**EXHIBIT A-2**

**FEE WAIVER REQUEST FORM**

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| **Fees/Fee Waiver Requests – Contract ID**      **\_\_\_\_\_\_\_\_\_\_\_**  **CBO Name**      **\_\_\_\_\_\_\_\_\_\_\_ Contract Amount**      **\_\_\_\_\_\_\_\_\_\_\_** |
| Please use this form to indicate either that no fees are charged or to make a fee waiver request. |
| An organization receiving discretionary funds represents and warrants that no fees, payments, purchases, or other fundraising activities are conditions for program participation, unless it has submitted this Fee Waiver Request Form and DYCD has approved the request in writing. Waivers may be considered under the following conditions: (i) Contractor’s total costs for the services set forth in the Scope of Work exceed the total value of the Agreement; (ii) Contractor’s fees for services and/or the arrangements made to include those participants unable to pay such fees are deemed reasonable and appropriate by the Department; and (iii) the fees are set at a level that does not discourage or impede participation by members of the community to be served by the services. (See Agreement, Article 2, Section C). By submitting this waiver request, Contractor attests that the amount of the fee for which a waiver is sought was disclosed to New York City Council during the Discretionary Award application process. |

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| (1) Are participants charged any fees? (check one) |
| **YES ☐ NO ☐** |
| If “YES”, please continue. If “NO”, no further information is necessary. |
| |  | | --- | |  |   (2) Did you indicate that fees would be charged on your FY24 City Council application? **YES ☐ NO ☐**  (3) Organization’s total budget from all sources (including this contract’s discretionary funding) |
| (4) Indicate how program fees are calculated:  = (     ) x      ) x (     )  \*i.e. per hour, week, season, etc. |
| (5) How does the organization advertise the program? (check all that apply)  Newspapers ☐ Flyers ☐ Online ☐ Local Outreach ☐ Other ☐ \_          \_\_\_\_\_\_\_\_\_ |
| (6) Explain how the fee is determined, including information about what comparable programs charge. |
| (7) Describe how the fees will be spent to support the program that receives discretionary funding (attach additional pages, if necessary). |
| (8) Please provide your total costs for the services in the Scope of Work (attach additional pages, if necessary). |
| (9) Does this contract support a DYCD-funded program? (e.g., COMPASS, SYEP, etc.)  YES ☐ NO ☐ |
| **Fees/Fee Waiver Requests – Contract ID \_\_\_\_\_\_\_\_\_\_\_ (continued)** |
| If yes, identify the program area and contract number (e.g., COMPASS, Contract ID 5555N):   |  | | --- | |  | |  |     Program Area:    Contract ID #: |
| (10) How does the organization handle participants who cannot pay a fee? (check all that apply)   * A sliding fee scale based on income is utilized ☐   (provide sliding scale detail and include a copy of any related participant forms)   * A certain number of free slots are set aside ☐ No. of Slots: * Scholarships are offered ☐ No. of Scholarships:   (provide detail on selection process and include sample application)   * If another method is utilized, please detail below (attach additional pages if necessary)  |  | | --- | |  | |
| (11) Contractor Authorized Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_  Print Name: Title:  Phone:    Phone: Email: |
| **DYCD USE ONLY**  DYCD action: Approve ☐ Denied ☐  DYCD General Counsel Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Your organization will be notified by DYCD as to whether or not the Fee Waiver Request has been approved.** |