

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? (F	Picnic table, facility rental, etc)	
Fee Waiver Amount Requested	\$	
Date on which you expect to incu	r the fee	
Purpose of Fee Waiver: (ie: What community benefit are you pro	viding which will justify a Fee Waiver)	

Rev Date: 0



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	of your organization?	
	- Trinat and the general objectives, convicted		
3.	Who does your organization provide a serv	ice to:	
	a) All citizens		
	b) A specific group		
	c) A specific area		
4.	In what geographical area does your organ	ization 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.		
Sig	gnature		
 Na	me and Title of Officer making Application	Signature	
 Te	lephone Number	Email Address	