



Schedule "A"

Fee Waiver Policy

Application for Fee Waiver

Note: The Application for Fee Waiver is intended to facilitate an evaluation of the request based on the criteria as set out in this policy. This request should be provided at a minimum of 30 days prior to the required date. Requests submitted after a fee has been assessed may not be considered.

Name of Organization and Mailing Address:

Contact Person _____

Position _____

Telephone # _____

E-mail Address _____

Assistance:

What type of fee will you incur? (Picnic table, facility rental, etc) _____

Fee Waiver Amount Requested \$ _____

Date on which you expect to incur the fee _____

Purpose of Fee Waiver:

(ie: What community benefit are you providing which will justify a Fee Waiver)



Organization Background:

1. Provide a brief outline of your organization, and indicate if it is incorporated as a non-profit organization.

2. What are the general objectives/services of your organization?

3. Who does your organization provide a service to:

- a) All citizens _____
- b) A specific group _____
- c) A specific area _____

4. In what geographical area does your organization operate?

5. Has your organization requested financial assistance in the last 12 months from other government organizations? If so, please list with amounts received.

6. Have you received funding from the Town of St. Marys in prior years? If so, when and how much?

7. Is your organizations primary source of funding derived from government sources? If yes, estimate a percentage and indicate which government.

Signature

Name and Title of Officer making Application

Signature

Telephone Number

Email Address