

Fee Waiver Request Form

Requests up to \$1,000: This '*Fee Waiver Request Form*' is to be completed when requesting to have fees waived up to the value of \$1,000. This will be determined by management decision from the Chief Executive Officer or delegate.

Requests over \$1,000: Please complete the 'Community Grants and Assistance Application'. This will be determined by Council in accordance with the provisions of the Community Grants and Assistance Policy.

Please Note: Even if hire fees and charges have been waived the <u>relevant security deposit is still required and must</u> <u>be paid prior to the event</u>, 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: | | | | |
| (E.g., details of project, activity, donation, facility hire and/or venue) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Describe the economic and/or social benefit to the Balonne Shire: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Requesting Organisations Details

| Contact Name: | | | | | | | |
|---|--------|--|------------------------------------|--|--|--|--|
| Organisation Name: | | | | | | | |
| Postal Address: | | | | | | | |
| Suburb: | State: | | Postcode: | | | | |
| Phone: | Email: | | | | | | |
| Is your Organisation 'Not-For-Profit'? | l | Does your Organisation ha | ave its own Public Liability? | | | | |
| Is the event free of charge to participants? | | Is your Organisation locate | ed within the Balonne Shire? 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? | | | | | |
| 🗌 Yes 🗌 No | | Event's name: 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 Insurance

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 % Yes No Waiver Full Fee: Yes No | | | | |
| Doc ID: | Date Received: | Sent for Approval: | Receiving Officer: | | | |
| | | | | | | |
| CHIEF EXECUTIVE OFFICER ONLY | | | | | | |
| Form to be provided to the following where applicable: | | Reception – Hire of Facilities/ Fee Waiver | | | | |
| | | Accounts – Payment of Refund | | | | |
| | | 🗌 VIC – Gift Basket | | | | |