-6428	SWIM TEAM	.00	.00	.00	.00
001-460-6458	MISC EXPENSE	.00	80.00	1,000.00	920.00
001-460-6490	PROFESSIONAL FEES	.00	333.00	800.00	467.00
001-460-6507	MIS OPERATING SUPPLIES	1,673.62	8,404.50	15,000.00	6,595.50
001-460-6514	POOL CONCESSIONS	309.34	8,515.97	12,000.00	3,484.03
001-460-6727	CAPITAL EQUIPMENT	.00	1,235.00	15,000.00	13,765.00
	SWIMMING POOL TOTAL	16,269.66	101,053.61	178,617.50	77,563.89
	TOTAL EXPENSES	16,269.66	101,053.61	178,617.50	77,563.89
	GENERAL TOTAL	14,836.39-	75,603.66-	72,117.50-	3,486.16
	TOTAL CITY NET PROFIT/LOSS:	14,836.39-	75,603.66-	72,117.50-	3,486.16



Riverpark Amphitheatre Rental Agreement

City of Cascade [320 1st Ave W PO Box 400] Cascade, IA 52033
563-852-3114 Clerk@citycascade.com

Date Requested: _____

_____ \$150.00 fee + *\$50 deposit: Riverpark Amphitheatre with gazebo - both with electricity

*Deposit will be returned if park is left in clean and organized state.

Return payment along with this agreement to City Hall. Make check payable to the City of Cascade.

Cancellation Policy:

Cancellation One Month or More Prior to Event - Refund 50% of the rental fee, Deposit Refunded
Cancellation Less Than One Month Prior to the Event - No Refund of the rental fee, Deposit Refunded
If the Facility is Rented Out by Another Person - 75% refund of the rental fee, Deposit Refunded

I, the renter am responsible for cleaning up any messes created in, and reporting any damages to, the park area, playground area, bathrooms, pavilions and amphitheater created by anyone in my party. If messes or damages are found to be the result of my party, the deposit will be forfeited and may result in being banned from future reservations at the discretion of the Cascade Park Board and/or Cascade City Council.

I will abide by the Park Regulations of the Cascade Code of Ordinances.

I hold harmless the City of Cascade against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Cascade, it's elected and appointed officials, and employees, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the renting party and/or in any way connected or associated with this agreement. Furthermore, I agree to indemnify the City of Cascade for any claim, judgment, and cost brought against the City of Cascade as a result of the use of this facility.

I hereby agree to the conditions in regards to renting the pavilion

Applicant Name: _____ Address: _____

City, State & Zip Code: _____ Phone Number: _____

Email Address: _____

Applicant Signature: _____ Date: _____

For Office Use Only:

Rental Fee Paid: \$ _____ Cash Check# _____ CC

Deposit Fee Paid: \$ _____ Cash Check# _____ CC

Deposit Returned \$ _____ Deposit Returned Date: _____ via Check # _____



Park Pavilion Rental Agreement

City of Cascade [320 1st Ave W PO Box 400] Cascade, IA 52033
563-852-3114 Clerk@citycascade.com

Date Requested: _____

_____ \$50.00 fee + *\$50 deposit: Community Park Large Pavilion with electricity, centrally located in the park

_____ \$25.00 fee + *\$50 deposit: Community Park Medium Pavilion with electricity, located near volleyball court

_____ \$25.00 fee + *\$50 deposit: Cascade Swimming Pool Gazebo with electricity, located outside of the swimming pool

_____ \$50.00 fee + *\$50 deposit: Riverview Park Gazebo/Pavilion with electricity, centrally located in the park along the river

*Deposit will be returned if park is left in clean and organized state.

Return payment along with this agreement to City Hall. Make check payable to the City of Cascade.

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I will abide by the Park Regulations of the Cascade Code of Ordinances.

I hold harmless the City of Cascade against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Cascade, it's elected and appointed officials, and employees, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the renting party and/or in any way connected or associated with this agreement. Furthermore, I agree to indemnify the City of Cascade for any claim, judgment, and cost brought against the City of Cascade as a result of the use of this facility.

I hereby agree to the conditions in regards to renting the pavilion

Applicant Name: _____ Address: _____

City, State & Zip Code: _____ Phone Number: _____

Email Address: _____

Applicant Signature: _____ Date: _____

Updated 6-13-23

For Office Use Only:

Rental Fee Paid: \$ _____ Cash Check# _____ CC

Deposit Fee Paid: \$ _____ Cash Check# _____ CC

Deposit Returned \$ _____ Deposit Returned Date: _____ via Check # _____