

APPLICATION FOR FEE WAIVER

NAME OF ORGANIZATION: Ballet West	
ADDRESS: 52 W. 200 S.	
CITY: Salt Lake City	STATE: UT ZIP CODE: 84101
CONTACT PERSON: Michael Scolamiero	PHONE NUMBER: 801-869-6905 EMAIL: mscolamiero@balle
ORGANIZATION OVERVIEW (which could include	de mission, history, and demographics served):
Ballet West's mission to present the highest level provide dance training to students and adults of a	of professional dance performances to the residents of Utah and also all ages and abilities.
Have you previously requested a fee waiver from	n SLCo? Unknown
If yes, when and for what facility?	
What fees are you requesting be waived? Renta	al of theater and related costs
Fee waiver value \$ \$2,800	_
Please describe your justification for requesting the	e fee waiver:
We plan to hold a performance at the Janet Quinr	soy Lawson Capital Theatre the purpose of which is to raise funds for
humanitarian relief for Ukraine. We have asked al	
humanitarian relief for Ukraine. We have asked al	Il participating artists to donate their time as well.
humanitarian relief for Ukraine. We have asked al PLEASE ATTACH:	Il participating artists to donate their time as well.
PLEASE ATTACH: Copy of organization's nonprofit status.	Il participating artists to donate their time as well.
PLEASE ATTACH: Copy of organization's nonprofit status. Flyer, invitation or event announcement.	Il participating artists to donate their time as well.
PLEASE ATTACH: Copy of organization's nonprofit status. Flyer, invitation or event announcement.	Il participating artists to donate their time as well.
PLEASE ATTACH: Copy of organization's nonprofit status. Flyer, invitation or event announcement. Copy of independent audit. If you do not applicant accepts the following terms and conditions: fees: County funds will be used solely for the purpose applicant. Any expenditure for purposes other the may disqualify the applicant from receiving any comade available to any County officer of employer (67-16-1 et seq.). No grant funds will be used for	It have one, please enclose a copy of current financial statements. The cons as a condition of receiving and using County funds or the waiver of coses approved by the Mayor of Salt Lake County as applied for in this can those approved will require a return of the entire grant amount and additional County funds. It is further understood that no grant fund will be see or in violation of the requirements of the Public Employees Ethics Act or political or campaign purposes. As a further condition of the grant, all ared by Salt Lake County. The grantee is required to complete the