

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 3/24/2021

EVENT NAME: WAIVER OF FEES: Public Health Dept. Strategic Planning Retreat

ORGANIZER: Manitowoc County Health Dept. - Stephanie Lambert

E-MAIL ADDRESS: stephanielambert@co.manitowoc.wi.us

EVENT DATE: 4/27/2021

NEW OR RECURRING: New

LOCATION/DESCRIPTION: Use of Silver Creek Fieldhouse for a team member retreat

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
<i>Approved via Zoom</i> Todd B./sr Jason F./sr Liz M./sr	

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

RECEIVED

MAR 19 2021

CITY OF MANITOWOC - DEPARTMENT OF PUBLIC INFRASTRUCTURE
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

MANITOWOC
CITY CLERK

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: Public Health Department Strategic Planning Retreat

1. Name of club/organization making request Manitowoc County Health Department
Address 1028 S 9th St. Manitowoc WI 54220 Telephone 920-683-4453

2. Names of club officers: Name Address Telephone
President Health Officer - Stephanie Lambert - 920-683-4453
Secretary _____
Treasurer _____

3. Facility requested: Silver Creek Park Fieldhouse
Equipment requested: NA

4. Specific dates and hours facility/equipment will be used: Date(s) April 27, 2021 Hrs. 8:00AM - 1:00 PM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. We are requesting a waiver of fees as a sign of partnership & support with the Health Department as we work to defeat COVID-19 and ensure the health of Manitowoc County

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 Government

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 NA

9. What will revenues be used for? NA

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

Name Stephanie Lambert Address _____ Telephone _____
Signed Stephanie Lambert Date March 19, 2021

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

A/N
5/6/31

Sandy Ronski

From: Stephanie Lambert <stephanielambert@co.manitowoc.wi.us>
Sent: Friday, March 19, 2021 10:13 AM
To: ParksAdmin
Subject: External: Health Department Fee Waiver Request for Silver Creek Park Fieldhouse
Attachments: MCHD Fee Waiver Request for Silver Creek Park Fieldhouse.pdf

Good morning,

The Manitowoc County Health Department would like to hold a strategic planning retreat to plan for life and work post-COVID. We are requesting use of your beautiful fieldhouse at Silver Creek Park so that we may meet while maintaining social distancing protocol. We will have about two dozen team members at the retreat, and are requesting use of the facility from 8AM to 1PM on Tuesday, April 27th.

I am requesting a waiver of fees as a sign of partnership and support for the Manitowoc County Health Department. As a government entity, we are somewhat limited in our expenditures and would be truly grateful for the opportunity to use this facility.

Thank you for your consideration,

Steph

Stephanie Lambert, MPH
Health Officer
Manitowoc County Health Department
1028 S. Ninth Street
Manitowoc, WI 54220
W: (920) 683-4453
F: (920) 683-4156
Email: stephanielambert@co.manitowoc.wi.us
Website: www.co.manitowoc.wi.us

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MANITOWOC
WISCONSIN

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