Approved:	**June 18, 2025**
Ordinance:	**None**
Resolution:	**25-09**

MORAGA-ORINDA FIRE DISTRICT
DISTRICT POLICY
26

FEE WAIVER POLICY AND PROCEDURES FOR DISTRICT SERVICE FEES (EXCLUDES EMS/AMBULANCE FEES)

PURPOSE:

To define the criteria and process by which the Moraga-Orinda Fire Protection District may waive payment of Authorized Fees, as defined by Ordinance 25-01 and District Policy 24, when the Board determines that such a waiver is in the public interest.

SCOPE:

This policy applies to all Authorized Fees adopted by the Board of Directors under Ordinance 25-01 and governed by District Policy 24 (Cost Recovery Policy). This policy does **not** apply to fees associated with emergency medical services (EMS) or ambulance transport, which are governed by separate ordinance and fee schedule.

Pursuant to Health & Safety Code §13919, the Board may waive any Authorized Fee when it determines that payment would not be in the public interest. Before waiving payment of any fee, the Board shall adopt a resolution which specifies the policies and procedures governing waivers. This policy establishes the required procedures for such waivers.

PREFACE:

The District recognizes that, while cost recovery ensures financial sustainability and accountability, there may be circumstances where fee waivers serve a broader public interest. This policy provides guidelines and procedures to ensure that any such waivers are granted fairly, lawfully, and in alignment with the District's mission.

PROCEDURES:

1. **Eligibility for Fee Waiver**
   An applicant may request a waiver of any District Service Fee covered under Ordinance 25-01 based on any one or any combination of the following Eligibility Factors:

   - **Public Benefit**: The activity promotes fire prevention, community education, or public safety.
   - **Community Access**: The applicant is a nonprofit, school, public agency, or other community-serving organization operating within the District's jurisdiction.
   - **Financial Hardship**: The applicant demonstrates an inability to pay, supported by documentation. The District will consider 200% of the current HHS Poverty Guidelines as a guideline in granting a waiver based on financial hardship.
   - **District Partnership**: The event or service directly supports District programs or strategic objectives (e.g., Firewise events, defensible space outreach, etc.).

2. **Request Process**
   Applicants must:
   - Submit a completed **Fee Waiver Request Form** at least 30 calendar days prior to the service date or fee due date.
   - Include documentation supporting the basis for the request (e.g., nonprofit status, event plan, financial statements, etc.).
3. **Review and Approval**
   - District staff will review requests for completeness and alignment with policy.
   - The Fire Chief shall deny, approve, or partially approve a waiver request.
   - The Fire Chief shall provide a written decision on whether to approve, modify, or deny an application for a waiver. The written decision will be based on the Eligibility Factors referenced in Item # 1 above.
4. **Recordkeeping and Reporting**
   - All approved waivers shall be documented and tracked by staff.
   - The Board of Directors will receive an annual report from the Fire Chief detailing the number of waiver applications received, the number of waiver application approved, the reasons for waiver decisions, the amounts of waivers approved (both the total amount and the amounts approved by Eligibility Factors referenced in Item # 1 above).
   - Waiver data will be included in the District's annual fee review to ensure transparency and evaluate policy impacts.

APPEAL PROCESS:

- If a waiver request is denied by the Fire Chief, the applicant may appeal the decision by requesting a hearing before the MOFD Board of Directors.
- An appeal letter must be submitted in writing within 30 days of receiving the denial notice. The written appeal should include any additional supporting documentation or explanation that the applicant wishes to provide.
- Appeals should be sent to:

  Moraga-Orinda Fire District
  Attn: District Clerk / Fee Waiver Appeal
  1280 Moraga Way, Moraga, CA 94556

- The applicant will be notified of the date, time, and location of the hearing where they may present their case in person.
- The Board may uphold the denial, approve the waiver, or modify the waiver amount based on the information provided.
- The final decision of the Board of Directors is binding.
- The applicant will be notified in writing of the Board's final decision.

Moraga-Orinda Fire District

DISTRICT FEE WAIVER APPLICATION

(District Service Fees Only — Excludes EMS/Ambulance Fees))

APPLICANT INFORMATION:

Applicant Name / Organization Name: _____
Primary Contact Person: _____
Mailing Address: _____
City: _____
Phone Number: (_____) _____ - _____
Email Address: _____
Nonprofit / Public Agency? ☐ Yes ☐ No
Tax ID (if applicable): _____

SECTION 2 – SERVICE OR FEE INFORMATION:

Type of Service or Permit Requested: _____
District Fee Code or Description (if known): _____
Date of Service / Application Submission: _____

SECTION 3 – REQUEST BASIS (Check all that apply)

☐ **Public Benefit** – The service/event significantly benefits public safety, education, or fire prevention.

☐ **Community Access** – Applicant is a nonprofit, school, or government agency serving MOFD communities.

☐ **Financial Hardship** – Payment of the fee would create an undue burden. The District will consider 200% of the current HHS Poverty Guidelines as a guideline in granting a waiver based on financial hardship.

In considering a financial hardship request, please also provide the following:

Monthly household gross income: _____

Number of dependents living in household: _____

In order for your application based on financial hardship to be considered for approval, one or more of the below documents must be submitted with your application:

- ☐ Paycheck stubs for the past 90 days for all persons employed in the home.
- ☐ Bank and other financial institution statements for the past 90 days.
- ☐ Any other information demonstrating financial hardship you wish to provide that will help in our decision-making process.

☐ **District Partnership** – Activity directly supports a Fire District program, initiative, or strategic goal.

SECTION 4 – SPECIFIC REQUEST(S):

- ☐ My District Fees to be waived.
- ☐ My District Fees to be reduced.
- ☐ Establishment of a payment plan for my District Fees.

Please provide a written explanation supporting your request. Attach additional pages if needed.:

SECTION 4 – REQUIRED DOCUMENTATION

Please attach any supporting documentation, which may include the following:

- A detailed description of the project/event/program.
- Proof of nonprofit status or agency affiliation (if applicable).
- Documentation supporting financial hardship, if claimed (e.g., budget, letter of explanation).
- Any promotional or planning materials (if applicable).

SECTION 5 – CERTIFICATION

I declare under penalty under perjury under the laws of the State of California that the information provided in this application is true and complete to the best of my knowledge. I understand that this is a request for a waiver of fees and that approval is at the discretion of the MOFD Fire Chief and Board of Directors. I understand that incomplete applications may be delayed or denied.

Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Application Review and Determination

1. **Application Timeliness and Documentation**

   Submitted at least 30 calendar days prior to service/fee due date?
   ☐ Yes ☐ No
   Supporting documentation provided *(required if requesting financial hardship or nonprofit status)*?
   ☐ Yes ☐ No

2. **Fee Information**
   Fee(s) Requested for Waiver *(attach separate list if more than one)*

Fee Ordinance	Fee No.	Fee Name	Fee Amount

   Staff Reviewer: _____ Review Date: _____

3. **Fire Chief's Written Decision**
   ☐ Approved. Amount Approved for Waiver $_____ ☐ Denied ☐ Modified (Conditional Approval)
   ☐ Payment Plan $_____

   Reason for Decision: *(Include eligibility factor(s), justification)*:

   _____
   _____
   _____
   _____
   _____

   Fire Chief Name: _____

   Signature: _____ Date: _____

4. **Denial Notice and Appeal Rights (If the application was denied)**
   Was the applicant notified of appeal rights? ☐ Yes ☐ No Date of Notice: _____ By Whom: _____