




Living up to our name.

Parks & Recreation

1316 North 14th St., 2nd Floor, Room 200
Superior, WI 54880
Web site: www.ci.superior.wi.us

Phone: 715 395-7270
Fax: 715-395-7346
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TO: Parks and Recreation Commission Members

FROM: Linda M Cadotte, Director 

DATE: December 15, 2016

RE: **Parks and Recreation Commission Meeting Agenda**
Thursday, January 5th, 2017 – 5:00 p.m.
Room 204, Government Center

Please make every effort to attend. I would appreciate a phone call if you are unable to attend.

1. Approval of October 27, 2016 meeting minutes
2. Recreational Grants and Donations - new application and recommended procedure
3. Summer Playground program – proposed changes
4. Winter Skating program 2016-17
5. Superior Days – table display for the Best of Wisconsin's northwest

Set next meeting date: Thursday, February 16th, 2017 and meeting dates for 2017

The City of Superior complies with the Americans with Disabilities Act of 1990. If you are in need of an accommodation to participate in the public meeting process, please contact Parks and Recreation at (715) 395-7270 or by email: parks@ci.superior.wi.us by 4:30 p.m. on the day prior to the scheduled meeting. The City will attempt to accommodate any request depending on the amount of notice we receive.

In compliance with Wisconsin Open Meetings Law, this agenda was posted: Government Center, Court House, & Public Library,
Emailed to: Daily Telegram, Public Library December 15, 2016.



SUPERIOR

WISCONSIN

Living up to our name.

CITY OF SUPERIOR RECREATIONAL GRANT APPLICATION

PROGRAM YEAR 2017

APPLICATION DEADLINE: JANUARY 31, 2017

1. About your organization

| | |
|--|-----------|
| Name of Organization _____ | |
| Address _____ | |
| Mailing address (if different from above) _____ | |
| Main contact person _____ | |
| Phone(s) _____ | |
| Email address _____ | |
| Do you have a board of directors? If so please attach a separate sheet listing board members | Yes No |
| Is your organization a non-profit? | Yes No |
| Describe your organization's membership. Who does your organization serve? | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Describe what recreational opportunities your organization offers | |
| _____ | |
| _____ | |
| _____ | |
| How many participants did your organization serve last year? | |
| What percentage of your participants are City of Superior residents? | |

Does your organization conduct fundraisers? If yes, please describe your fundraising activities for the last year, funds raised and your fundraising goals for this year

Does your organization charge a registration fee for your program/event? Please indicate the amount of the fee(s)

2. Grant Information

Please list the grant amount your organization is requesting

Is this grant being requested for a one-time event or for ongoing programming? Please explain.

How will your organization disperse the grant monies being requested? i.e. what costs will you use the grant for?

Did your organization receive a grant from the City of Superior last year? Describe how was the grant money was used.

3. Program/Event Budget Summary (for most recent season)

| Earned Revenue | \$ amount | Expenditures | \$ amount |
|-----------------------|------------------|-----------------------|------------------|
| Admissions | | Salaries | |
| Memberships | | Office/administration | |
| Workshops/training | | Marketing/publicity | |
| Food/concessions | | Equipment | |
| Grants/donations | | Transportation | |
| Fundraisers | | Supplies | |
| Other (specify) | | Insurance | |
| | | Other (specify) | |
| | | | |
| TOTAL | | TOTAL | |

- Please include your most recent financial statement (income and balance sheet) along with your most recent bank statement.
- Please include a W-9 form with your application.

I, the undersigned, certify that the information provided in and with this statement is true and accurate.

Submitted by (signature): _____

Printed name: _____

Date: _____

DRAFT