## <u>City of Melfort</u> <u>Community Services Department</u> <u>Facility Reduced Rate Request Form</u>



Name of Organization:				
Mailing Address of Organizatio	n:			
E-mail Address:				
Contact Person:				
Phone Number: (H)	(W)	_	(C)	
Description of Organization:	Non-profit:	Yes	No	
Detailed description of events f dates, facility and/or room requ		y usage is	being requested: (object	ives, times,
Demonstrate the financial nee event?)	d required: (how w	ill the redu	ced rate benefit the suc	cess of the
Describe how the event will be	nefit the community	v as a whole	e:	
For Office Use Only:				
Management Recommendati	on prepared by: _			
Recommended Free/	Reduced Rate		Not Recommended	
Reviewed by:		Date:_		
Approved	Not Approved		_ Referred to Council	

## Criteria for Granting Reduced Rate Usage

- 1. Programs or events which are not eligible for funding from federal or provincial government sources, regional or provincial recreation bodies.
- 2. Programs or events which complement but do not duplicate the City's involvement.
- 3. Must be a direct program or event offered by a community organization.
- 4. No registration fee charged to participants of the program or event.
- 5. Open to all residents if the residents wish to participate (no barriers). No admission fee and open to all interested individuals that qualify to attend.
- 6. If a reduced rate is granted, the contribution of the City of Melfort must be recognized.
- 7. Reduced rate requests will be denied if requested on statutory holidays and unscheduled staff times.
- 8. Reduced rates apply to facility rental only and does not include any extra fees (e.g. coffee service, corkage, linen, etc.). These extra fees will be chargeable back to the Community Organization.

CITY OF MELFORT COMMUNITY SERVICES DEPARTMENT BOX 2230 MELFORT, SASKATCHEWAN SOE 1AO 202 BURROWS AVENUE WEST PHONE: 306-752-5911 FAX: 306-752-5556