

Hotel/Motel Tax Funding RequestOrganization Name: Mutchler Community CenterAddress: 900 E North St Bloomfield, Iowa 52537Contact Person: Taylor Sessions Phone: 641-664-3939Purpose of Organization: Our purpose is to promote exercise, provide a safe environment for all ages to create memories, build self-esteem, become healthier, and attract business.Amount Requested this Year: \$5,000Please describe what these funds will be used for if awarded: Funds awarded will go towards the purchase of a new treadmill to help continue to cycle out worn-out equipment with new.

Attach a copy of your organization's current budget and proposed budget for next year, including revenue and expense estimates.

Does your organization utilize the services of a professional fundraiser? ☐ Yes ☒ No

Name: _____

Address: _____

Please list the source and amount of funds available for the project. Do *not* include Hotel/Motel funds.Funds that we will put towards this project will be \$2,500 from our budget's special projects line.Person Completing this Form: Taylor SessionsAddress: 12339 Mahogany Ave Bloomfield, Iowa 52537Signature: Taylor Sessions Date: 1/28/26

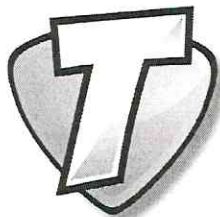
Include any additional information or supporting documentation for your request that you feel would be helpful.

Submit Completed Report to: City of Bloomfield, 111 West Franklin Street, Bloomfield, IA 52537

<i>This Box For Office Use Only</i>	
Date Request Received in Office	_____
Date Considered by Council	_____
Amount Awarded	_____
Applicant Notified	_____

Budget vs Actual: Calendar Year 2026

Budget	
Ordinary Income/Expense	
Income	
Admissions Income	\$ 500
Capital Expense Project	\$ 150,000
City 28E Donation	\$ 20,000
County 28E Donation	\$ 20,000
Concessions	\$ 500
Daily Fees	\$ 10,000
Donations	\$ 10,000
Grant Income	\$ 20,000
Memberships	\$ 60,000
Program Income	\$ 12,000
Summer Program	\$ -
Rental Income	\$ 35,000
Miscellaneous	\$ 500
Refunds	\$ 500
Interest Income*	\$ 50
Total Other Income	\$ 50
Ending Year Balance	\$ 100,937
Total	\$ 339,100
Expense	
Accounting Fees	\$ 2,300
Advertising/Marketing	\$ 1,000
Equipment Purchased	\$ 15,000
Equipment Rental (Copier)	\$ 1,200
Insurance	\$ 20,600
General Liability	\$ 20,000
Work Comp	\$ 600
Food for Concessions	\$ 500
Legal Fees	\$ 250
IPERS Insurance	\$ 5,000
Repairs & Maintenance	\$ 3,000
Special Projects	\$ 5,000
Capital Expense Project	\$ 150,000
Small Equipment (General)	\$ 1,000
Supplies	\$ 1,000
Telephone	\$ 1,800
Utilities	\$ 16,000
Sales Tax Paid	\$ 6,000
Payroll Expenses	\$ 84,000
Total FICA Expense	\$ 9,000
Total IPERS Expense	\$ 5,500
Payroll Salaries-Director	\$ 49,500
Payroll Salaries-Other	\$ 20,000
Total Expense	\$ 313,650
Net Income	\$ 25,450



TREADMILL HEROES

Treadmill Heroes

1018 W. 5th St--P.O. Box 943
WILTON, IA 52778 US
5632659895
lenoretreadmillhero@gmail.com
treadhero.com

Estimate

ADDRESS

Mutchler Community Center
900 E North St
Bloomfield, IA 52537

SHIP TO

Mutchler Community Center
900 E North St
Bloomfield, IA 52537

ESTIMATE # 14163

DATE 01/20/2026

ACTIVITY	QTY	RATE	AMOUNT
Equipment - NEW:Equipment - NEW	1	7,000.00	7,000.00T

Life Fitness Aspire Treadmill w/ SL Console
MSRP \$9,269

Commercial Delivery & Assembly

Delivery & Assembly

1 350.00 350.00

Sign Off - Delivery/Move

1 0.00 0.00

X _____ Date: _____

I have received delivery or services of or on this product.(Signature)

X _____ The machine was tested and in working condition as a new unit or I have been informed of the units status. (in)

X _____ There was no damage to any of my property during the delivery and/or assembly. (in)

X _____ The Treadmill Safety Key was in the proper position and ready for use (NA = Ellipticals and Bikes)

X _____

TMH Rep (1)

X _____

TMH Rep (2)

SUBTOTAL	7,350.00
TAX (0)	0.00
SHIPPING	150.00
TOTAL	\$7,500.00

Accepted By

Accepted Date