

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 1/27/2021

EVENT NAME: Blood Drive

ORGANIZER: American Red Cross - Kimberly Brockman

E-MAIL ADDRESS: kimberyb@aol.com

EVENT DATE: 2/3/2021

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of cabin 1 for a blood drive

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

Jason Freiboth / & Shawn Alfred / & Karl Koch / & Liz Majerus / &	
--	--

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.

ALL QUESTIONS MUST BE ANSWERED

Name of event: American Red Cross Blood Drive

1. Name of club/organization making request American Red Cross - Kimberly
 Address 319 Berge St., Valders, WI 54245 Telephone 920-905-5237 Brockman

2. Names of club officers: Name Address Telephone
 President Jessica Brabant 121 Bader St Green Bay
 Secretary _____ 920-241-5949
 Treasurer _____

3. Facility requested: Cabin 1
 Equipment requested: Chairs, tables - no additional ones needed (make sure closet unlocked)

4. Specific dates and hours facility/equipment will be used: Date(s) Feb. 3, 2021 Hrs. 8

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

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 _____
 JAN 26 2021

9. What will revenues be used for? Blood Drive
 WOC

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 Kimberly Brockman C/L American Red Cross Date 1/26/21

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

AIN
25548