



G.R.A.C.E. Inc.
Greater Richland
Area Cancer
Elimination

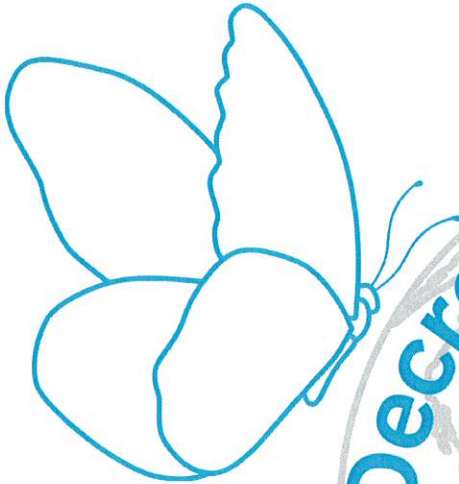


Symons 
RECREATION COMPLEX
608-647-8522 info@symonsrec.com
1250 Symons Circle Richland Center, WI 53581

Walk Around the World with G.R.A.C.E.

January 1 to July 31, 2024

Join any time!



Decrease Cancer Risk

Join with your community as we
walk, roll, cycle, run or dance at least
25,000 miles *around the world*

No cost to join.
Receive a **FREE**
reflective vest!

Moderate exercise at least 2.5 hours per week reduces
your risk of many types of cancer.

In 2023, 284 people Walked Around the World with G.R.A.C.E.
We walked over 68,000 miles to reduce cancer risk.
We can do it again!

Sign up at WalkWithGrace.com

CITY OF RICHLAND CENTER

APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE):



Rental Fee Waiver Rental Fee Discount

Applications for fee waivers and/or discounts must be reviewed by the Park Board. The Park Board meets on the second Monday of each month. Request applications must be received by the Wednesday before a meeting to be considered. Submit questions and return your application **WITH A COVER LETTER** to Park & Recreation Department, 450 S. Main Street, Richland Center, WI 53581 or via email at jodi.mieden@richlandcenterwi.gov.

Name of Group:	Greater Richland Area Cancer Elimination - GRACE		
Address:			
Contact Name/Phone/Email:	Heif Carlson heifcarlsondb@gmail.com		
Circle Type of Group:	<input checked="" type="radio"/> 501(c)3	<input type="radio"/> Government Agency	<input type="radio"/> Other- Specify:
Circle one of these:	<input checked="" type="radio"/> Rental Fee Discount	<input type="radio"/> Rental Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Walk around the World with GRACE community prevention Kickoff potluck for walkers		
Desired date(s)/Times:	1/26 1/27 1/28 1/29 1/30 1/31 2/1 2/2 2/3 2/4 2/5 2/6 2/7 2/8 2/9 2/10 2/11 2/12 2/13 2/14 2/15 2/16 2/17 2/18 2/19 2/20 2/21 2/22 2/23 2/24 2/25 2/26 2/27 2/28 2/29 2/30 3/1 3/2 3/3 3/4 3/5 3/6 3/7 3/8 3/9 3/10 3/11 3/12 3/13 3/14 3/15 3/16 3/17 3/18 3/19 3/20 3/21 3/22 3/23 3/24 3/25 3/26 3/27 3/28 3/29 3/30 3/31 4/1 4/2 4/3 4/4 4/5 4/6 4/7 4/8 4/9 4/10 4/11 4/12 4/13 4/14 4/15 4/16 4/17 4/18 4/19 4/20 4/21 4/22 4/23 4/24 4/25 4/26 4/27 4/28 4/29 4/30 5/1 5/2 5/3 5/4 5/5 5/6 5/7 5/8 5/9 5/10 5/11 5/12 5/13 5/14 5/15 5/16 5/17 5/18 5/19 5/20 5/21 5/22 5/23 5/24 5/25 5/26 5/27 5/28 5/29 5/30 5/31 6/1 6/2 6/3 6/4 6/5 6/6 6/7 6/8 6/9 6/10 6/11 6/12 6/13 6/14 6/15 6/16 6/17 6/18 6/19 6/20 6/21 6/22 6/23 6/24 6/25 6/26 6/27 6/28 6/29 6/30 7/1 7/2 7/3 7/4 7/5 7/6 7/7 7/8 7/9 7/10 7/11 7/12 7/13 7/14 7/15 7/16 7/17 7/18 7/19 7/20 7/21 7/22 7/23 7/24 7/25 7/26 7/27 7/28 7/29 7/30 7/31 8/1 8/2 8/3 8/4 8/5 8/6 8/7 8/8 8/9 8/10 8/11 8/12 8/13 8/14 8/15 8/16 8/17 8/18 8/19 8/20 8/21 8/22 8/23 8/24 8/25 8/26 8/27 8/28 8/29 8/30 8/31 9/1 9/2 9/3 9/4 9/5 9/6 9/7 9/8 9/9 9/10 9/11 9/12 9/13 9/14 9/15 9/16 9/17 9/18 9/19 9/20 9/21 9/22 9/23 9/24 9/25 9/26 9/27 9/28 9/29 9/30 10/1 10/2 10/3 10/4 10/5 10/6 10/7 10/8 10/9 10/10 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 10/24 10/25 10/26 10/27 10/28 10/29 10/30 10/31 11/1 11/2 11/3 11/4 11/5 11/6 11/7 11/8 11/9 11/10 11/11 11/12 11/13 11/14 11/15 11/16 11/17 11/18 11/19 11/20 11/21 11/22 11/23 11/24 11/25 11/26 11/27 11/28 11/29 11/30 12/1 12/2 12/3 12/4 12/5 12/6 12/7 12/8 12/9 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 12/20 12/21 12/22 12/23 12/24 12/25 12/26 12/27 12/28 12/29 12/30 12/31		
Desired Facility:	Egy + Kitchen 2 blocks + kitchen (Regular block / Weekend block / Kitchen)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	All county residents can participate - last year we had 2500 active walkers and many more families		
NEED:			
Why is it necessary to hold this event at a City facility?	A community event needs to be in community and community center is well located and well known		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	We could pay but money for GRACE goes back to community members so fee waiver goes to community		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	Unsure, perhaps depending on service request		
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:	SM 198		
Date of application:	12/8/23		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$21000	Park Board Review date:	Approved date:



Race for GRACE

The Greater Richland Area Cancer Elimination Inc. (GRACE) will have a new event in 2024. The event is called Race for GRACE and will be a focus on fundraising and prevention of cancer. The goal is to get people excited to get active and help in their own prevention of cancer, along with raising funds to help people currently battling cancer. There will be a ¼ mile kids run, a 1 mile fun run/walk, a 5k fun run/walk and a 10k run. We decided to go with all the different distances to try to have something for all abilities.

Our goal is to get at least 200 hundred people registered for the event. Our organization helps people battling cancer in our service area. Our service area includes all of Richland County and the surrounding townships. In 2024, 58% of the money raised will go directly to cancer patients, 25 % will go to cancer research, 10 % to the local medical community, 5% to our preventative fund and 2% to administration costs.

The GRACE organization does not have any paid staff and is a 100% volunteer organization. We appreciate your consideration of waiving all fees for this event to continue to allow us to be frugal with all funds raised in the battle against cancer.

Sincerely,

A handwritten signature in blue ink that reads "Allen Kaszubski". The signature is fluid and cursive, with the first name "Allen" and last name "Kaszubski" clearly legible.

Allen Kaszubski

Director of Publicity, GRACE Inc.

allenk@walkwithgrace.com

CITY OF RICHLAND CENTER



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Name of Group:	Greater Richland Area Cancer Elimination Inc.		
Address:	P.O. Box 213, RC		
Contact Name/Phone/Email:	Allen Kaszubski / 608-604-7114 / AllenK@walkwithgrace.com		
Circle Type of Group:	<input checked="" type="radio"/> 501(c)3	<input type="radio"/> Government Agency	<input type="radio"/> Other- Specify:
Circle one of these:	<input type="radio"/> Rental Fee Discount	<input checked="" type="radio"/> Rental Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Race for GRACE will have a 1/4 mile kids run, 1 mile walk/run, 5K walk/run and 10K run		
Desired date(s)/Times:	5/17 4:00 PM setup / 5/18 6:00 AM - 12:00 PM		
Desired Facility:	Dr. Meyer Building #136 (1/2 day / full day + sign)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	We have a goal of 200 registered runners. Unknown how many will be RC residents. Getting active to prevent cancer.		
NEED:			
Why is it necessary to hold this event at a City facility?	Central location in our service area. Park & Rec Department is a co-sponsor		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	GRACE tries hard to be good stewards of all donations for fighting cancer. This waiver will allow us to directly assist cancer patients with funds we raise from the event.		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	No		
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:			
Date of application:	12/8/2023		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$13600	Park Board Review date:	Approved date:

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	<p>PART A: Event Information: To be completed by the operator of the temporary event</p> <p>1. Name of Temporary Event <u>Race for GRACE</u></p> <p>2. Date(s) of Temporary Event <u>5/17 - 5/18</u></p> <p>3. Location of Temporary Event (e.g., Venue, City) <u>Richland Center, Kilian Meyer Building</u></p> <p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address <u>Greater Richland Area Cancer Elimination Inc.</u> <u>P.O. Box 213, Richland Center, WI 53581</u></p> <p>2. Daytime Telephone Number <u>(608) 604-7114</u></p> <p>3. Email Address <u>AllenK@walkwithgrace.com</u></p> <p>4. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>If blank, check appropriate box:</p> <p><input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input checked="" type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>
S E L L E R	<p>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 10px;"> THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS </div> <p>1. Legal Name _____</p> <p>2. Business Name _____</p> <p>3. Address (Street or Route) _____</p> <p>4. City, State and Zip Code _____</p> <p>5. Home Telephone Number (____) _____</p> <p>Business Telephone Number (____) _____</p> <p>6. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>7. Social Security Number <u>X X X - X X - _____</u></p> <p>8. Federal Identification Number (FEIN) <u>X X - X X X _____</u></p> <p>9. Check one box indicating the type of activity you intend to engage in at this event:</p> <p><input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only</p> <p><input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule</p> <p><input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization</p>

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: Allen Kaszubski

Signature: *Allen Kaszubski*

Date: 12/18/2023

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

**** Do not email event reports to maintain confidentiality of seller information ****