



# Facility Fee Waiver Application

Please read and carefully complete the following application. Failure to provide accurate information may result in a delay or denial of your request for a fee waiver. Please attach a copy of your Facility Rental Application to this form and return to the Department of Parks and Recreation. **Applications must be submitted at least 60 days before event.**

*Submission of this application does not guarantee rental of facility.*

## A. CONTACT INFORMATION

Name of Group/Organization \_\_\_\_\_

Is this a non-profit organization ☐ YES ☐ NO Tax ID # (Non-profit only) \_\_\_\_\_

Applicant Name/Person Responsible \_\_\_\_\_ Title \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## B. FACILITY INFORMATION

Indicate the specific facility or facilities for which you are requesting a fee waiver

- |  |   |
|--|---|
| <input type="checkbox"/> FREEDOM PARK RECREATION CENTER                | <input type="checkbox"/> FREEDOM PARK ATHLETIC FIELD                |
| <input type="checkbox"/> HUNTINGTON PARK COMMUNITY CENTER              | <input type="checkbox"/> KEVIN DE LEON SOCCER FIELD                 |
| <input type="checkbox"/> RAUL R. PEREZ MEMORIAL PARK RECREATION CENTER | <input type="checkbox"/> RAUL R. PEREZ MEMORIAL PARK ATHLETIC FIELD |
| <input type="checkbox"/> ROBERT H. KELLER PARK                         | <input type="checkbox"/> ROBERT H. KELLER PARK PICNIC SHELTER       |
| <input type="checkbox"/> SALT LAKE PARK CLUB ROOM # _____              | <input type="checkbox"/> SALT LAKE PARK BALL FIELD # _____          |
| <input type="checkbox"/> SALT LAKE PARK BATTING CAGES                  | <input type="checkbox"/> SALT LAKE PARK GYMNASIUM                   |
| <input type="checkbox"/> SALT LAKE PARK LOUNGE                         | <input type="checkbox"/> SALT LAKE PARK SOCIAL HALL                 |
| <input type="checkbox"/> SALT LAKE PARK SOCCER SQUARE SENIOR PARK      |   |
| <input type="checkbox"/> OTHER _____                                   |   |

## C. EVENT INFORMATION

1. Event Description (provide a detailed description of the event, its purpose, and the activities that will take place).

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Anticipated Daily Attendance \_\_\_\_\_ Anticipated Total Attendance \_\_\_\_\_

2. Is your organization an official non-profit organization 501(c)3? ☐ Yes ☐ No

• If yes, list the non-profit tax ID number \_\_\_\_\_

3. Will you be charging a fee for this event? ☐Yes ☐No

• If yes, list all fees:

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4. Will the event be open to the public?

☐Yes ☐No

5. Is this event a fundraiser?

☐Yes ☐No

## D. EVENT DATES AND TIMES

Set-up Date(s) \_\_\_\_\_

Set-up Start Time \_\_\_\_\_

Event Start Date(s) \_\_\_\_\_

Event Start Time \_\_\_\_\_

Event End Date \_\_\_\_\_

Event End Time \_\_\_\_\_

Breakdown Date(s) \_\_\_\_\_

Breakdown End Time \_\_\_\_\_

## E. FEE WAIVER INFORMATION

Please complete ONLY the section which applies to your event (Intergovernmental Cooperation, Non-Profit, Private Business or Organization or City Sponsored Event)

☐ Intergovernmental Cooperation (Applicant is a government agency)

Name of Specific Department/Unit Responsible for Event \_\_\_\_\_

How does this event benefit the residents of Huntington Park?

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Why is it necessary to hold this event at a City facility?

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☐ Non-Profit Organization or Private Business, Organization or Individual

\*Non-profit organization will be required to provide verification of tax-exempt status.

Do you provide a service solely to the residents of Huntington Park?

☐Yes ☐No

Indicate the negative impact or financial hardship that the normal facility fees would create for your event or agency. You may attach a budget or financial statement for your organization to clarify the reason for your fee waiver request.

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What significant value or benefit will your event provide to Huntington Park residents?

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☐ City-Sponsored Event

See the Park Facility Use Fee Waiver Policy for details about City-sponsored event requests.

Does your organization have, or is it in the process of receiving, a tax-exempt status? ☐Yes ☐No

Explain why the City should be a co-sponsor of your event:

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## F. FEE WAIVER REQUEST

Are you requesting a 100% waiver of all applicable rental fees? ☐Yes ☐No

If "NO" which fees are you requesting to be waived? (Note: refundable security deposit may not be waived)

- ☐ Facility Fee \$ \_\_\_\_\_
- ☐ Personnel (Staffing) \$ \_\_\_\_\_
- ☐ Janitorial \$ \_\_\_\_\_
- ☐ Equipment/Material \$ \_\_\_\_\_

## G. REQUIREMENTS

A completed facility rental application, facility fee waiver application, a letter requesting the fee waiver, and a document proving financial hardship must be submitted at least 60 days prior to the event. The letter of request shall include the following: (A) names and addresses of board members, (B) the event's purpose and benefits to the community, (C) the event's proposed budget including all revenues and expenditures, (D) how the event's proceeds are to be used. (Proceeds are to be used exclusively within the community for charitable or non-profit activities involving youth or adult programs). In addition, the person requesting the fee waiver must attend the commission and/or City Council meeting when the request is being considered.

### CHECKLIST

☐Facility Rental Application      ☐Facility Fee Waiver Application      ☐Request Letter      ☐Financial Document

## H. REVIEW PROCESS

You will be notified within 5 business days of submission of your application whether your request has been denied or will be referred to the City Manager, Parks & Recreation Commission, and/or City Council for review. For additional details, review the Park Facility Use Fee Waiver Policy.

## I. APPLICANT SIGNATURE

I understand and agree to abide by all of the Facility Fee Waiver and Facility Rental regulations of the City of Huntington Park and any other conditions imposed for the event requested. I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statement may result in denial of the requested permit or revocation of any issued permit.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### STAFF USE ONLY

APPLICATION RECEIVED BY \_\_\_\_\_ APPLICATION APPROVED BY \_\_\_\_\_

APPLICATION SUBMITTED \_\_\_\_\_ DOCUMENTS SUBMITTED ☐ Facility Rental Application ☐ Facility Fee Waiver Application  
☐ Request Letter ☐ Financial Document

INVOICE CREATED BY \_\_\_\_\_ APPROVED BY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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