

# SPECIAL EVENT COMMITTEE APPROVAL FORM

**MEETING DATE:** 3/22/2023

**EVENT NAME:** Waiver - Annual Celebration of Clients

**ORGANIZER:** Manitowoc Co. Human Services - Chelsea Bosar

**E-MAIL ADDRESS:** [chelseabosar@manitowoccountywi.gov](mailto:chelseabosar@manitowoccountywi.gov)

**EVENT DATE:** 9/8/2023

**NEW OR RECURRING:** recurring

**LOCATION/DESCRIPTION:** Rental of Lincoln Park Cabin 2 to host a celebration of Human Services clients.  
Approx. 30 people are expected to attend.

**COMMITTEE CONCERNS:**

**COMMITTEE DECISION:**

APPROVE	DENY
Eric Nycz /ec Courtney Hansen /ec Jason Frieboth /ec Todd Blaser /ec Shawn Alfred /ec	

**COUNCIL ACTION REQUIRED:**

**ITEMS TO INCLUDE IN LETTER:**



**CITY OF MANITOWOC – DEPARTMENT OF TOURISM  
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: Community Support Program: Annual Celebration of clients

1. Name of club/organization making request Manitowoc County Human Services Dept: <sup>Community Support</sup> Program  
 Address 926 S 8th Street Manitowoc, WI 54220 Telephone 920-683-4230 (ext 4979)  
 Email ChelseaBosar@manitowocountywi.gov

2. Names of club officers: Name Address Telephone  
 President Wayne Edmonds 926 S 8th St. Manitowoc 920-683-5108  
 Secretary (Nurse) Chelsea Bosar " 920-683-4979  
 Treasurer \_\_\_\_\_

3. Facility requested: Lincoln Park: Cabin #2 # of people 30  
 Equipment requested: \_\_\_\_\_

4. Specific dates and hours facility/equipment will be used: Date(s) 9-8-2023 Hrs. 8am-4pm (8 hours)

5. Please explain your request, as to what fees you desire waived or reduced and reasons Rental rate to be waived as we are a program through human services w/ 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 CB, RN Date 3/21/2023

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 – Tourism Department**  
 900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3508 · Fax 920-686-6525 · E-mail [echristel@manitowoc.org](mailto:echristel@manitowoc.org)