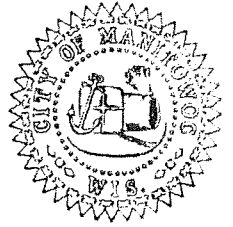


# CITY OF MANITOWOC

WISCONSIN, USA  
www.manitowoc.org



September 23, 2015

Meagan Christel  
CESA 7 Head Start  
702 State St.  
Manitowoc, WI 54220


RE: Waiver of Fee Request

Dear Ms. Christel:

Your request to waive fees for rental of the Silver Creek Fieldhouse on October 16, 2015 for your Family Fall Festival, was acted upon by the Special Events Committee on September 21, 2015.

At said meeting, the Committee recommended waiver of the fee.

Very truly yours,



Jennifer Hudon  
City Clerk

JH:dan

cc: Chad Scheinoha, Operations Division Manager  
Karen Dorow, Operations Business Manager  
Denise Larson, Recreation Division Manager

Jennifer Hudon, MPA, City Clerk/Deputy Treasurer  
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543  
Phone (920) 686-6950 · Fax (920) 686-6959 · [jhudon@manitowoc.org](mailto:jhudon@manitowoc.org)



# SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 9/21/2015

EVENT NAME: Family Fall Festival

ORGANIZER: CESA 7 Head Start

EVENT DATE: 10/16/2015

NEW OR RECURRING: New

LOCATION/DESCRIPTION: Head Start Family Fall Festival for 4 hours on a Friday in Silver Creek Fieldhouse. Head Start is a non-profit federal program for low income families.

**ESTIMATED CITY COSTS:**

STREETS	0
PARKS	168
RECREATION	0
FIRE	0
POLICE	0
<b>TOTAL</b>	<b>168</b>

**ESTIMATED EVENT HOLDER CHARGES:**

LATE APPL. FEE	
LICENSES	
STAKE PERMIT	
DELIVERY CHARGES	
<i>(if delivery requested)</i>	
<b>TOTAL COLLECTED</b>	<b>0</b>

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

*Walter McDermott*  
*O. Dick*  
*[Signature]*  
**Todd H.**

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

MANITOWOC PARKS DEPARTMENT  
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 Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

ALL QUESTIONS MUST BE ANSWERED

1. Name of club/organization making request CESA 7 Head Start  
 Address 702 State St. Manitowoc Telephone 683-1960

2. ~~n/a~~ Names of club officers: Name Address Telephone  
 President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_

3. Facility requested: Silver Creek field House  
 Equipment requested: \_\_\_\_\_

4. Specific dates and hours facility/equipment will be used: Date October 16th Hrs. 3 <sup>10-2 pm</sup> <sub>6p-7pm</sub>

5. Please explain your request, as to what fees you desire waived or reduced and reasons. We are a non-profit federal program who serve low-income families- the fee waiver would allow us to offer this event and others for families to enjoy.

6. Which do you consider your group to be? (Family Fall Festival)  
 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 \_\_\_\_\_

9. What will revenues be used for? \_\_\_\_\_

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes \_\_\_\_\_ No   
 If "yes," please provide the following information of individual to contact:  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signed Meagan Christel Date 9-16-15  
Meagan Christel - Family Services Manager - Head Start

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

When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35<sup>th</sup> St., Manitowoc, WI 54220.

Committee Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

## Deborah Neuser

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**From:** Sandy Ronski  
**Sent:** Thursday, September 17, 2015 8:34 AM  
**To:** SpecialEvents  
**Subject:** FW: Waiver of fees form  
**Attachments:** Head Start Fall Festival 10-16-15.pdf

Attached is a Waiver of Fees form from CESA 7 Head Start for use of the Silver Creek Fieldhouse on 10/16/15 for a Family Fall Festival. This will be discussed at the next SEC meeting.

**Sandy Ronski**  
Operations Clerk II  
Cemetery/Parks/Transit/Streets & Sanitation Divisions  
City of Manitowoc  
2655 S 35th St.  
Manitowoc, WI 54220  
920-686-6518  
920-686-6525 fax  
[www.manitowoc.org](http://www.manitowoc.org)

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**From:** Meagan Christel [<mailto:MChristel@cesa7.org>]  
**Sent:** Wednesday, September 16, 2015 2:15 PM  
**To:** Sandy Ronski  
**Subject:** Re: Waiver of fees form

Hi Sandy,  
I've attached the waiver request for the Silver Creek Field House. Right now we aren't 100% sure the time we will need to use the field house - it would either be 10-2 or 3-7 on October 16th. I will know by next week what time we will plan the event for.

Please let me know if there is anything else I would need to do to reserve it.

Thanks!  
Meagan

Meagan Christel  
Program Support Manager - Family Services  
CESA #7 Head Start  
702 State Street  
Manitowoc, WI 54220  
(920) 683-1960

>>> Sandy Ronski <[sronski@manitowoc.org](mailto:sronski@manitowoc.org)> 9/11/2015 9:51 AM >>>

Attached is the Waiver of Fees form for the use of the Silver Creek Fieldhouse. Please return the completed form by mail, e-mail or fax as soon as possible. The City of Manitowoc's Special Event Committee generally meets every Monday and will review your request. If your request to waive the fees is denied, we will contact you regarding payment.

Thank you,

**Sandy Ronski**

Operations Clerk II  
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