

★ Roll Call Number

Agenda Item Number

60

Date May 4, 2009

APPROVAL OF 2009 FINANCIAL HARDSHIP – REDUCED FEE PROGRAM FOR VARIOUS PARK AND RECREATION DEPARTMENT RECREATIONAL FACILITIES AND PROGRAMS AND CERTAIN CEMETERY FEES

WHEREAS, the City of Des Moines Park and Recreation Department is charged with providing parks and recreation services to the citizens of Des Moines; and

WHEREAS, in recognition that some of the residents of our community have been adversely impacted financially due to the wide-ranging repercussions affecting the nation’s economic downturn, the Park and Recreation Department desires to make reductions in fees for certain of its recreational programs and facilities and for elimination of grave opening and closing fees for “at need” burials at the municipal cemeteries, as described in the attached Council Communication, in order to make such programs and facilities and cemetery services available to all citizens; and

WHEREAS, the Park and Recreation Director, upon the approval of the City Manager, may authorize a temporary fee reduction for certain recreational programs and facilities and cemetery fees under section 74-187 of the City Code; and

WHEREAS, the Des Moines Park and Recreation Board at its meeting on Tuesday, April 28, 2009, voted to support this financial hardship fee reduction program and recommended that this program be extended to citizens of the Greater Des Moines metropolitan area cities which offer a reciprocal fee reduction program to Des Moines citizens.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa that the above described Financial Hardship - 2009 Fee Reduction program as recommended by the Park and Recreation Director and approved by the City Manager and Park and Recreation Board is hereby approved.

BE IT FURTHER RESOLVED that the City Manager or his designee is hereby authorized and directed to extend and reciprocate such Fee Reduction program to the residents of any of the Greater Des Moines metropolitan area cities which offer reciprocal, similar reductions to the residents of Des Moines.

(Council Communication No. 09-297 )

Moved by \_\_\_\_\_ to adopt.

APPROVED AS TO FORM:

Ann DiDonato  
Ann DiDonato  
Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
TOTAL				

MOTION CARRIED APPROVED

\_\_\_\_\_  
Mayor

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

\_\_\_\_\_  
City Clerk

## 2009 Financial Hardship Questionnaire

The City of Des Moines wishes to assist its citizens who are currently undergoing difficult financial circumstances to pursue healthy, family recreation and social activities. So that we can best serve you and other families in these efforts, we would appreciate you providing us with some general information about your current circumstances by answering the following questions:

**Number of members in your household -**

\_\_\_ 1      \_\_\_ 2      \_\_\_ 3      \_\_\_ 4      \_\_\_ 5      \_\_\_ 6      \_\_\_ 7+

**Number of adults employed in your household -**

\_\_\_ 1      \_\_\_ 2      \_\_\_ 3      \_\_\_ 4

**Number of adults unemployed in your household -**

\_\_\_ 1      \_\_\_ 2      \_\_\_ 3      \_\_\_ 4

**Number of members of your household who are under 19 years of age**

\_\_\_ 1      \_\_\_ 2      \_\_\_ 3      \_\_\_ 4      \_\_\_ 5+

**My family's *income* has been adversely affected in the last 12 months in the following ways (please check all that apply):**

- Loss of employment
- Reduced work hours
- Reduced wages

**My residential zip code is \_\_\_\_\_**

Thank you for completing this questionnaire and we hope you enjoy all the facilities and programs offered to you and your family!

City of Des Moines