

# FACILITY FEE REDUCTION/WAIVER APPLICATION FORM

CITY OF RICHMOND  
 COMMUNITY SERVICES-RECREATION  
 3230 Macdonald Avenue  
 Richmond, CA 94804  
[csdregistration@ci.richmond.ca.us](mailto:csdregistration@ci.richmond.ca.us)  
 (510) 620-6793



Please read and carefully complete the following application. Failure to provide accurate information may result in a delay or denial of your request for a fee reduction/waiver. Please attach a completed copy of the following documents for review:

- Facility Rental Application
- Special Event Permit Application (if applicable)

<b>1. APPLICANT INFORMATION</b>	
Name of Group/Organization:	
Type of Organization (Government, Non-Profit Organization, Official City of Richmond Partner or City of Richmond Co-Sponsored Event):	
Is your organization an official non-profit organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide Tax ID documentation (Non-profit only):	
Applicant Name/Person Responsible:	Title:
Cell Phone:	Alternate Phone:
Email Address:	
<b>2. FACILITY INFORMATION</b>	
Please provide the name and location of the facility or park that you are requesting to hold your event or program.	
Why are you choosing to hold this event at a city facility or park?	

**3. EVENT INFORMATION**

Provide a detailed description of the event, its purpose, and the activities that will take place.

Will you be charging a fee for this event? If yes, list the fees.  Yes  No

Provide anticipated daily and total attendance information.

Will the event be open to the public?  Yes  No

Is this event a fundraiser?  Yes  No

**3. EVENT DATES/TIMES**

Event Set-up date:

Event Set-up time:

Event Set-up date:

Event Set-up time:

Start End date:

Event End time:

Event Breakdown date:

Event Breakdown time:

**4. FEE REDUCTION/WAIVER INFORMATION**

Please answer the questions that apply to your event

How does this event or program benefit the residents of Richmond?

Do you provide a service or program solely to the residents of Richmond? Provide details.

Indicate the negative impact or financial hardship that the normal facility fees would create for your event or agency. You may attach a budget or financial statement for your organization or event to clarify the reason for your fee waiver request.

Are you partnering with a City of Richmond department? If so, please list and provide a point of contact.

List all the partners/sponsors you are working with on this event

**5. EVENT BUDGET**

Provide a copy of your organization's current year budget. Provide a proposed budget for your program offer.

**6. FEE REDUCTION/WAIVER REQUEST**

25%       50%       75%       100%       Other:

**7. ACKNOWLEDGEMENT**

I acknowledge that this request and any subsequent approval or denial does not guarantee the availability of City of Richmond facilities and/or equipment. I further understand that I must have completed all applicable reservation procedures prior to submitting this application including but not limited to reserving the facility and/or equipment and paying the application fee, security deposit. I further acknowledge that if the request is denied or a reduction of fees is granted, the organization I represent must pay all remaining fees by the due date and that all established permit regulations and Community Services-Recreation rules will be following during and after the event.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**STAFF USE ONLY**

FEE WAIVER APPROVED <input type="checkbox"/>	FEE WAIVER DENIED <input type="checkbox"/>
NAME AND TITLE OF APPROVER	
SIGNATURE OF AUTHORIZED STAFF	