

# SPECIAL EVENT COMMITTEE APPROVAL FORM

**MEETING DATE:** 7/13/2022

**EVENT NAME:** Waiver of Fees - School Supply Giveaway

**ORGANIZER:** KAN Cool for School - Jeff Dvorachek

**E-MAIL ADDRESS:** [jdvorachek@ha.cpa](mailto:jdvorachek@ha.cpa)

**EVENT DATE:** 8/19/22 - 8/22/22

**NEW OR RECURRING:** Recurring

**LOCATION/DESCRIPTION:** Use of barricades & cones for school supply giveaway at Roncalli High School

**COMMITTEE CONCERNS:**

**COMMITTEE DECISION:**

APPROVE	DENY
Dan Koski /ec Courtney Hansen /ec Jason Freiboth /ec Kim Lynch /ec Todd Blaser /ec	

**COUNCIL ACTION REQUIRED:**

**ITEMS TO INCLUDE IN LETTER:**



**CITY OF MANITOWOC – DEPARTMENT OF PUBLIC INFRASTRUCTURE  
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES  
FOR USE OF CITY FACILITIES OR EQUIPMENT**



Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

**ALL QUESTIONS MUST BE ANSWERED**

Name of event: School Supply giveaway

1. Name of club/organization making request KAN Cool for School, Inc  
Address PO BOX 2254, Manitowoc, WI 54220 Telephone 920-645-1079

2. Names of club officers: 

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President <u>Debbie Rhein</u>	<u>8836 Arrow Rd, Mtuc</u>	<u>920-860-1890</u>
Secretary <u>Jeff Dvorachek</u>	<u>942 Sarah Dale Ln, Mtuc</u>	<u>920-645-1079</u>
Treasurer <u>Mary Buckle</u>	<u>2240 <sup>Mirro</sup> <del>Pat</del> Dr # 18, Mtuc</u>	<u>920-905-9690</u>

3. Facility requested: N/A

Equipment requested: 45 - 28" reflective cones  
5 - 12' rail type barricades

4. Specific dates and hours facility/equipment will be used: Date(s) 8/19/22 - 8/22/22 Hrs. \_\_\_\_\_

5. Please explain your request, as to what fees you desire waived or reduced and reasons. used for traffic control on private property and we are a tax exempt organization

6. Which do you consider your group to be?  
A. Community service  B. Non-profit  C. Private business \_\_\_\_\_  
D. Club or organization \_\_\_\_\_ E. Other, please explain \_\_\_\_\_

7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?  
Yes \_\_\_\_\_ No

**RECEIVED**

8. If #7 is "yes," explain and list specific charges \_\_\_\_\_  
NA

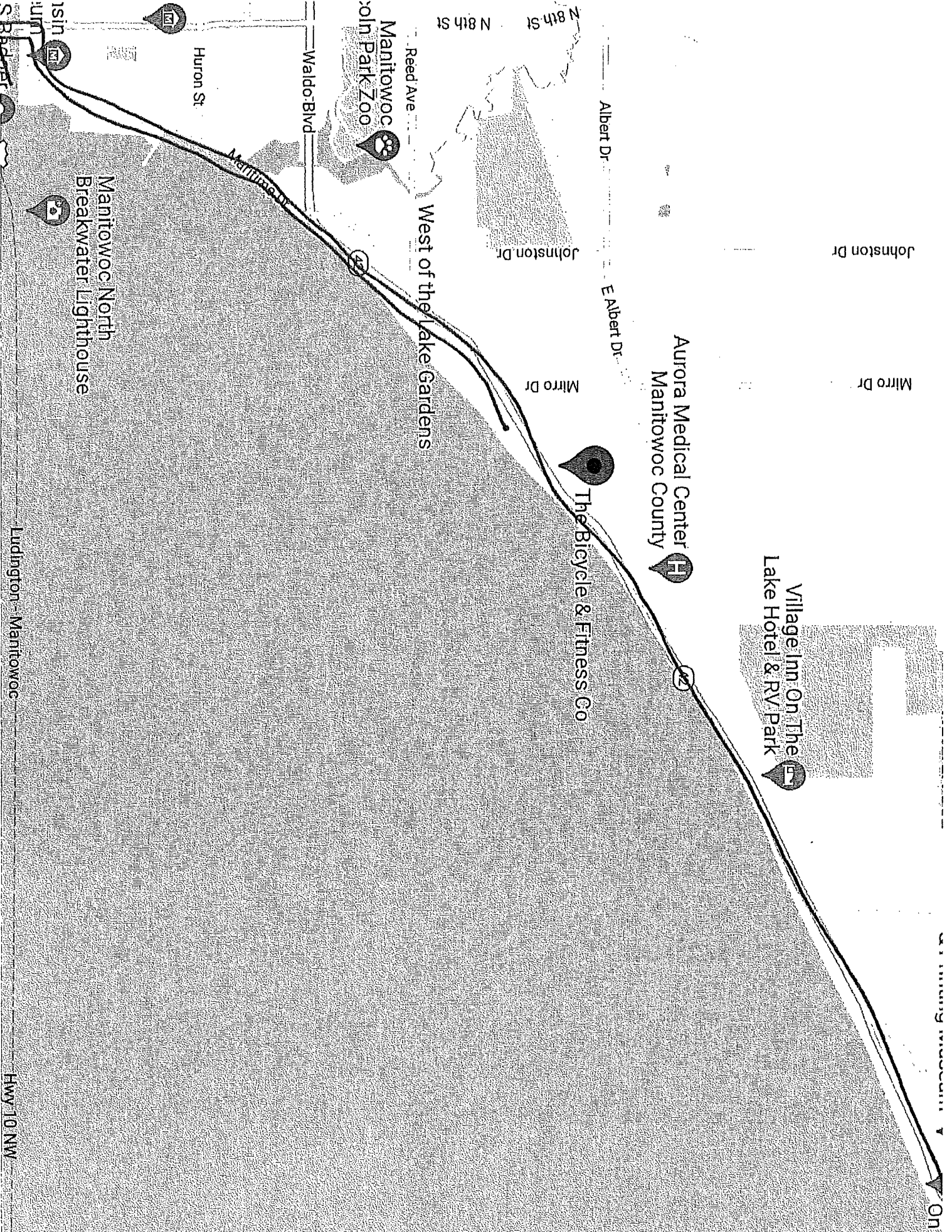
9. What will revenues be used for? NA

CITY OF MANITOWOC  
DEPARTMENT OF PUBLIC INFRASTRUCTURE

10. Do you wish to meet personally with the Committee to discuss this request? Yes \_\_\_\_\_ No   
If "yes," please provide the following information of individual to contact:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signed [Signature] Date 7-11-22

Please attach any additional information which you feel will assist the committee in evaluating your request.



Johnston Dr

Mirro Dr

Aurora Medical Center  
Manitowoc County

Village Inn On The  
Lake Hotel & RV Park

The Bicycle & Fitness Co

West of the Lake Gardens

Manitowoc  
John Park Zoo

Manitowoc North  
Breakwater Lighthouse

Ludington-Manitowoc

Hwy 10 NW