



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: Family Ties

1. Name of club/organization making request Nenglee Vang

Address 929 Niagara Ave. Sheboygan, WI Telephone 920-680-7287

2. Names of club officers: Name Safe Harbor Address 53081 Telephone \_\_\_\_\_

President We are non-profit agency only.

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

3. Facility requested: Kitchen + Assembly Rooms (1)

Equipment requested: None.

4. Specific dates and hours facility/equipment will be used: Date(s) Monthly on 4th Friday - Hrs. 2pm-4pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Sept 2022 - December 2023

I am request the fee to be waiver because I do this event just to outreach to the community.

6. Which do you consider your group to be: I hope to provide Education, prevention and outreach  
A. Community service \_\_\_\_\_ B.  Non-profit \_\_\_\_\_ C. Private business \_\_\_\_\_  
D. Club or organization \_\_\_\_\_ E. Other, please explain \_\_\_\_\_  
-> see the back for more information

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

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

9. What will revenues be used for? N/A

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 Nenglee Vang Date 9/6/2022

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

I work for Safe Harbor in Sheboygan but I do cover in Manitowish County to work with Hmong community about domestic abuse and sexual assault. We have limited budget to work with this population. I want to do this monthly outreach to the community; therefore I wish to hold this event at the Senior Center. I hope you will consider fee waiver for this event: Families that we bring the women + men + children come together to support, learn more about community resources and connect them to the community.