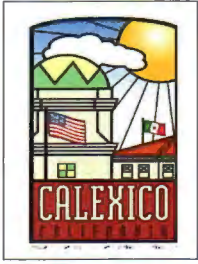


**AGENDA
ITEM**

8



AGENDA STAFF REPORT

DATE: November 2, 2022

TO: Mayor and City Council

APPROVED BY: Esperanza Colio Warren, City Manager 

PREPARED BY: Esperanza Colio Warren, City Manager

SUBJECT: Discussion and Potential Action Regarding Calexico Parents Athletic Association Request for Temporary Use Permit and Park Rental Fee Waiver in the Amount of \$935.00 for their 2022 Binational Soccer Tournament at Carmen Estrada and Daniel Gutierrez Field

=====

Recommendation:

Discussion and Potential Action Regarding Calexico Parents Athletic Association Request for Temporary Use Permit and Park Rental Fee Waiver in the amount of \$935.00 for their 2022 Binational Soccer Tournament at Carmen Estrada and Daniel Gutierrez Field.

Background:

Calexico Parents Athletic Association (CPAA) is a 501(c)(03) tax-exempt nonprofit that provides recreational sports to children and adults in Calexico. On November 5 and 6, 2022, CPAA will be hosting their 2022 Binational Soccer Tournament in the City of Calexico. CPAA is requesting to use the following fields:

- Carmen Estrada Field, 1110 5th Street
- Daniel Gutierrez Field, Santa Fe Drive and Andrade Avenue

Discussion & Analysis:

The City requires a Temporary Use Permit (TUP) and Park Rental Form in order to allow this type of sporting event. The filing fee for a TUP is \$135.00 and the park rental fee is \$800.00 (\$200.00 per day for each field). On January 22, 2020, the City Council of the City of Calexico adopted Fee Waiver Policy via Resolution No. 2020-03. The Fee Waiver Policy stipulates that the City Manager can waive fees owed to the City, up to five hundred dollars (\$500.00) to non-profit entities that have a documented federal tax exempt status for a wide variety of events including sporting.



Since the fee total is \$935.00 and is above the City Manager's limit, CPAA is requesting that the City Council of the City of Calexico consider waiving the TUP and Park Rental fee in the amount of \$935.00 for their 2022 Binational Soccer Tournament.

Fiscal Impact:

Revenue \$935.00

Coordinated With:

City Manager's Office.
Planning/Building Department.
Recreation Department.
Public Works Department.

Attachment(s):

1. Calexico Parents Athletic Association Temporary Use Permit Application.
2. Recreation Department Invoice No. Rec2022-01.
3. Resolution No. 2020-03.



608 Heber Avenue
 Calexico, CA 92231
 (760) 768-2105
 Fax # (760) 357-7862
www.calexico.ca.gov
building@calexico.ca.gov

City of Calexico
 Development Services Department
 Planning Division
**TEMPORARY USE PERMIT
 APPLICATION**

Request must be submitted a **MINIMUM of fifteen (15) days** in advance of the event date.

REQUIRED ATTACHMENTS:

1. Submit one (1) site plan depicting use (minimum size 8.5" x 11").
2. Written proof of approval from property owner.
3. Copy of the City of Calexico Business License, if applicable.
4. Non-refundable application filing fee of \$135.00.
5. Insurance coverage naming the City as additional insured (\$1,000,000 minimum per occurrence).

Applicant Name: Carmen Estrada Date Submitted: 10 / 17 / 2022
 Applicant Address: 1222 Calle de Oro Cale Phone Number: (760) 886-2191
 Company Name: CPAA Alt. Phone Number: () -
 Location of Event: Carmen Estrada, Daniel Gutierrez, Lucitas Business License: # N/A
Adrian Cordova #1, Adrian Cordova #2, Nosotros
 Date of Event: 11 / 05 / 2022 to 11 / 06 / 2022 Total Days: 2
 Time of Event: 8 : 00 am to 9 : 00 pm

Please describe **IN DETAIL** the proposed use of subject property for which the temporary use permit is requested. (Please attach additional sheets if necessary):

We will be having a Bi-National Soccer tournament
November 5 and 6 2022

[Signature]
 Applicant Signature:

Date:

(Please read reverse side, Section 17.11.120 "Temporary Use Regulations")

City of Calexico
Development Services Department
Planning Division
**TEMPORARY USE PERMIT
APPROVAL**

| CITY DEPARTMENT | RECOMMENDATION BY DEPARTMENT | | SIGNATURE |
|-------------------------------|-----------------------------------|---------------------------------|-----------|
| ADMINISTRATION | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| COMMUNITY SERVICES | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| ENGINEERING DIVISION | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| FIRE | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| GENERAL SERVICES | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| PLANNING DIVISION | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| POLICE | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| PUBLIC WORKS | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| REDEVELOPMENT SERVICES | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| RISK MANAGEMENT | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| OTHER: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |

Conditions for approval: _____

ALL TEMPORARY USE PERMIT MUST COMPLY WITH ZONING ORDINANCE, SECTION 17.11.120 "TEMPORARY USE REGULATIONS."

Approved Denied By: _____ Date _____

Director of Planning & Development Services

APPLICATION FOR FEE WAIVER

The City of Calexico recognizes the value of partnering with other agencies and organizations in providing services that benefit the community and its residents. In an effort to provide support for organizations providing valuable services to the community, specific guidelines have been established for determining when temporary use permit fees, special event permit fees, other permit fees, and facility fees may be waived. In order to request a waiver of fees, please complete this application and submit it with necessary documentation to the address provided on the last page.

ORGANIZATION INFORMATION

Name of Organization: Calexico Parents Athletic Association

Address: 1222 Calle de Oro, Calexico CA 92231 Phone: (760) 886 2159

Event Coordinator: Carmen Estrada Phone:

Email: Cestrada437@gmail.com

Nonprofit 501(c)3 tax exempt organization? Please check: [X] Yes [] No

Located in Calexico? Please check: [X] Yes [] No

Has organization received any other financial assistance from the City of Calexico within the last twelve (12) months?

Please check: [] Yes [X] No

Fee waiver amount request: \$ 135.00

EVENT INFORMATION

Name of Event: Bi-national Tournament 2022

Type of Event (i.e., parade, street party, etc.): Soccer tournament

Facility Requested or Event Location:

Date of Event: 05/06 November 2022 Event Hours:

On which dates and at what times are you requesting permission to setup and cleanup?

Setup: Date: 11/05/22 From: 8:00 AM To: 9:00 PM

Cleanup: Date: 11/06/22 From: 8:00 AM To: 9:00 PM

In-kind services offered:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|------------------------|
| PRODUCER Foresite Sports, Inc. DBA: Eventsured 24 S. Newtown Street Road Newtown Square, PA 19073 | CONTACT NAME: Eventsured Customer Service PHONE (A/C No, Ext): 888-882-5902 E-MAIL ADDRESS: Info@eventsured.com | FAX (A/C No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED CALEXICO PARENT'S ATHLETIC A. CARMEN ESTRADA 1222 CALLE DE ORO CALEXICO, CA 92231 | INSURER A: Houston Casualty Company | NAIC # 42374 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |


COVERAGES **CERTIFICATE NUMBER: TM258954** **REVISION NUMBER:**

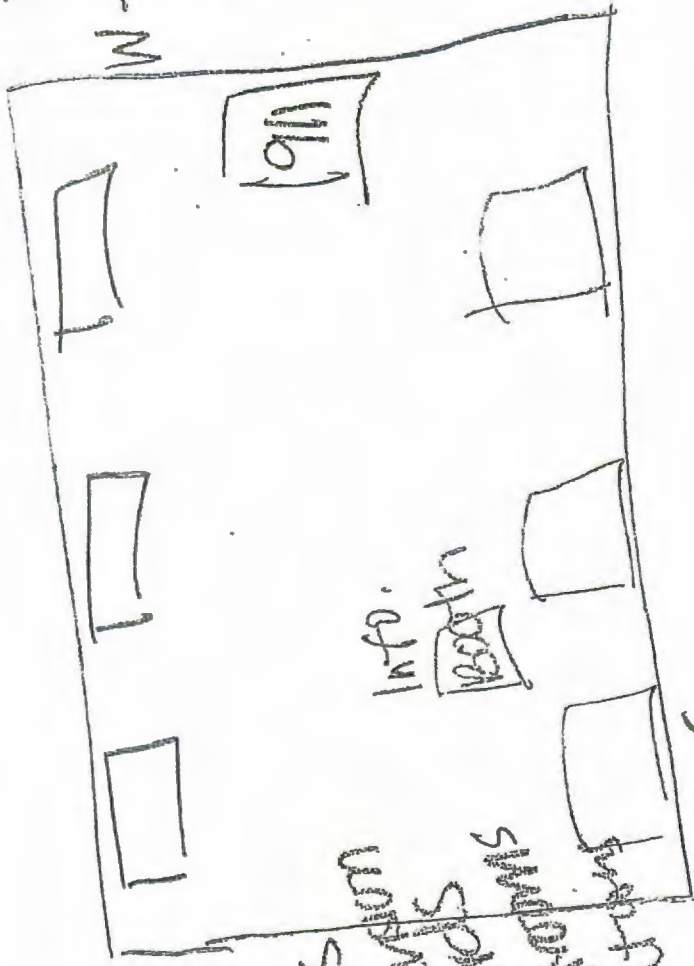
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL/SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | H21SE00006/TM258954 | 11/05/2022 12:01AM | 11/08/2022 2:01AM | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | MED EXP (Any one person) \$ 1,000 |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 0 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Football Tournament/Event (Excluding Tailgating) to be held on 11/05/2022 - 11/07/2022 with 500 attendees at Adrian Cordova Park 1379-1391 Meadows Dr, CALEXICO, CA 92231. Additional Insureds include: Adrian Cordova Park 1379-1391 Meadows Dr, CALEXICO, CA 92231; CITY OF CALEXICO.

| | |
|---|---|
| CERTIFICATE HOLDER Adrian Cordova Park 1379-1391 Meadows Dr, CALEXICO CA, 92231 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|



lights
- extension
- corridors
- restrooms
- restrooms
- Portia-poly's

* Please provide
pending site
Plan with
event
details of
times of
games.

Notified Ms. Brum

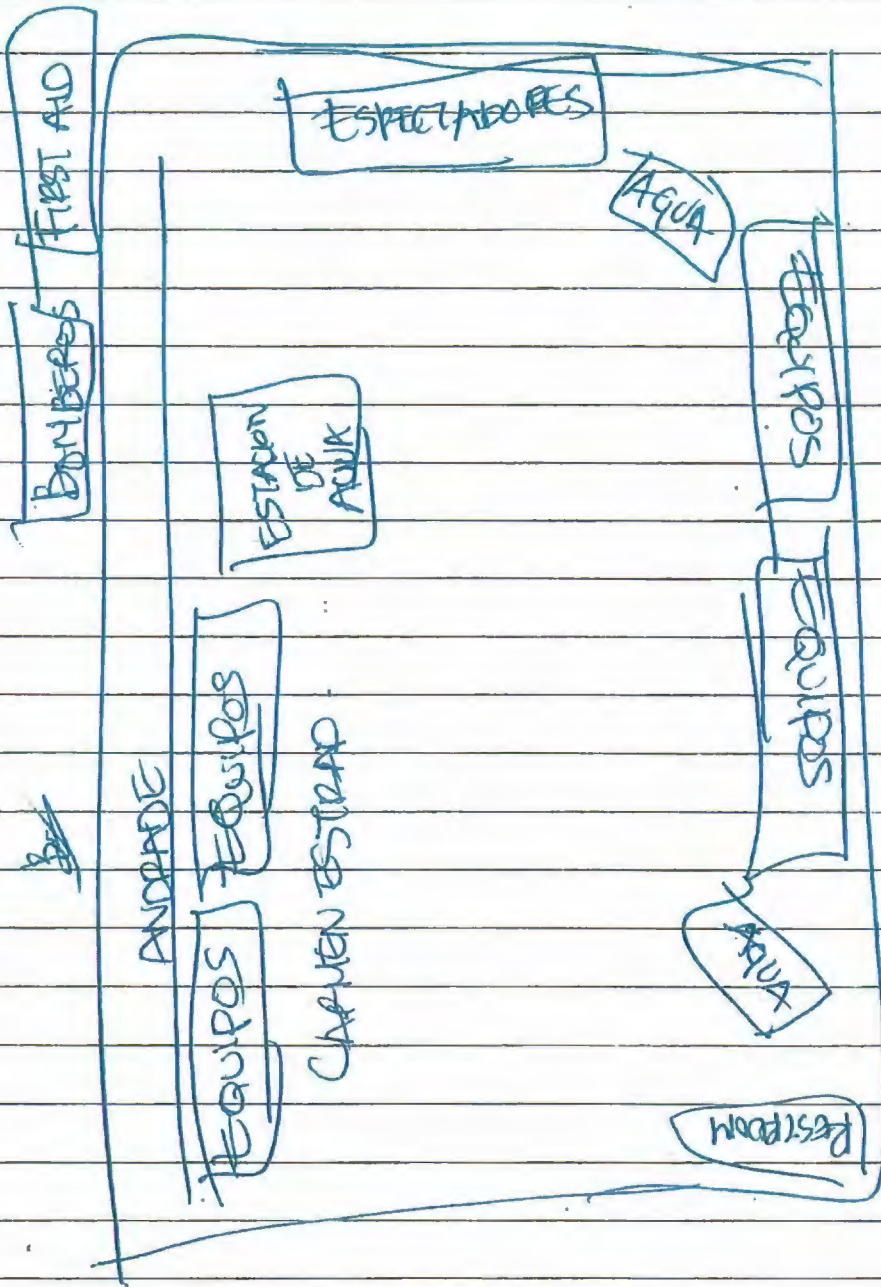
* Application on
hold until
Site Plan
provided. —
— LSO

RECEIVED
BY:

OCT 24 2022

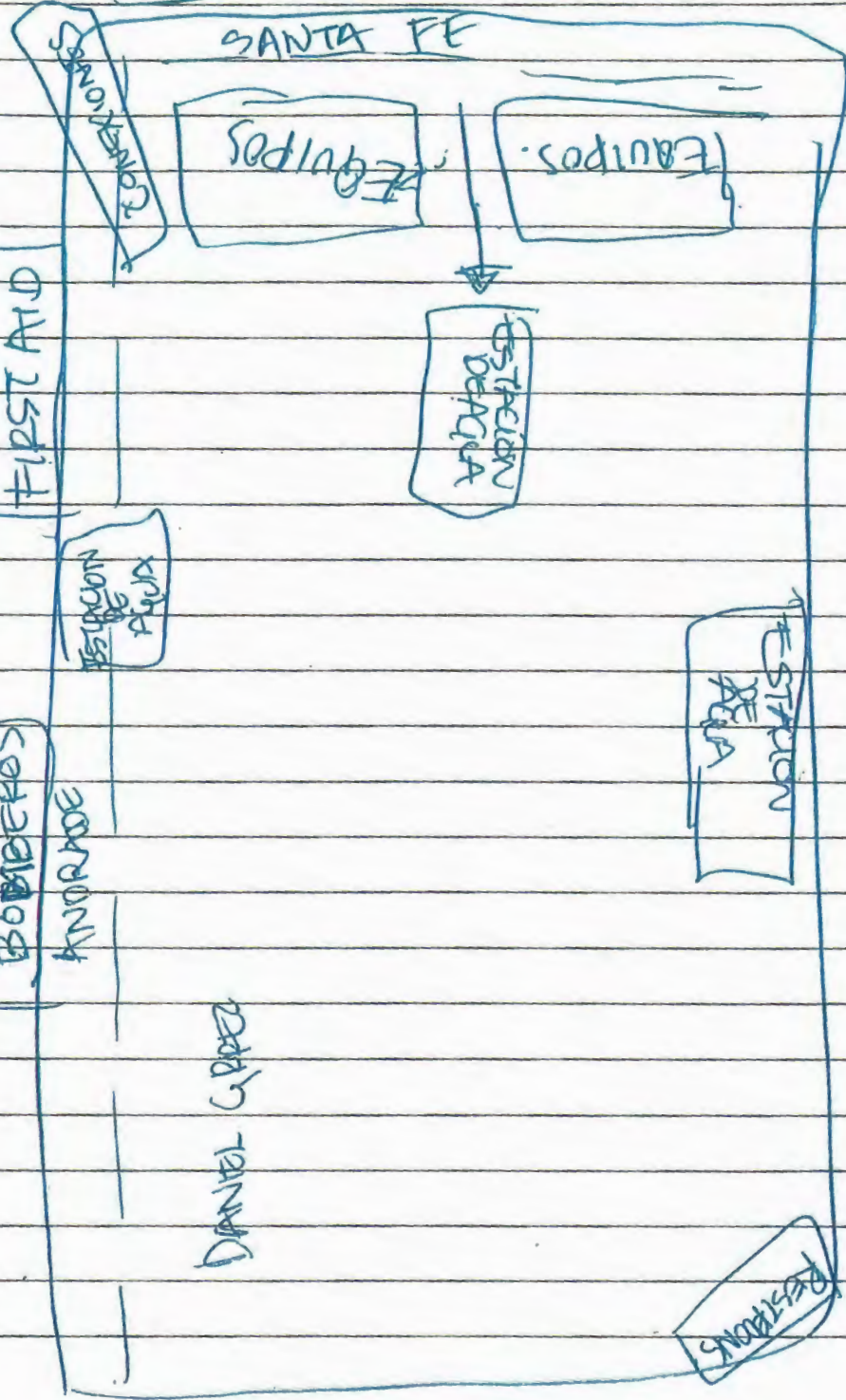
TIME:
CITY OF CALEXICO
DEVELOPMENT SERVICES DEPARTMENT

PARQUE CARMEN ESTRADA



Be

PARED DANIEL GUTIERREZ





Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

CALEXICO PARENTS ATHLETIC ASSOCIATION
1222 CALLE DE ORO E
CALEXICO, CA, 92231

Date:
02/28/2022
Employer ID number:
[REDACTED]
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
November 08, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
[REDACTED]

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

004748.400290.480292.29516 1 MB 0.485 530




CALEXICO PARENTS ATHLETIC
ASSOCIATION
1222 CALLE DE ORO E
CALEXICO CA 92231

004748

Date of this notice: 12-22-2021

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

10/25/2022

Invoice No. Rec2022-01

To
Carmen Estrada
CPAA
1222 Calle de Oro
Calexico, CA 92231

Two-day park rental for tournament on 11/05/22 and 11/06/22 for a total of 13 hrs. per day, per location. Fees: \$50 for 4hrs of use, no lights | Lights: Additional \$50 for 4 hrs. of use of lights.
8 am – 5 pm = 9 hrs. (no lights) = \$100
5 pm – 9 pm = 4 hrs. (with lights) = \$100

Instructions
Please deposit into
111-50-520-44122-000

| Quantity | Description | Unit Price | Total |
|----------|------------------------|---------------------|-----------------|
| 2 | Carmen Estrada Field | \$200 | \$400 |
| 2 | Daniel Gutierrez Field | \$200 | \$400 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Subtotal | \$800 |
| | | Sales Tax | |
| | | Shipping & Handling | |
| | | Total Due | \$800.00 |

Due upon receipt
Thank you for your business!

City of Calexico – Recreation Department

(760) 768-2176
Fax (760)-2194

707 Dool Avenue
Calexico, CA

calexicorecreation.org
recreation@calexico.ca.gov



RESOLUTION NO. 2020-03

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CALEXICO, CALIFORNIA, ADOPTING A FEE WAIVER POLICY AND SETTING A FEE WAIVER LIMIT.

WHEREAS, the City of Calexico, California (“City”) often receives requests for fee waivers from charitable, nonprofit, and other service-oriented organizations operating within the City; and,

WHEREAS, the City would like to establish an administrative process for such organizations to request and obtain fee waivers from the City; and,

WHEREAS, the envisioned administrative process will generate records for the City, such that the City can monitor the fiscal impact of allowing fee waivers; and,

WHEREAS, the purpose of this Resolution is for the City Council of the City of Calexico, California (“City Council”), to adopt a Fee Waiver Policy.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Calexico, California, as follows:

SECTION 1. Recitals. The City Council hereby finds that the foregoing recitals are true and correct and are incorporated herein as substantive findings of this Resolution.

SECTION 2. Adoption of Fee Waiver Policy. The Fee Waiver Policy attached hereto and incorporated herewith as **Exhibit “A”** is approved and may be amended from time to time.

SECTION 3. Adoption of Fee Waiver Limit. The City Council hereby authorizes the City Manager, or designee, to waive any fee owed to the City, up to five hundred dollars (\$500.00), as provided for in the Fee Waiver Policy.


SECTION 4. CEQA. The City Council hereby finds and determines that this Resolution relates to organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment, and therefore is not a project within the meaning of the California Environmental Quality Act (“CEQA”) and the State CEQA Guidelines, section 15378(b)(5).

SECTION 5. Severability. If any provision of this Resolution or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the Resolution which can be given effect without the invalid provision or application, and to this end the provisions of this Resolution are severable. The City Council hereby declares that it would have adopted this Resolution irrespective of the invalidity of any particular portion thereof.

SECTION 6. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption.

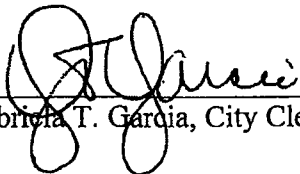
PASSED, APPROVED, AND ADOPTED by the City Council of the City of Calexico, California, at a regular meeting held on this 22nd day of January, 2020.

AYES: Hodge, Romero, Arreola-Fernandez, Reisin, Pacheco
NOES: None
ABSENT: None
ABSTAIN: None



Bill Hodge, Mayor

ATTEST:



Gabriela T. Garcia, City Clerk

APPROVED AS TO FORM:

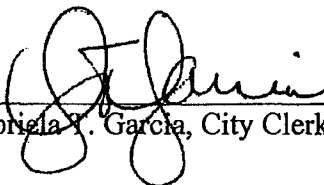


Carlos Campos, City Attorney

State of California)
County of Imperial) ss.
City of Calexico)

I, Gabriela T. Garcia, City Clerk of the City of Calexico, California do hereby certify the above Resolution No. 2020-03 was approved at a regular City Council meeting held on the 22nd day of January 2020, by the following vote to wit:

AYES: Hodge, Romcro, Arreola-Fernandez, Reisin, Pacheco
NOES: None
ABSTAIN: None
ABSENT: None



Gabriela T. Garcia, City Clerk

EXHIBIT "A"
FEE WAIVER POLICY

FEE WAIVER POLICY

This policy establishes parameters for waiving fees associated with special events (i.e., permit fees, facility fees) or temporary uses.

1. PURPOSE

The purpose of this policy is to provide an equitable means for charitable, community, and service-related organizations to access fee waivers.

2. BACKGROUND

Fee waivers are an expense to the City's General Fund. Fees are established to pay for the cost of a service provided by a City department. When a fee waiver is granted, the City General Fund pays the department in an amount equal to the fee waived.

3. RESPONSIBILITY

Fee waivers are determined by the City Manager, or designee, who shall ensure that department staff follow the procedures set forth in this policy.

4. POLICY

A. Eligible Events, Uses, and Activities

Fee waivers are available to wide variety of events including sporting, tourism, cultural, and community events.

Fee waivers will be considered for:

- Non-profit entities that have a documented federal tax exempt status;
- Other governmental agencies; and
- Charitable, community, and service-related organizations that demonstrate that fees will cause a financial hardship.

The following projects and organizers, for example, are ineligible:

- For-profit organizations;
- Vendors; and
- Fundraising events where attendees pay a fee for admission to the event or, in the case of festivals, where vendors pay to participate in the event.

B. Fee Waivers

Fee waivers are available for special event permit fees, temporary use permit fees, other permit fees, facility fees, and may include direct costs, such as staff time.

Any applicant may have its permit and/or facility fees waived if the said organization or entity provides an in-kind or other contribution of goods, services, or programs that will benefit the City of Calexico or its residents. All proposed special consideration must be equal to or exceed the value of the reduced fee or provide a substantial but immeasurable benefit.

Any waiver of permit or facility fees allowed above will not affect the obligation of a permittee to comply with the remaining qualifications, restrictions, and criteria of this policy or to pay other costs or to provide insurance as required by this policy or by ordinance. Business license, health permit, fire permit, and liquor license fees will not be waived or reduced.

C. Guidelines

Scheduling and use of City facilities are subject to the availability of the requested facilities.

Decisions made by the City Manager, or designee, may be appealed to City Council.

Applicants are required to adhere to all applicable rules, regulations, laws, and ordinances of the City of Calexico and other applicable governmental entities.

Applicants that fail to abide by the policy and procedures set forth in this policy will be ineligible to request a fee waiver for a period of at least one (1) year.

5. PROCEDURES

Requests for fee waiver must be made in writing by using the attached application and delivered to the City Manager, or designee, along with a copy of the organization's IRS 501(c) determination letter (if applicable), financial statements from the prior year's event (if applicable), and the proposed budget for the current year's event.

Applications must be submitted at least twenty one (21) days prior to the event, but not more than six (6) months prior to the event. Requests made within less than twenty one (21) days of an event will not be considered.

The City Manager or designee will forward the request to the appropriate departments to evaluate eligibility and estimate the fee waiver.

APPLICATION FOR FEE WAIVER

The City of Calexico recognizes the value of partnering with other agencies and organizations in providing services that benefit the community and its residents. In an effort to provide support for organizations providing valuable services to the community, specific guidelines have been established for determining when temporary use permit fees, special event permit fees, other permit fees, and facility fees may be waived. In order to request a waiver of fees, please complete this application and submit it with necessary documentation to the address provided on the last page.

ORGANIZATION INFORMATION

Name of Organization: _____

Address: _____ Phone: _____

Event Coordinator: _____ Phone: _____

Email: _____

Nonprofit 501(c)3 tax exempt organization? Please check: Yes No

Located in Calexico? Please check: Yes No

Has organization received any other financial assistance from the City of Calexico within the last twelve (12) months?

Please check: Yes No

Fee waiver amount request: \$ _____

EVENT INFORMATION

Name of Event: _____

Type of Event (i.e., parade, street party, etc.): _____

Facility Requested or Event Location: _____

Date of Event: _____ Event Hours: _____

On which dates and at what times are you requesting permission to setup and cleanup?

Setup: Date: _____ From: _____ To: _____

Cleanup: Date: _____ From: _____ To: _____

In-kind services offered: _____

Please describe the event, its purpose, and the activities that will take place:

Is this event open to the public? Please check: Yes No

Estimated number of participants/spectators: _____

Is this event a fundraiser? Please check: Yes No

Will there be an admission, entrance, user fee, or cover charge for the event? If so, please explain: _____

How will the event benefit the Calexico community?

Has your organization put on this same event in the past? Please check: Yes No

If not, has your organization put on other events in Calexico? Please indicate which ones:

Explain how imposition of fees would create financial hardship on the organization or would have a detrimental effect up on the services provided to the public:

Signature of Applicant: _____ Date: _____

Please deliver completed applications to City of Calexico, 608 Heber Avenue Calexico, California (760) 768-2110 along with a copy of your organization's IRS 501(c) determination letter or Calexico business license or state seller's permit, financial statements from the prior year's event, and proposed budget for the current year's event. Applicants sponsoring an event for the first time will only be required to submit the current year's proposed budget.

Please note that applications must be submitted at least twenty one (21) days prior to the event, but not more than six (6) months prior to the event. Incomplete applications or requests made within less than 21 days of an event will not be considered.