



Fee Waiver/Fee Reduction Application

**Finance &
Information Systems**
Effective: February 2017

Request for: Fee Waiver___ Fee Reduction___ (Select One)

Please note: Normal service request procedures should be followed for standard services.

Date of Application: _____

Date of Event: _____

Please complete the following and submit to: _____ (City Department)

**City of Brentwood
150 City Park Way
Brentwood, CA 94513
925-516-5400**

1. Proposed Event Name: _____

2. Total Requested Funding and/or fee Amount: \$ _____
(include all fees/departments)

3. Have matching funds been secured for this event? Yes _____ No _____

4. Applicant Information:

Name of Organization/Agency: _____

Contact Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____ Fax: _____

Business License #: _____ Nonprofit ID #: _____ (attach copy)

5. Does this event fall under one or more of the City Council Two Year Goals? If yes, please explain:

6. Have you or your organization previously requested and/or received any funding from the City? If yes, please provide any pertinent funding information:



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7. Will promotional materials be created for this event? _____ Yes _____ No

8. Proposed Event Information:

- a. How will the requested funds be used? Describe, in detail, the proposed event. Clearly define any fee schedules that are applicable to this event. Identify if the proposed event is a new service, or extension of an existing one.

- b. Specify the proposed area (e.g., downtown), population or agency that will benefit from this program or event.

- c. What documentation/data/records support the need for this proposed event? Identify your data sources. Additional pages may be included, if needed.

Date of Application: _____

Required Attachments:

Please provide the required copies of the following: *(Please note: Applications without the following documents will not be reviewed for funding)*

Please label attachments A, B, etc.

- A. Names and home addresses of governing board; identify current board officers, etc. Homes addresses are required.
- B. Proof of Non-Profit Status as described in the Policy
- C. Hold harmless agreement - By signing this application you are also signing and agreeing to the Hold Harmless Agreement.



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C. Hold Harmless Agreement

Fiscal Year _____

Applicant, Event Sponsor or Contractor shall hold harmless, defend and indemnify the City of Brentwood (City) and its officers, officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigations) of every nature arising out of or in connection with Applicant, Event Sponsor or Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in the agreement except such loss or damage with was caused by the sole negligence or willful misconduct of the City.

Signatures:

Applicant

Date

Name of Organization /Agency

Note: Applicants will be notified within fourteen (14) business days if the request for use of City funds will be granted.

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For City of Brentwood Use Only

Approved by: _____ Est. Amt. \$ _____
Director Date

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Director Date

Approved by: _____ Est. Amt. \$ _____
Director Date

Approved by: _____ Est. Amt. \$ _____
Director Date

Approved by: _____ Est. Amt. \$ _____
Director Date

Total Fees Waived: \$ _____ (NTE)