

WAIVER OF FEES APPROVAL FORM

APPROVAL DATE: 7/29/2026

RENTAL: Cabin 2

ORGANIZER: Samantha Kapla - Community Support Program of Mtwc. Co. HSD

E-MAIL ADDRESS: samanthakapla@manitowocountywi.gov

RENTAL DATE:

9/11/2026

LOCATION/DESCRIPTION: Use of cabin 2 for an annual celebration of clients.

CONCERNS:

DECISION: Approve waiver

ITEMS TO INCLUDE IN LETTER:

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CITY OF MANITOWOC
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

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 organization will be notified by e-mail or letter of the decision. Organizations must be current on all financial accounts with the City of Manitowoc.

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: 6174)
Email samanthakapla@manitowoccountymi.gov
2. Names of club officers:

Name	Address	Telephone
President	<u>(Deputy Director) Betsy Johnson</u>	<u>926 S 8th Street, Manitowoc</u>
Secretary	<u>(Case manager) Samantha Kapla</u>	<u>920-683-4230</u>
Treasurer		
3. Facility requested: Lincoln Park: Cabin #2 # of people 40
Equipment requested: _____
4. Specific dates and hours facility/equipment will be used: Date(s) September 11th OR 18th Hrs. 8am - 4pm
5. Please explain your request, as to what fees you desire waived or reduced and reasons:
Rental rates to be waived as we are a 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 ☒ 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 Committee to discuss this request? Yes ☐ No ☒

Signed Samantha Kapla

Date 7/8/26

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 – Parks Division
900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3580 · E-mail parksadmin@manitowoc.org