

## Non-Profit Fee Waiver Request Form



### SECTION 1: ORGANIZATION INFORMATION

1. **Organization Name:** For The Children Inc./Youth Empowerment Center

2. **Non-Profit Status (501(c)(3) or other):**

☒ Yes ☐ No

(If yes, please attach IRS determination letter or other documentation.)

3. **EIN (Employer Identification Number):** 65-0950530

4. **Primary Contact Person:**

Name: Trudy Lowe

Phone: 561-541-6833

Email: Tlowe@forthechildrenfirst.org

5. **Organization Address:**

Address: 1718 Douglas Street

City: Lake Worth Beach State: FL Zip: 33460

### SECTION 2: EVENT DETAILS

6. **Event Name or Title:** Youth Empowerment Center

7. **Date(s) of Event:** 10/1/2025-9/30/2026

8. **Time(s) of Event:** See facility reservation form

9. **Location Requested:** See facility reservation form

10. **Brief Description of the Event or Purpose:**

The Youth Empowerment Center "YEC" offers free educational support, youth asset building activities, field trips, and wraparound family support services.

11. **Will the event be open to the public?**

☐ Yes ☒ No

12. **Estimated Number of Attendees:** Registered 50 Middle and High Youth

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### SECTION 3: FEE WAIVER REQUEST DETAILS

#### 13. Type of Waiver Requested:

- ☒ Full Rental Fee Waiver  
☐ Partial (20%) Rental Fee Waiver  
☒ Deposit Fee Waiver

#### 14. Explain how the event aligns with community benefit or public interest:

Provide a safe place for youth to gain access to free academic support, youth asset activities and family support services for youth and community residents.

#### 15. Has your organization previously received a fee waiver from us?

☒ Yes ☐ No If yes, please provide date(s): N/A

### SECTION 4: ATTACHMENTS (REQUIRED)

Please attach the following:

- Proof of Non-Profit Status (IRS 501(c)(3) letter or similar)
- Certificate of Insurance naming the City of Lake Worth Beach as additional insured

### SECTION 5: AUTHORIZATION

I certify that the information provided above is true and correct to the best of my knowledge. I understand that submitting this request does not guarantee approval and that additional documentation may be required.

Signature: Reginale Durandisse

Name: Reginale Durandisse

Date: 10/15/2025

#### FOR OFFICE USE ONLY

(All requests must be submitted no later than 30 days prior to the event date)

☐ Approved ☐ Denied ☐ Additional Info Requested

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: