

Reduction or Fee Waiver Application



Note: this form is only for properties in Banksmeadow, Botany, Daceyville, Eastgardens, Eastlakes, Hillsdale, Mascot, Pagewood and Rosebery

The information provided is used as the basis to form an assessment of the application in accordance with Council's Financial Assistance Policy.

| YOUR CONTACT INFORMATION | | | |
|--|--|--------|--|
| Mr / Mrs / Miss / Ms – Name: (circle) | | | |
| Position: | | | |
| Organisation: | | | |
| Address: | | | |
| | | P/Code | |
| Mailing Address: | | | |
| | | P/Code | |
| Phone: (Business hours) | | | |
| Mobile: | | | |

Privacy Statement

The personal information provided on this form (including your name and other details) will be handled in accordance with the *Privacy and Personal Information Protection Act 1998* and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website

Eastgardens Customer Service Centre
152 Bunnerong Road
Eastgardens NSW 2036, Australia
ABN 80 690 785 443 Branch 004
DX 4108 Maroubra Junction

Rockdale Customer Service Centre
444-446 Princes Highway
Rockdale NSW 2216, Australia
ABN 80 690 785 443 Branch 003
DX 25308 Rockdale

T 1300 581 299
F 02 9562 1777
E council@bayside.nsw.gov.au
W www.bayside.nsw.gov.au
Postal address: PO Box 21
Rockdale NSW 2216



Telephone Interpreter Services - 131 450

Τηλεφωνικές Υπηρεσίες Διερμηνέων

خدمة الترجمة الهاتفية

電話傳譯服務處

Служба за преведување по телефон

| | |
|--------|--|
| Email: | |
| Fax: | |
| ABN: | |

ELIGIBILITY

| | | | | |
|--|-----|--|----|--|
| 1. Is your club / organisation a business, private or profit organisation, government agency? IF <u>YES</u> YOU ARE NOT ELIGIBLE | Yes | | No | |
| 2. Is your club / organisation a non profit, not for profit, charity, association or community service organisation? <i>Please provide documentary evidence.</i> | Yes | | No | |
| 3. Is the group, club or organisation services located outside Bayside Council Local Government Area? | Yes | | No | |
| 4. Does the club / organisation / group receive Grant funding or recurrent funding to conduct the activities? | Yes | | No | |
| 5. Is the club / organisation involved in a political party or group associated with political parties? IF <u>YES</u> YOU ARE NOT ELIGIBLE | Yes | | No | |
| 6. Does the club / organisation have any outstanding financial matters with Council? I F <u>YES</u> YOU ARE NOT ELIGIBLE | Yes | | No | |

Club / Organisation Description *Please detail the current service, target group/s and mission / vision of the club / organisation.*

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| Facility Hire Details (if applicable) |
| |
| Details of Function / Activity to be Held: (if applicable) |
| |
| Date/s of Hire: (if applicable) |
| |
| Period of Hire: hours/day (if applicable) |
| |
| Total Hire Fees Waived: |
| |

*Note: Charges levied for bonds are not eligible for reduction or waiver

Reason for Request:

Who will benefit most within the community and how?

Please explain how the need or issue was identified and how your organisation will address that need.

Do you offer regular program or services for residents from the Bayside Local Government Area (LGA)?

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PART FOUR – Authorisation

I, _____
(Name)

certify that I have read and understand the Financial Assistance Policy 2013 and have been authorised to make this application. I agree to abide by the conditions and acknowledge that the statements made in this application are true and accurate.

Name: _____

Position: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____

Checklist

| | | |
|---|-----|----|
| Are all contact details accurate? | Yes | No |
| | | |
| Have you attached supporting documentation? (finance, registration etc) | Yes | No |
| | | |
| Are all sections completed? | Yes | No |
| | | |