

## **APPLICATION FOR FEE WAIVER**

NAME OF ORGANIZATION: Utah Friends of	AMAR International	Charitable Foundation	
ADDRESS: PO Box 901433		W-7	
CITY: Sandy	STATE: UT	ZIP CODE: 84090-1433	
CONTACT PERSON: Kent Bowman	PHONE !	NUMBER: 801-971-1389 EMAIL: kmbowman@tannepclib, low	M
ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):			
AMAR has worked in war-torn nations for over 30 years helping refugees, especially women and children. Over the years at Maramures city, AMAR has included Ukrainian children from across the border, so we have great experience of their needs. We work through specially trained female volunteers and these are now ready to help. AMAR will be supporting the Mayor, an old and highly valued friend who helps local children every day, giving accommodation, food and clothing to homeless families. Now we can use our talent and experience to help Ukraine's fleeing families to survive and once fighting has calmed to get back home.			
Have you previously requested a fee waiver	from SLCo? No		
If yes, when and for what facility?	04/23/2022	Eccles Theater	
What fees are you requesting be waived? All	rental fees associat	ted with this event (Delta Hall full house, Tanner Lounge	
Fee waiver value \$ 5996			
Please describe your justification for requesting	the fee waiver:		
room (\$220) This event is a fundraiser to supp	ort Ukrainian refuge	ounge for a VIP dinner (\$1000) and use the rehearsal ees in Romania, and additional medical supplies being taken mize funds contributed to Ukrainian refugees.	int
PLEASE ATTACH:			
Copy of organization's nonprofit status  Flyer, invitation or event announcemen  Copy of independent audit. If you do	t.	se enclose a copy of current financial statements. (TAX	u)
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 29 <sup>TH</sup> day of MARCH, 201	ZZ Applican	HULM PRUMAN TRAGUER	