

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 4/7/2021

EVENT NAME: WAIVER OF FEES: Blood Drives

ORGANIZER: American Red Cross - Kimberly Brockman

E-MAIL ADDRESS: kimberlyb@aol.com

EVENT DATE: 6/2, 7/30, 10/21/21, 1/3/22 NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of cabin 1 for blood drives

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
<i>Approved via Zoom</i> Todd B./sr Jason F./sr Liz M./sr Shawn A./sr	

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**

MAR 31 2021

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to users for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of event. The request will be reviewed by the Special Event Committee and/or the Public Infrastructure Committee and group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two 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: American Red Cross Blood Drive
 Name of club/organization making request: American Red Cross - Kimberly Brockman CVL
 Address: 319 Berge St. Valders 54245 Telephone: 920-905-5237
 Names of club officers: Name Address Telephone
 President: Jessica Brabant 121 Bader St. Green Bay 920-241-5949
 Secretary: _____
 Treasurer: _____
 Facility requested: Cabin 1
 Equipment requested: _____

Specific dates and hours facility/equipment will be used: Date(s) June 2, July 30, Oct 21 2021 - Jan 3, 2022 Hrs. 8

Please explain your request, as to what fees you desire waived or reduced and reasons. Non-Profit
All Rental Fees

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 _____

Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
 Yes _____ No

If #7 is "yes," explain and list specific charges _____

What will revenues be used for? Blood drive

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: Kimberly Brockman CVL/ARC Date: 3/31/2021

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

A/W
5/6/21