

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 7/27/2022

EVENT NAME: Waiver of fees: Annual Celebration of Clients

ORGANIZER: Manitowoc County Human Services Department - Pafoua Kue

E-MAIL ADDRESS: pafouakue@manitowocountywi.gov

EVENT DATE: 9/23/2022

NEW OR RECURRING: new

LOCATION/DESCRIPTION: Use of Lincoln park cabin #2 for Annual Client Celebration.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Dan Koski /ec Jason Russ /ec Jason Frieboth /ec Courtney Hansen /ec Kim Lynch /ec	

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**



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.

pafova.kue@manitowoc-county.wi.gov

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 4990)

2. Names of club officers: Name Address Telephone
(CSP coordinator)
President Wayne Edmonds 926 S 8th St Manitowoc, WI 54220 920-683-4230
Secretary (case manager) Pafova Kue " " 920-683-4990
Treasurer _____

3. Facility requested: Lincoln Park: Cabin #2
Equipment requested: _____

4. Specific dates and hours facility/equipment will be used: Date(s) Sept 23, 2022 Hrs. 8AM-4pm (8hrs)

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Rental Rates to be waived as we are 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 X 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 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 Pafova Kue, APSW Date 7/14/2022

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 parksadmin@manitowoc.org

RECEIVED
JUL 15 2022

R6757

CITY OF MANITOWOC
ENGINEERING

Sandy Ronski

From: Pafoua Kue <pafouakue@manitowoccountywi.gov>
Sent: Thursday, July 14, 2022 11:59 AM
To: ParksAdmin
Subject: External: 7.17.2022 Special Consideration for waiver of part/all fee request
Attachments: Cabin Rental Appliaiton for fee waiver.pdf

To whom it may concern:

I attached the Special consideration for waiver of part/all fees form to this email. This request is for the Community Support Program at Manitowoc County Human Services Department. Our program is specific to helping and treating adults living with a serious and persistent mental illness. We want to give these clients a chance to have a picnic in the community 1x a year, celebrate their progress, and promote healthy activities.

Let me know if you have any questions.

Sincerely,

Pafoua Kue, APSW
Clinical Unit
Manitowoc County Human Services Dept.
926 S 8th Street
Manitowoc WI 54220
Phone: 920-683-4230 (ext 4990)
Fax: 920-683-4243

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