

## QUALIFYING ORGANIZATIONS

- This proposal impacts youth athletic organizations who serve Charlotte youth.
- To qualify, organizations must be comprised of no less than 90% of Charlotte Public Schools students.
- Organizations which are comprised of less than 90% of Charlotte Public School students will be subject to existing rental fees.
- Organizations will submit affirmation of their composition upon facilities reservation.
- Organizations must be in good financial standing with the district.



## Charlotte Public Schools Youth Sports Fee Schedule (With approved application)

0-49 Hours	\$50
50-99 Hours	\$100
100-199 Hours	\$200
200-299 Hours	\$400
300-399 Hours	\$600
400 + Hours	\$1000

Events with spectator Fees \$125/day

Custodial Fee \$18/hour



Youth Athletics Fee Reduction Request Application

378 State Street, Charlotte, MI 48813 PH: 517.541.5742 FAX: 517.541.5745

Please complete the following information. Attach additional pages if necessary.

Organization Name: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

Representative Phone Number: \_\_\_\_\_ Representative Email: \_\_\_\_\_

Organization/Representative Address: \_\_\_\_\_

This organization has nonprofit status, and a copy of the IRS nonprofit letter is attached.

- o Yes
o No

In a few sentences, identify the services that this organization provides:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total # of youth participants: \_\_\_\_\_ Total # of youth participants enrolled in Charlotte Public Schools: \_\_\_\_\_
For office use: Percentage: \_\_\_\_\_ Qualifies for Reduction Y/N

Do you charge spectator admissions for any events?

- o Yes
o No

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you charge a program participation fee?

- o Yes
o No

If you answered yes, please attach or explain your fee structure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will the facility rental exemption benefit Charlotte youth? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to adhere to the policies and procedures of CPS?

- o Yes
o No

Organization Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_