

# SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 7/31/2024

EVENT NAME: Annual Celebration of Clients

ORGANIZER: Manitowoc Co. Human Services - Samantha Kapla

E-MAIL ADDRESS: samanthakapla@manitowocountywi.gov

EVENT DATE: 9/13 or 9/27/24

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of Lincoln Park Cabin 2 for a celebration of clients in the Community Support Program

COMMITTEE CONCERNS:

WAIVER OF FEES: Granted

COMMITTEE DECISION:

APPROVE	DENY
Dan Koski /ec	
Courtney Hansen /ec	
Todd Blaser /ec	
Eric Nycz /ec	
Jason Freiboth /ec	

COUNCIL ACTION REQUIRED:

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ITEMS TO INCLUDE IN LETTER:

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**CITY OF MANITOWOC**  
**SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES**  
**FOR USE OF CITY FACILITIES OR EQUIPMENT**

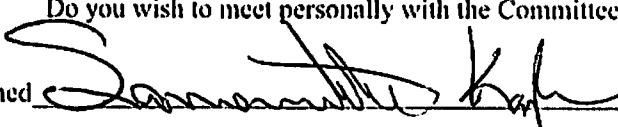
Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Special Event Committee and/or the Public Infrastructure Committee and the organization will be notified by e-mail or letter of the decision. Organizations must be current on all financial accounts with the City of Manitowoc.

**ALL QUESTIONS MUST BE ANSWERED**

Name of event: Community Support Program: Annual celebration of clients

1. Name of club/organization making request Manitowoc County Human Services Dept.: Community Support Program  
Address 926 S 8th Street, Manitowoc, WI 54220 Telephone 920-683-4230 (ext: 6174)  
Email samanthakapla@manitowoccountymi.gov
  2. Names of club officers: 

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President <u>(CSP Coordinator) Wayne Edmonds</u>	<u>926 S 8th Street, Manitowoc</u>	<u>920-683-4230</u>
Secretary <u>(Case manager) Samantha Kapla</u>	<u>926 S 8th Street, Manitowoc</u>	<u>920-683-6174</u>
Treasurer _____	_____	_____
  3. Facility requested: Lincoln Park: Cabin #2 # of people 40  
Equipment requested: \_\_\_\_\_
  4. Specific dates and hours facility/equipment will be used: Date(s) Sept. 13<sup>th</sup> or 21<sup>th</sup> Hrs. 8am - 4pm
  5. Please explain your request, as to what fees you desire waived or reduced and reasons:  
Rental rates to be waived as we are a program through Human Services with limited funds. we want to give back to clients by holding a celebration for them.
  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  

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  9. What will revenues be used for?  
\_\_\_\_\_
  10. Do you wish to meet personally with the Committee to discuss this request? Yes ☐ No ☒
- Signed  Date 7-22-24
- Please attach any additional information which you feel will assist the committee in evaluating your request.

When completed, return this form to the City of Manitowoc - Parks Division  
900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3580 · E-mail parksadmin@manitowoc.org

A/N 8878