

**Sonja Birr**

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**From:** Karen Dorow  
**Sent:** Thursday, April 28, 2022 1:19 PM  
**To:** Katelin Dorow; Dan Koski  
**Cc:** Sonja Birr; Curtis Hall  
**Subject:** RE: External: Fee waiver forms

Background...Waiver of fees generally goes to the Special Events Committee. They meet on Wednesday. These fees have been waived for previous events held at cabins.

Karen Dorow | Business Manager  
City of Manitowoc  
900 Quay Street  
Manitowoc, WI 54220  
Office (920) 686-6514  
Mobile (920) 374-0404

-----Original Message-----

From: Katelin Dorow <kndorow@manitowoc.org>  
Sent: Thursday, April 28, 2022 12:32 PM  
To: Dan Koski <dkoski@manitowoc.org>  
Cc: Sonja Birr <sbirr@manitowoc.org>; Curtis Hall <chall@manitowoc.org>; Karen Dorow <kdorow@manitowoc.org>  
Subject: FW: External: Fee waiver forms

Good Afternoon,

The Red Cross would like to host a blood drive at the Senior Center on May 2. They just submitted their waiver of fees form. Since there is not a PI Meeting between now and next Tuesday, is there any other way this can be approved/denied?

Thanks,

Katie Dorow  
Recreation Team Leader  
City of Manitowoc  
3330 Custer St.  
Manitowoc, WI 54220  
(o)920-686-3064  
(c)920-374-0474  
Pronouns: she/her/hers

[www.manitowoc.org/recreation](http://www.manitowoc.org/recreation)

-----Original Message-----

From: Kimberly Brockman <kimberyb@icloud.com>  
Sent: Thursday, April 28, 2022 12:22 PM

To: Katelin Dorow <kndorow@manitowoc.org>  
Subject: External: Fee waiver forms

Hi Katelin

Sorry it took me so long. Here are the fee waiver forms for the Senior Center blood drive.

Kim Brockman  
American Red Cross

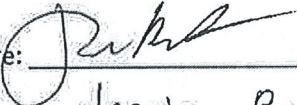
Be Alert !

This is External or System generated Email. Please verify before opening any links or attachments.

**Cancellation:** If notification of cancellation is received by at least 14 calendar days prior to the event date, all funds will be returned. If notification or cancellation is received less than 14 calendar days prior to the event date, a \$50.00 cancellation fee will be retained by the City of Manitowoc and all other funds will be returned. In the event the rental is cancelled by the City, you will be given the opportunity to reschedule your rental for another date (if available) or to receive a full refund. The City of Manitowoc reserves the right to cancel any event for any reason. JB (initial).

**Liability Waiver:** This rental agreement is made and entered into by and between the City of Manitowoc, Wisconsin, hereinafter called "City" and the above – named individual, hereinafter called "Renter". The parties agree as follows: The Renter understands his/her responsibility is to set up, clean up and restore premises within the time period listed above. Renter agrees to hold the City harmless for any and all damages, claims or personal injury claims occurring during the term of this contract. It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the Renter and that the City shall not be liable for an injury, loss or damage to said property or injury to any persons on the premises. Renter agrees to be responsible for any damages incurred to the City. Damages incurred to the property will be billed to the Renter. JB (initial).

**Rental fees shall be charged in accordance with the fees and charges schedule listed on the reverse side of this application. Rental fees must be paid at the time of rental request.**

Signature:  Date: 4/28/22  
Print Name: Jessica Brabant

Visit the City of Manitowoc Senior Center and Recreation Department website for more information. [www.manitowoc.org/seniorcenter](http://www.manitowoc.org/seniorcenter) and [www.manitowoc.org/parksandrec](http://www.manitowoc.org/parksandrec)

Please return this form to the Manitowoc Senior Center/ Recreation Department located at:  
3330 Custer Street, Manitowoc, WI 54220 | (920) 686-3060 | Monday – Friday 8:00 am – 4:00 pm

**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: Blood Drive

1. Name of club/organization making request American Red Cross  
Address 2131 Deckner Ave GB WI 54302 Telephone 920-241-5949

2. Names of club officers: Name Address Telephone  
President Gail McGovern  
Secretary Jagan Chapagain  
Treasurer Steve Casey

3. Facility requested: Senior Center  
Equipment requested: Tables and chairs

4. Specific dates and hours facility/equipment will be used: Date(s) 5/8/22 Hrs. 7

5. Please explain your request, as to what fees you desire waived or reduced and reasons. We would like to have a blood drive and are requesting all fees be waived since we are non-profit.

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

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 [Signature] Date 4/20/22

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



**Manitowoc Senior Center  
& Recreation Department**

3330 Custer Street  
Manitowoc, WI 54220  
Phone: (920)686-3060

**Manitowoc Senior Center  
Facility Rental Agreement**

**Rental agreement and applicable fees must be received at least 10 days prior to event.**

Date of Rental: 5/2/22

Event Name: American Red Cross Blood Drive

Contact Person's Name: Jessica Brabant

Address: 920-241-2131 Deckner Ave City: Green Bay

State: WI Zip: 54302 Phone Number: 920-241-5949

Email: jessica.brabant@redcross.org

Hours Needed: Start Time: 8 am End Time: 3 pm Total Hours: 7

(\*Rental Time should include set-up and clean-up time.) Est. Attendance: 25-30

Areas Requested: See below for rental fee's and room details Gym

	North Assembly		Center Assembly		South Assembly
	Social Room		Class Room		Sewing Room
	Coffee Shop		Kitchen		

Rental Fee Rates	
Room	Rate
1 Assembly Room	\$150.00
2 Assembly Rooms	\$225.00
3 Assembly Rooms	\$300.00
Small Room *Half Day (5 hours or less)	\$50.00
Small Room *Full Day (more than 5 hours)	\$100.00
Kitchen *Per event fee	\$50.00
Attendant Fee	\$15.00 per hour
Room	Room Capacity
North Assembly	124
Center Assembly	139
South Assembly	112
Social Room	40
Classroom	40
Sewing Room	25
Coffee Shop	24
*Note*	
All assembly rooms are a flat rate for the day, not hourly.	
All small rooms are a flat rate of a half day (5 hours or less) or a full date (more than 5 hours).	
All rentals include the rental fee, plus the attendant fee, plus tax.	