

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 7/26/2023

EVENT NAME: Waiver of Fees - Manitowoc County Drug Court Picnic

ORGANIZER: Jeremy Kronforst

E-MAIL ADDRESS: jkronforst@manitowoc.org

EVENT DATE: 9/24/2023

NEW OR RECURRING: recurring

LOCATION/DESCRIPTION: Use of Lincoln Park Field House to host an annual picnic for Drug Court participants and family.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Courtney Hansen /ec Dan Koski /ec Jason Freiboth /ec Eric Nycz /ec Shawn Alfred /ec Jason Russ /ec	

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:



**CITY OF MANITOWOC – DEPARTMENT OF TOURISM
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: Manitowoc County Drug Court Alumni Picnic

1. Name of club/organization making request Manitowoc County Drug Court
 Address 926 S. 8th St. Manitowoc, WI 54220 Telephone (920)683-4231

2. Names of club officers: Name Address Telephone
 President Ellen Floate (Manitowoc County Drug Court Coordinator) 926 S. 8th St. Manitowoc (920)683-4231
 Secretary Captain Jeremy Kronforst (Drug Court Team Member) 910 Jay St. Manitowoc (920)686-6577
 Treasurer _____

3. Facility requested: Lincoln Park Field House # of people 50
 Equipment requested: _____

4. Specific dates and hours facility/equipment will be used: Date(s) 09-24-23 Hrs. 10am-6pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons, looking to have the rental fees waived, along with the security deposit. This is the yearly picnic for current Drug Court participants/family along with alumni and team members.

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 Manitowoc County Drug Court

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

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

9. What will revenues be used for? _____

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

Name _____ Address _____ Telephone _____

Signed [Signature] Date 7-13-23

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