

Fee Waiver Application Form

For use by organisations and individuals applying for a 50% waiver of fees for hire of

Council Venues and Facilities (excluding Sporting Fields)

Applicant Information	
Name of Organisation:	
Organisation Address:	
Organisation website:	
Name of Applicant:	
Applicant Address:	
Phone Contact:	
Email address:	

Organisation Information	
Is the Organisation a not for profit charity, Association or community service organisation?	🗆 Yes 🛛 No
ABN or ATO No:	
<i>If you do not have one, attach a copy of the Organisation's adopted Constitution</i>	
Is the organisation a Government entity with an exsiting partnership with Council?	□ Yes □ No
Where do the Organisation's activities occur?	
Are the majority of members residents of the Bayside local government area? Please attach evidence of membership:	□ Yes □ No
Do members pay to join the organsation and / or attend an activity?	🗆 Yes 🛛 No
If yes, please list the costs associated :	

Privacy Statement:

The personal information provided on this form will be managed in accordance with the *Privacy and Personal Information Protection Act 1998.*



Activity/ Event Details	
Name of Venue or Facility:	
Booking Date(s) and Times: A booking must be made BEFORE applying for a fee waiver:	
Describe the proposed activity/event and show how it benefits the Bayside community:	
Which members of the community will receive the most benefit? (ie/ older people, youth)	
Please estimate how many people will participate in this event/ activity	

Financial Information		
NB: Waivers apply ONLY to the cost of hiring the Venue or Facility. Bonds and associated costs require full payment.		
For what reasons are you requesting a fee reduction		
Will you be charging a fee for participants to attend this activity? If yes, how much?	□ Yes □ No Amount:	
Will you receive any Commonwealth, State, local government or other funding/donations to run this activity/ event? If yes, specify the source of funding	□ Yes □ No	
Will the activity/event proceed without this Fee Waiver? If no, briefly explain why?	□ Yes □ No	



Confirmation of Information

- I have read the Community Grants & Donations Policy 2018
- I have attached proof of membership re: Bayside residents
- I have attached evidence of the Organisation's not for profit status
- I have completed all Questions on this Application Form and provided all relevant supporting documentation.
- I certify that the information provided is true and correct.

Name of Applicant (Print)	
Position in Organisation (if applicable):	
Signature:	Date:

Forward your application to:

Mail: Manager Community Life Bayside Council PO BOX 21 Rockdale NSW 2216

Email: grantsanddonations@bayside.nsw.gov.au

In Person: Bayside Council Customer Service Centres

- Westfield Eastgardens, 152 Bunnerong Road, Eastgardens
- Rockdale Council Building, 444 446 Princes Highway, Rockdale