



APPLICATION FOR FEE WAIVER

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____ EMAIL: _____

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

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. .
. .
. .

Have you previously requested a fee waiver from SLCo?

If yes, when and for what facility? _____

What fees are you requesting be waived? _____

Fee waiver value \$ _____

Please describe your justification for requesting the fee waiver:

PLEASE ATTACH:

Copy of organization's nonprofit status.

Flyer, invitation or event announcement.

Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the applicant. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this applicant. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the applicant from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer of employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The grantee is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.00.

Dated this _____ day of _____, **21**

Applicant 