



Application for Waiver of Fees for Municipal Facilities

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Contact Information

Name of the Organization: _____

Contact Person Name: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Total Amount Requested for Waiver (Maximum \$2,500): _____

Support Information for the Waiver of Fees Request

Please provide a short description of the event/program:

Please provide a short description of the mandate of the organization:

Please describe how this event/program aligns with one of the four pillars of sustainability (Economic health, environmental responsibility, cultural vitality and social equality). For more details please see the City of Kingston Strategic Plan at <https://www.cityofkingston.ca/apps/councilpriorities>):

Please describe how this event/program will benefit a vulnerable population in our community (if applicable):

Please describe the financial need of your organization and why you require this waiver:

Please feel free to attach any relevant documents/information to support this application and confirm the following eligibility criteria:

The organization is a Non-Profit in the Province of Ontario and/or a Registered Charity with Canada Revenue Agency ?

YES NO

CRA Charitable Registration # (if applicable): _____

The program/event will be free to attendees YES NO

The program/event is alcohol-free YES NO

The program/event is not a fund-raiser YES NO

This organization has not received a waiver of fees in this calendar year YES NO

City of Kingston’s Privacy Statement: Personal information, as identified by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) including name, address, telephone number and electronic email address is collected under the authority of the Municipal Act, 2001 and in accordance with MFIPPA and other legislation. Your personal information will only be used for the purpose of this application for the waiver of municipal fees and related facility bookings.

I, the undersigned, certify the information in this application is, to the best of my knowledge, true, correct, and complete. I understand that I will be notified of a decision regarding this application within 15 calendar days of submission of a complete application and then the organization has 15 calendar days to complete the booking process.

Signature: _____

Name (print) _____ Date: _____

FOR OFFICE USE ONLY: