

Indoor venues fee subsidy or full fee waiver application

Please ensure that you have booked the Council facility or that you submit the appropriate booking application form in conjunction with this application.

Please refer to Inner West Council Fee Subsidy and Fee Waiver Guidelines before completing this application. It may take up to 4 weeks for the outcome of your application to be determined. Please consider this in submitting your application and the planning of your activity / program / event.

Booking Details					
Who Booked the Facility?	Organisation Name				
	Contact Name				
	Community Facility Booking				
	Which facility/venue?				
Which Council facility has been booked?	Library Meeting Room				
	Whi	ch library/room?			
		,			
Date/s and times of booking (including frequency if a regular recurring hire)	What is your booking reference (as indicated on correspondence from council) if available?				
What rate are you requesting?	☐ Category 1: 100% fee subsidy ☐ Category 2: 50% fee subsidy				
	Des	scription of fee	Yes	No	Value \$
What fees and charges are you requesting to be waived or reduced?	Ver	nue hire fee	☐ Yes	□ No	\$
	Oth	er	☐ Yes	□ No	\$
Please note that a reduced fee waiver does not apply to bonds, key deposits or additional costs associated with the booking such as security call-outs.	(please specify)				
caust do cocarry can cate.	Total estimate of fees to be waived / reduced \$				\$
SECTION 2: APPLICANT DETAILS					
How do you wish to apply for a reduced fee or fee waiver?	As an individual (individuals <u>must</u> be auspiced by an incorporated not for profit organisation)				ed by an
	Complete Section 2a and 2b				
	As an organisation (including not for profit organisations, businesses, sole traders and community groups) Complete Section 2b.				



SECTION 2A: DETAI	LS FOR INDIV	/IDUALS		
Contact name				
Street Address				
Suburb			Postcode	
Postal address: (if different to street address)				
Suburb			Postcode	
Phone number			Mobile	
Email				
SECTION 2B: ORGA	NISATION / A	HSDICE D	FTAII S	
Name of organisation			LIAILO	
Street Address				
Suburb			Postcode	
Postal address: (if different to street address)				
Website				
Suburb			Postcode	
	Name			
	Position / Role			
Organisation contact	Phone No.			
	Mobile			
	Email			
	☐ Sole trader, company, partnership or trust			
	☐ Not for profit incorporated association			
	☐ Community group / Not for profit unincorporated Association			
Which of the following best describes the structure of	☐ Co-operative			
your organisation	☐ Charity			
	☐ Political party			
	☐ State or Federal Government department or agency			
	☐ Other – plea	ase specify		
What is your ABN?				
What percentage of your	□ 50 − 100%			
members or attendees live in the Inner West Council LGA?	☐ Less than 50% ☐ Don't know			



What is your annual membership fee (if any)? Please give details			
What do participants have to pay to attend your event/s (estimate per session)? Please give details			
Do you offer concession or lower fees for people on low incomes or with a Health Care Card?	☐ Yes	□ No	
If yes, what is the cost to the attendee to participate?			
Is your organisation locally based?	☐ Yes	□ No	
What does your organisation do?			
Describe how your organisation offers regular programs or services to residents in the Inner West LGA			
Are you currently using any other Council facilities / services? If yes, please provide details			
Please provide details of any financial assistance such as in-kind support, grant funding, or fee waivers that you or your organisation has previously received from the Inner West Council. Please attach further documentation or explanation if necessary.			
Type of assistance received			
What was this assistance used for?			
What was the value of this assistance?			
SECTION 3: ACTIVITY / PROJECT / EVENT DETAILS			
Please describe your activity / project / event:			
How will this activity / project / event benefit the residents of Inner West LGA?			



Which of the following best describes your activity / project / event?				
☐ Corporate, promotional purposes ☐ Fundraising for charital purposes ☐ Revenue raising for you ☐ A private function ☐ Delivery of a funded county of a funded count	ble or humanitarian ur organisation ommunity service and awareness building asion of worship	☐ A conference, seminar or expo ☐ A class, seminar or developmental workshop ☐ Physical / health or sport / exercise activity ☐ Rehearsal / studio use or creative workshop ☐ An exhibition, concert or performance ☐ A peer support or self-help meeting ☐ Afternoon term activity for 4-12 yr olds ☐ Other – please specify:		
Which of Council's Strategic Ob	pjectives does your activity / pr	oject / event align with?		
☐ Strategic Direction 1: An ecologically sustainable Inner West ☐ Strategic Direction 2: Unique, liveable, networked neighbourhoods ☐ Strategic Direction 3: Creative communities and strong economy ☐ Strategic Direction 4: Caring, happy and healthy communities ☐ Strategic Direction 5: Progressive local leadership				
How many participants will be attending / participating?				
What percentage of these participants live in the Inner West Council LGA?	☐ 50 - 100% ☐ Less than 50% ☐ Don't know			
Which group/s in our community does the activity / project / event target?	☐ All residents of the Inner West Council LGA			
	Residents from a particular cultural background Please specify:			
	☐ People with a disability			
	☐ Socially and/or culturally isolated people			
	People with significant physical or emotional health requirements			
	Amateur athletes, artists, or performers from the Inner West Council LGA			
	☐ Seniors			
	☐ Young People (12-24	yrs)		
	☐ Children (4-12 yrs)☐ Children (0-5 yrs)			
	☐ Other			
	Please specify			



Who is the activity / project / event open to	☐ The general public ☐ Members only ☐ By invitation only		
Do you propose to charge	participants a fee?	☐ Yes	□ No
If yes, please give details:	:		
For this activity / pr	ogram / event, will you receive:		
State or Commonwealth fu		☐ Yes	□ No
If yes, please give details	:		
Other funding (eg. Benevo other grants?	olent contributions, corporate sponsorship,	☐ Yes	□ No
If yes, please give details	:		
Income from membership	fees or charges	☐ Yes	□ No
If yes, please give details:	:		
Ticket or program sales		☐ Yes	□ No
If yes, please give details:	:		
Sale of food or drink at the		☐ Yes	□ No
If yes, please give details	:		
Sale of merchandise at the	e venue	☐ Yes	□ No
If yes, please give details	:		
Participant donations		☐ Yes	□ No
If yes, please give details	:		



Other income	☐ Yes	□ No		
If yes, please give details:				
Will your organisation make a profit from the activity / project / event?	☐ Yes	□ No		
If yes, please give details:				
Will the activity go ahead without Inner West Council's support?	☐ Yes	□ No		
Please give details:				
Do you currently offer this activity in other metropolitan or regional areas?	☐ Yes	□ No		
Please give details:				
SECTION 4: SUPPORTING DOCUMENTATION				
The below support material <u>must</u> be included with your completed application form. In addition, groups applying for a reduced fee or fee waiver may submit any other material that may support their application such as media clippings, promotional material from previous events.				
For not for profit incorporated associations, charities:				
The most recently published annual report				
☐ A copy of your certificate of incorporation				
For unincorporated associations, community groups, cooperatives:				
Two written references or letters/emails of support from not for proassociations	fit incorpora	ted		
For Sole traders, companies, partnerships or trusts:				
Two written references or letters/emails of support from not for profit incorporated associations				
A one page CV relevant to the activity / project / event you are project.	posing			

DECLARATION

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

I acknowledge that, if I am awarded a reduced fee or fee waiver, it is only applicable for the activity / program / event referred to in this application and that it is awarded under the Inner West Council's Grants and Fee Scale Policy.

I acknowledge that Inner West Council may vary the level of support provided through this program at its sole discretion.

I understand that information provided with this application (including the application form) and any subsequent information submitted as part of this application, may be disclosed under the provisions of the Government Information (Public Access) Act 2009 and correspondence from Council may be made available for viewing by the general public.

Organisation (if applicable):					
Applicant Name:		Date	//		
Applicant Signature:					
If you are applying under an auspice, your application must also be signed by an authorised representative from the auspice organisation.					
Auspice representative name:		Date	//		
Auspice representative Signature:					

Privacy statement

This form contains personal information of a person/s making an application to Inner West Council. The requested information assists Council staff to respond to the applicant/s. The supply of information is voluntary. If you do not provide the requested information, Council may not be able to respond to / progress your application. The information will be retained in Council's record keeping system. Information held by Council is not made publicly available unless there is an overriding public interest to do so under the Government Information (Public Access) Act 2009 (GIPA Act) and in accordance with section 18(1)(b) of the NSW Privacy and Personal Information Protection Act 1998. For more information about your privacy please contact Inner West Council on (02) 9392 5000 and ask to speak with the Privacy Officer. Alternatively, you may email Council at council@innerwest.nsw.gov.au or write to us at P.O. Box 14, Petersham, NSW 2049.

INSTRUCTIONS FOR APPLICANTS

Lodging an application requires a completed application form, all relevant information

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU

Lodge in person – Inner West Council's Leichhardt Customer Service Centre, 7-15 Wetherill St,
 Leichhardt, or at the Ashfield Service Centre, 260 Liverpool Rd, Ashfield.



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- Council's opening hours are Monday Friday, 8.30am 5.00pm, cashiering hours are Monday Friday,
- 8.30am 4.30pm. Please note Applications must be lodged by 4.00pm.
- Lodge by mail Inner West Council PO Box 14, Petersham NSW 2049
- Lodge by Email <u>venuebookings@innerwest.nsw.gov.au</u>
- Application will be checked at lodgement to ensure the required information is provided