



## 2024 CITY OF OJAI LIBBEY BOWL FEE WAIVER APPLICATION

Applicants, please be advised, all waivers will be evaluated on the benefit to the Ojai community.

The completed application and supporting materials must be received at the City of Ojai Recreation Department by Friday, October 20, 2023. Applications may be mailed or submitted to the Ojai Recreation Department, 510 Park Road, Ojai, CA 93023. All applications must be received by the deadline; postmarks will not be accepted.

### Applicants:

Please return the original and five (5) copies of the application with supporting materials. Please submit one (1) copy only of artistic materials such as images, CDs, DVDs, etc.

#### **1. Select the option below that best describes the event producer and the type of event being proposed**

- Individual/commercial entity producing a non-profit benefit event
- Non-profit organization producing a fundraising event
- Individual/commercial entity producing a free or extremely low-cost (\$5 per ticket or less) community benefit event
- Non-profit organization producing a free or extremely low-cost (\$5 per ticket or less) community benefit event
- Other (Please note type): \_\_\_\_\_

#### **2. Provide your contact information:**

Name of Individual/Commercial Entity or Non-profit Organization Seeking Waiver: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person (If other than applicant): \_\_\_\_\_

Email/Website: \_\_\_\_\_

Tax ID number (501) (c) (3): \_\_\_\_\_

**3. If applicable, provide information on the organization receiving the benefit funds.**

Name of Non-profit Organization (if applicable): \_\_\_\_\_

Date Non-profit Organization Incorporated: \_\_\_\_\_

Tax ID number (501) (c) (3): \_\_\_\_\_

Mailing address of fiscal receiver: \_\_\_\_\_

Non-profit Contact Name: \_\_\_\_\_

Non-profit Contact Telephone: \_\_\_\_\_

Non-profit Website/Email: \_\_\_\_\_

**4. Have you identified a desired date on which to hold your event?**

If yes, please provide: \_\_\_\_\_

**5. Project Title: \_\_\_\_\_**

**6. Amount of Waiver funds requested to be waived: \$\_\_\_\_\_**

Current user fees for the Libbey Bowl are as follows:

<u>Libbey Bowl Users</u>	<u>Non-Profit</u>	<u>Commercial</u>
• Non-Refundable Application Fee	\$100	\$100
• Libbey Bowl Use/Day	\$600	\$1,500
• Damage/Security Deposit	\$600	\$1,200
• Facility Fee	\$3/per ticket	\$3/per ticket

*\*Security deposit may not be waived and is fully refundable if no damage is found to the facility.*

**7. Provide a complete budget for the project. Including the following information:**

Expenditures

Administrative Personnel	\$_____
Artistic Personnel/Talent	\$_____
Program/Production/Exhibition Costs	\$_____
Fees for Services	\$_____
Promotion/Marketing Costs	\$_____
Supplies and Materials	\$_____
Other Expenditures (specify): _____	\$_____

**Total:** \$\_\_\_\_\_

*Continued on the next page*

Revenue

Sponsorships \$ \_\_\_\_\_

Anticipated Ticket Sales (describe prices) \$ \_\_\_\_\_

Additional Revenue Sources (describe in detail) \$ \_\_\_\_\_

If utilizing in-kind service donations, please explain: \_\_\_\_\_

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8. Please provide a detailed description of the project and why you are seeking a fee waiver.  
Attach additional pages as necessary.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
9. Discuss the project goals and your plan for carrying them out, including timeline, projected audience size and key personnel or collaborators.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
10. Briefly describe ways in which the proposed project will be publicized and promoted. (All publicity for funded projects must credit the City of Ojai.)

## **CITY OF OJAI LIBBEY BOWL FEE WAIVER PROGRAM**

I certify the following:

- All information in this application and attachments is true to the best of my knowledge.
- This project will comply with the government statutes prohibiting discrimination.
- This project will comply with the Fair Labor Standards Act.
- This application and the attached instructions become a binding contract upon Council approval of the fee waiver.
- I have read, understood, and agree to comply with the Policies and Procedures for the Use of the Libbey Bowl.
- I understand and agree that the City of Ojai may require my event to be postponed based on COVID-19 trends, and/or Public Health Orders. Furthermore, I understand it is my responsibility to review the latest County and State COVID-19 guidelines.

### **Individual/Commercial Entity or Non-profit Organization Applicants: Authorizing Officer**

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<i>Title</i>	<i>Print or type name</i>	<i>Date</i>
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<i>Signature</i>		
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### **Non-profit Beneficiary Sign Below: (If applicable)**

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<i>Title</i>	<i>Print or type name</i>	<i>Date</i>
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<i>Signature</i>		
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**(For those applicants whose event is benefitting a non-profit organization, a copy of the signed letter of agreement between the applicant and organization must be included with this application.)**

## ATTACHMENT CHECKLIST

(Please include only those materials requested below.)

***Did you remember to include the following?***

### **For ALL Applicants**

- Original, completed application.
- Five (5) copies of the application and additional enclosures.
- One (1) copy only of artistic materials such as images, CDs, DVDs, etc.
- Complete Libbey Bowl User Application and Agreement

### **For Non-profit Organization Applicants**

- Most recent financial statement and balance sheet of your organization.
- If using a fiscal receiver**, provide the most recent financial statement and balance sheet of the organization serving as fiscal receiver.
- Schedule of your organization's annual performances, exhibitions, workshops (brochures acceptable).
- One (1) copy of the IRS non-profit status determination letter for your organization.

### **For Individual/Commercial Entity Applicants**

- Resume and/or a portfolio.
- One (1) copy of the signed letter of agreement between applicant and your fiscal receiver.
- One (1) of the most recent financial statement and balance sheet of the organization serving as your fiscal receiver.
- One (1) copy of the IRS non-profit status determination letter for the organization serving as your fiscal receiver.