



Fee Waiver Request Form

This form is to be completed when requesting to have fees waived up to the value of \$300.00. When requesting over \$1,000.000 please complete a Community Grants and Assistance Application.

Requests up to \$500.000 will be determined by a management decision from the Chief Executive Officer or delegate and requests over \$1,000.000 will be determined by Council in accordance with the provisions of the Community Grants and Assistance Policy.

Please Note: Even if the hire fees and charges have been waived the relevant security deposit is still required and must be paid prior to the event, this will then be refunded to you on the last Friday of the month. Refer to Conditions of Hire for more information.

Privacy Notice: Balonne Shire Council is collecting the information you supply on this form for the purpose of considering your request to waive hire fees and charges. Information collected will only be used to consider your waiver request.

Event Details:

Event Name:
Location:
Date of Event:
Estimated Value Requested:
Brief Description of The Event: <i>(E.g., details of project, activity, donation, facility hire and/or venue)</i>
Describe the economic and/or social benefit to the Balonne Shire:

Requesting Organisation's Details

Contact Name:		
Organisation Name:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	
Is Your Organisation 'Not-For-Profit'?		Does your Organisation have its own Public Liability?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes (<i>please attach</i>) <input type="checkbox"/> No
Have you applied for other funding through the Community Assistance and Grants Program?		Have you applied for a fee waiver in the last 12 months?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes Event's name: _____ <input type="checkbox"/> No

Signatures and Declaration *(At least 2 signatures are required)*

I certify that the information provided in this application is true and correct and that I am authorised to make this application on behalf of the organisation:

Title within the organisation: _____

Name: _____ Signature: _____ Date: _____

Title within the organisation: _____

Name: _____ Signature: _____ Date: _____

Title within the organisation: _____

Name: _____ Signature: _____ Date: _____

Title within the organisation: _____

Name: _____ Signature: _____ Date: _____

Supporting Documents *(Please attach any of the below supporting documents if relevant)*

Facility booking form, fully completed, and signed

Copy of Public Liability

Copy of required permits/approvals

OFFICE USE ONLY			
Approval: Approval is hereby provided for the purpose of the above mentioned in accordance with the Community Grants and Assistance Policy		Concessional Facility Hire Applicable _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No Waiver Full Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doc ID:	Date Received:	Sent for Approval:	Receiving Officer:
CHIEF EXECUTIVE OFFICER ONLY			
Form to be provided to the following where applicable:		<input type="checkbox"/> Reception – Hire of Facilities/ Fee Waiver <input type="checkbox"/> Accounts – Payment of Refund <input type="checkbox"/> VIC – Gift Basket	