

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 5/25/2022

EVENT NAME: WAIVER OF FEES: Blood Drives

ORGANIZER: American Red Cross - Kim Brockman

E-MAIL ADDRESS: kimberyb@aol.com

EVENT DATE: 7/6/22, 9/6/22, 1/13/23

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of Manitowoc Senior Center for three blood drives.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

Jason Frelboth/ec
Brock Wetenkamp/ec
Kim Lynch/ec
Todd Blaser/ec

COUNCIL ACTION REQUIRED:

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ITEMS TO INCLUDE IN LETTER:

As part of the 2022 Mayor's budget, most fees for special events were waived. The 2023 budget has not been set. Non-waivable fees will be charged as set by policy.

**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: American Red Cross Blood Drive

1. Name of club/organization making request: American Red Cross
 Address: 2131 Decker Ave Telephone: 920-241-5949

2. Names of club officers: Name Address Telephone

President: Gail McGovern

Secretary: Jagan Chepigaiz

Treasurer: Steve Casey

3. Facility requested: Tables & chairs Senior Center

Equipment requested: Tables & chairs

4. Specific dates and hours facility/equipment will be used: Date(s) 7/6/22 9/6/22 11/9/23 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 & supplying all fees 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 _____

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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 Kim Brealman Date 5/15/22

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 - Dept. of Public Infrastructure
900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3580 · Fax 920-686-6525 · E-mail parkadmin@manitowoc.org