City of Lauderhill
Parks and Recreation Department
Fee Waiver Request Form

Organization Name: _____

Organization Address: _____

City/ State/ Zip: _____

Organization Website: _____

Authorized Representative: _____

Contact Phone: _____ Contact Email: _____

Please attach the following to this form:

☐ Letter on Non-Profit's letterhead, signed by authorized representative, specifying the requested facility/room/pavilion including date(s) and time(s) for each use as well as the purpose of the use and benefit to the Community. The letter is to include the statement certifying that there are no admittance charges to the activity. If the activity is a fundraiser, the request must include how the proceeds will benefit the Community and where the proceeds from the fundraiser will go.

Date Received
_____/_____/_____

☐ Certificate of Insurance for Organization naming the City of Lauderhill as an additional insured, if applicable.

Date Received
_____/_____/_____

Non-Government agencies must also attach:

☐ Proof of current Not-for-profit status (www.irs.gov)

Date Received
_____/_____/_____

☐ Proof of current corporate status from the State of Florida Division of Corporations (www.sunbiz.org)

Date Received
_____/_____/_____

Requests will not be processed until all items listed above are submitted with this form.

Completed form and documentation listed above should be submitted to:

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City of Lauderhill
Parks and Recreation
Department
4141 N.W. 16th Street
Lauderhill, FL 33313
jdelatorre@Lauderhill-fl.gov

City of Lauderhill Fee Waiver Application

Instructions: Please complete all sections of this application and attach all required documents. Incomplete applications will not be considered. Submit the completed application and all supporting materials via Civic Rec by either **June 1st** or **December 1st** for approval.

SECTION 1: ORGANIZATION INFORMATION (20 pts)

1. **Organization Name:** _____
2. **Federal Tax ID / EIN:** _____
3. **Organization Address:** _____
4. **Primary Contact Person:**
   - Name: _____
   - Phone: _____
   - Email: _____
5. **Is the organization registered as a nonprofit or other eligible entity?** ☐ Yes ☐ No
   If yes, provide documentation of nonprofit status.
6. **Describe the organization's mission and how it serves the Lauderhill community: (**If more space is needed to answer, please attach additional pages as necessary)

   _____

   _____

   _____

   _____

7. **List past events/programs the organization has produced, including dates and locations:** (If more space is needed to answer, please attach additional pages as necessary.)

   _____

   _____

   _____

   _____

SECTION 2: APPLICATION COMPLETENESS & COMPLIANCE (20 pts)

8. **Has the organization submitted all required documents?** ☐ Yes ☐ No
   (Attach IRS nonprofit certification, budget summary, program details, etc.)
9. **Has the organization had any previous financial delinquencies or outstanding balances with the City?** ☐ Yes ☐ No
10. **Has the organization previously violated the City's Fee Waiver Policy?** ☐ Yes ☐ No
    If yes, please provide an explanation:

    _____

    _____

SECTION 3: EVENT OR PROGRAM DESIGN & COMMUNITY BENEFIT (60 pts)

11. **Event / Program Name:** _____
12. **Event Date & Time:** _____
13. **Event Location(s) / Facility Requested:** _____

14. **Event Purpose and Description:** _____

_____

_____

15. **List of Activities at the Event:** _____

_____

_____

16. **Will there be any fees charged for attendance or participation?** ☐ Yes ☐ No
    If yes, provide details: _____

_____

_____

17. **Estimated Attendance:** _____
18. **Describe how the event will be promoted and marketed to Lauderhill residents:** (If more space is needed to answer, please attach additional pages as ncessary.)

_____

_____

_____

19. **List any collaborating organizations or sponsors:** _____

_____

_____

20. **How does the event align with the City's mission?** _____

_____

_____

_____

21. **Does the event provide a unique benefit not available through City departments?** ☐ Yes ☐ No
22. **Describe any potential facility or operational impacts and how they will be mitigated:**

_____

_____

23. **Will volunteers or materials be provided by the organization to support the event?** ☐ Yes ☐ No

REQUIRED ATTACHMENTS: ☐ IRS nonprofit determination letter (if applicable)
☐ Event budget and projected expenses
☐ Proof of good financial standing with the City
☐ Marketing and outreach plan
☐ Any additional supporting documents

CERTIFICATION & SIGNATURE I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation may result in denial of the fee waiver request.

Authorized Representative Name:
Signature:
Date:

OFFICE USE ONLY Date Received: _____
Application Complete: ☐ Yes ☐ No
Review Score: _____
Decision: ☐ Approved ☐ Denied
Comments:
Reviewed By: _____
Date: _____