CITY OF RICHLAND CENTER

APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE);



Approved

date:

		Hometown Charm. Natural Beauty
Rental Fee Waiver	Rental Fee Discount	
Request applications must be received by t	iscounts must be reviewed by the Park Board. The Park he Wednesday before a meeting to be considered. Submit qui ment, 450 S. Main Street, Richland Center, WI 53582	estions and return your application WITH A COVER
Name of Group:	G.R.A.C.E	
Address:		
Contact Name/Phone/Email:	June Nee 608-553-247	Le Rimajnee@gmail.com
Circle Type of Group:	(501(c)3) Government Agency	Other- Specify:
Circle one of these:	Rental Fee Discount	Rental Fee Waive
Description of event or purpose for which City of Richland Center facilities will be used:	Walk with GRACE RICK-OFF, Panaake Supper	
Desired date(s)/Times:	Thursday, May 15, 2025 3	3pm - 7:30pm
Desired Facility:	Thursday, May 15, 2025 & Gym area and Kitche	, ·
COMMUNITY BENEFITS		
How many Richland Center residents will benefit from your event? How will they benefit?	we hade well over 100 per over 30 deams register for 6 tunds for GRACE helping them one gotte through lands the	opte after b) tast year and spece. This bures is more about 9 on community who eatments.
NEED		
Why is it necessary to hold this event at a City facility?	we ged we can bury in more people to afterd our every, which in herr helps GRACE.	
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	It takes away from funds that tIRACE can give to carrier patients.	
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?		
I declare under the penalties of per knowledge and belief is true, corn	erjury that this application for special consideration ect and complete.	has been examined by me and to the best of my
Signature:	4-10-	
Date of application:	03/10/2025	
STAFF USF ONLY	and the state of t	

Park Board

Review date:

\$87.50

Est. total value of waiver (\$):