

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

APPLICATION MUST BE SUBMITTED AT LEAST TEN (10) WORKING DAYS IN ADVANCE OF DATE(S) REQUESTED.

SUBMIT THE COMPLETED FORM TO FMOF@SUTTER.K12.CA.US

PLEASE ANSWER ALL OF THE QUESTIONS BELOW:

- | | |
|--|---|
| 1. What is the purpose of the meeting? (i.e. recreational, political fundraising, etc.) _____ | 3. Admission charged? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____
Ed. Code 38134(e) (Includes registration fee, entry fee, solicitation of a donation (including fundraising), freewill offering, tuition payment, charge for supplies, payment for a speaker, sale of literature or any other material service.) |
| 2. Is the meeting open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Will contributions be solicited or accepted? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. If yes on 3 or 4 above, for what will the proceeds be used?
_____ |

The undersigned hereby request(s) permission to use the following Superintendent of Schools' premises on dates and times indicated below:

SITE: _____

<input type="checkbox"/> BOARD ROOM – SOUTH (Occupancy 30) <input type="checkbox"/> BOARD ROOM – NORTH (Occupancy 30) <input type="checkbox"/> PATIO ROOM - (Occupancy 10) <input type="checkbox"/> ANNEX ROOM (Occupancy 30)	<input type="checkbox"/> BOYD HALL (Occupancy 240) <input type="checkbox"/> CLASSROOM (FRA) <input type="checkbox"/> One Stop _____(Room #)
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MONTH	DAY	TIME IN	TIME OUT	ATTENDANCE #	TABLES #*	CHAIRS #*	Technology ** AV equip./Internet

*Requires completion of Room Set-up Form **Requires completion of Technology Request Form

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the premises, furniture, or equipment, because of the occupancy of said premises by our organization. A Certificate of Insurance and Additional Insured Endorsement showing Sutter County Superintendent of Schools Office as a co-insured shall be provided along with this application. I, the undersigned, and the organization or agency have read, understand, and agree to comply and enforce all the requirements, policies, regulations, and rules for the use of facilities and grounds of the Sutter County Superintendent of Schools.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT: The undersigned agrees to defend, indemnify and hold harmless the Sutter County Superintendent of Schools, its Board of Education, agents and employees, individually and collectively, from and against all costs, losses, claims, actions, and judgments arising from personal injuries, property damage or otherwise, however caused, that may arise from or be alleged to be caused by the undersigned's use or occupancy of Sutter County Superintendent of Schools' facilities.

- No activity may be conducted in or on said facilities that is in violation of local, state or federal law.
- No smoking or use of tobacco or alcohol allowed in or on Sutter County Superintendent of Schools facilities or grounds.
- Certificate of Insurance and Additional Insured Endorsement required, with **\$1,000,000 property and liability limits, and must be returned with application.**
- Sutter County Superintendent of Schools facilities and/or grounds will not be utilized by individuals, organizations, agencies or others that engage in discriminatory practices prohibited by federal law, state law, or county board policies.

Name of organization: _____ Check if non-profit

Name of representative or agent: _____ Title: _____

Mailing address: _____ Phone: _____

I have read and agree to the above terms conditions:

Signature: _____

FOR BUSINESS USE ONLY

Approval of Superintendent/Designee _____ Date Signed _____

Date Received by Business Dept. _____ Date mailed to Applicant: _____

Fee Determination: Exempt Custodial Rental \$ _____ Amount of Fee

CHARGES FOR ONE-DAY USE – Fee Structure Based Upon Education Code 38134

FEE SCHEDULE I (Non profit/Student-based)

Cost per hour not to exceed direct costs

	Capacity	Fees
Board Room – North or South	30 each	_____
Patio Room.....	10	_____
Annex Room.....	30	_____

Boyd Hall.....	240	_____
Classroom (FRA)	30	_____
Custodial.....	\$30/hr. (2 hr. min)*	_____

FEE SCHEDULE II (Profit/Non-student)

Cost per hour not to exceed fair rental value

	Capacity	Fees
Board Room – North or South.....	30 each	_____
Patio Room.....	10	_____
Annex Room.....	30	_____

Boyd Hall.....	240	_____
Classroom (FRA).....	30	_____
Custodial.....	\$30/hr. (2 hr. min)*	_____

**All Schedules
Security Deposit**

**(Organizations that use the facilities will be charged an amount to cover the cost of providing a custodian when deemed necessary [evenings and weekends] by the Assistant Superintendent of Business or designee.)*