



# Municipality of Highlands East Fee Waiver Policy

## **Purpose:**

The Municipality of Highlands East is home to a variety of athletic games, tournaments, practices, events, fundraisers and gatherings each year facilitated by the many devoted service clubs, community groups and volunteer organizations. The Fee Waiver Policy has been developed to create consistency and set parameters around the waiving of fees to such parties.

## **Scope**

The intent of this policy will be to streamline the fee waiver process and provide a consistent approach in the information that is provided for consideration. For further clarity, a set of eligible and non-eligible criteria was established for the approval of fee waiver.

## **Eligibility Criteria**

- The organization or group must operate as not-for-profit with the ability to confirm such status to a level deemed satisfactory by the Municipality
- The activity does not duplicate or conflict with an existing program or activity
- The activity will provide benefit to the community/public
- Organizations must demonstrate financial need and validate their request for consideration of waiving of fees

## **Not Eligible**

- Private events such as weddings, birthdays, anniversary parties etc.
- For-profit organizations, individuals or groups and businesses
- Events or activities that are not open to the general public
- Organizations based outside the Municipality (unless the demonstrated benefits are primarily to the residents of Highlands East)
- Projects or organizations that did not fulfill their obligations during previous events or activities for which facility permit fees were waived or reduced
- Events or activities involving alcoholic beverages where the proceeds are for profit and not being directly donated to the charity or cause that the fee has been waived for

## **Organizations under this policy are defined as and include:**

“**Community Health Promotion Groups**” means a not-for-profit organization that provides a program, service or financial contribution primarily to the residents of Highlands East related to the promotion, education or in support of health services including Haliburton, Kawartha, Pine Ridge District Health Unit, Ontario Early Years Haliburton.

**“Community Organization”** means a not-for-profit organization that provides a program, service or financial contribution primarily to the residents of Highlands East on a cost recovery basis. Organizations providing benefits to their members only via membership fees are excluded from this policy (eg. Special Interest Groups, Business Associations or Political Groups).

**“Rental Fees”** means all Municipal fees associated with the rental of a facility inclusive of set up but excluding externally regulated fees collected by the Municipality such as Special Occasion Permits and Insurance.

**“Senior or Youth Organization”** means a not-for-profit organization that provides a program, service or financial contributions primarily to senior or youth residents of Highlands East on a cost recovery basis and includes senior and youth organizations, include Girl Guides, minor sports and schools.

**“Service Clubs”** means a voluntary not-for-profit organization where members meet regularly to perform charitable works either by direct hands-on efforts or by raising money for other organizations. A service club is defined firstly by its service mission and secondly its membership benefits, such as social occasions, networking, and personal growth opportunities that encourage involvement. Service Clubs includes Lions, Rotary, Kinsmen and Knights of Columbus.

**“Special/Community Events”** means an event hosted by a not-for-profit organization that provides a program, service or financial contributions primarily to the residents of Highlands East and is free for the public to attend.

## **POLICY**

Under the Municipal Fees and Charges By-law, the Municipality charges fees for the use of Municipal indoor facilities. These fees are based on recovering the facility operating costs and does not include set-up/take-down and staff time where applicable.

The following fee waivers of Municipal facility rental fees shall be applied for community organizations as outlined below:

### **Request Waiver of Fees**

The Property Supervisor will review the application submitted, and subject to meeting the eligibility criteria, may approve or deny the application request.

### **Application Process**

Community groups, individuals or organizations that wish to be considered for the waiving of fees must apply in writing to the Property Supervisor or Clerk of the Municipality of Highlands East using the detailed application form. Applications must be submitted to the Clerk a minimum of sixty (60) days prior to the event of consideration.

The Clerk, or designate, will forward any received application to the Property Supervisor for review. Subject to the review, the Property Supervisor will either approve or deny the request based on eligibility criteria and/or availability of requested facilities, if applicable. The application form will then be returned to the Clerk, or designate, who shall advise the applicant in writing of the decision.

Where there is reasonable doubt as to whether or not the organization is eligible, the application may be brought forward to the CAO/Treasurer for final recommendation of a decision.

Application forms for the waiving fees will be available at any one of the Municipal offices in Highlands East.

### **Appeal**

If the applicant does not agree with the decision provided, they may submit a request of reconsideration in writing to Council for consideration.

Completed application forms and accompanying documentation will be sent to:

Municipality of Highlands East  
Attention: Municipal Clerk  
P.O. Box 295  
2249 Loop Road  
Wilberforce, ON K0L 3C0



**REQUEST FOR WAIVING OF FEES  
APPLICATION FORM**

**APPLICANT INFORMATION**

Name of Group or Individual:	
Contact Person(s):	
Address:	
Phone:	Home: Business: Cell:
Email:	
Which of the following best describes you (check one):	Person(s) <input type="checkbox"/> Community Group <input type="checkbox"/> Registered Non-profit <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Is this your only request for Fee Waiving this Fiscal Year?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please list details)
Purpose of Request: (brief explanation, summary from your cover letter)	

**EVENT / FEE INFORMATION:** Please provide the following details regarding the activity your application pertains to.

Date:	
Fee Type: ie) rental, insurance	
Fee Amount:	
Description of Event:	
Location: ie) Building Name, Sport Field, Address etc.	
Admission/Participation Fee: (is there a Admission/Participation Fee charges to attendees?)	Yes <input type="checkbox"/> (if yes, please describe)  No <input type="checkbox"/>
Open to the Public? (is this event open to the general public?)	Yes <input type="checkbox"/>  No <input type="checkbox"/> (if no, please explain)
Anticipated Attendance:	

**FUNDING REQUEST**

Requested amount to be waived:	
Description of Need: (please describe why the waiving of fees is requested)	
Have you received any other sources of funding:	Yes <input type="checkbox"/> (if yes, please describe)  No <input type="checkbox"/>

Please mail or drop off completed application to:

Municipality of Highlands East  
Attention: Municipal Clerk  
P.O. Box 295  
2249 Loop Road  
Wilberforce, ON K0L 3C0

Or

Fax to: 705-448-1027

e-mail to: [info@highlandseast.ca](mailto:info@highlandseast.ca)

### SIGNATURE OF APPLICANT

Upon receipt of your application, confirmation will be provided to the applicant. The application will then be reviewed by the Property Supervisor. Should the Municipality have any further questions pertaining to your request, you may be contacted to provide additional details. The applicant will be informed of the decision in writing and if approved, will be required to sign the Municipality's standard rental agreement, provide insurance coverage documents or purchase Municipal Insurance, as well as being obligated to comply with any associated guidelines for the facility.

Signature:	
Date:	

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#### OFFICE USE ONLY:

Meet criteria  Does not meet criteria   
Request approved  Request denied

Staff Name:	
Date:	

Additional Comments:

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