



Request for Waiving of Fees
For Not-for-Profit Organizations
(Maximum \$500 Allocations)

Information on Organization

Applicant Name

Which of the following best describes your organization?

- For-profit Organization Registered Non-profit Organization Other (please explain)
Registration #

Purpose of Request

Contact Information

Name

Telephone

Address

E-mail Address

Bi-Annual In-take

Select the appropriate in-take period for which you are requesting financial assistance.

- In-take 1 (Deadline Dec 1) – Jan 1 to Jun 30 period In-take 2 (Deadline Jun 1) – Jul 1 to Dec 30 period

Function/Activity

Date

Location

Do you charge an admission fee? Yes No

If answer is "Yes", please describe

Funding

Waived Fees Requested (*insert dollar figure and/or describe fees to be waived*)

Please explain why waiving of fee(s) is required.

Does the applicant currently receive any other funding from the City of Oshawa? Yes No

If answer is "Yes", please describe



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Does the applicant have other funding sources? Yes No
If answer is "Yes", please list

Applicant Details

Does the applicant owe the City of Oshawa any amounts that are overdue? Yes No
If answer is "Yes", please list

Mail Completed Applications to:

City of Oshawa, Attention: Budget Services, 50 Centre St. S., Oshawa, ON L1H 3Z7

Or Fax to: (905) 436-3895 Or email to: budgets@oshawa.ca

Please attach latest financial report/statements

Date of Application

Signature of Applicant

NOTE:

All applicants will receive confirmation of receipt of application via email within 2 business days. Applications will be reviewed by Budget Services. The City will be in contact with you if any questions regarding the application arise. Applications will then be submitted to Council for their review and determination. Applicant will be advised of Council's decision in writing once a decision on the application has been made.

If approved, the applicant must complete the City's standard rental forms or apply for licenses and permits.

Office Use Only

Meets Policy Does Not Meet Policy (*state reason*)

Booking and related fees confirmed through Facility Booking?

Staff name (please print) _____ Staff Signature _____