**PLATTSMOUTH COMMUNITY SCHOOL DISTRICT APPLICATION**

**FOR USE OF SCHOOL FACILITIES**

**(Reviewed annually by the Board of Education)**

# Name of Organization Making Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Organization and Type of Activity or Event

|  |  |
| --- | --- |
| \_\_\_\_ | Event or activity that is designed to serve students of the District. *Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ | Tax-supported agency such as educational entity or unit of city, county or state government. *Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ | Nonprofit community agency such as a private educational agency. *Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ | Group in which the majority of the members reside within the District. *Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ | Other. *Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Facilities Requested. Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practice/Rehearsal:Dates & Times Requested (complete below or attach a separate sheet with the requested schedule):** | | | | |
| Dates | Days of the Week | Time(s) | Repeating (Yes/No) | Total # of Hours |
| **Competitions: Dates & Times Requested (complete below or attach a separate sheet with the requested schedule):** | | | | |
| Dates | Days of the Week | Time(s) | Repeating (Yes/No) | Total # of Hours |

**Details of Use (Attach an additional explanation if needed)**

Describe the Type of Activity or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Anticipated Users and Spectators: \_\_\_\_\_\_ Concessions/Food Served: Yes No Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Set Up or Tear Down Required by District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Cleaning Required During and Afterwards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Equipment to be Used (District & Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES (To Be Completed by Superintendent or Superintendent’s Designee; see page 2)**

**Policy Compliance and Acceptance of Liability**

Applicant shall procure, at its own expense, a Comprehensive General Liability insurance policy naming the District as an additional insured or provide evidence of comparable insurance for each individual participant. This policy shall be written with a minimum of $5,000,000 Comprehensive General Liability insurance policy naming the District as an additional insured and $1,000,000 Combined Single Limit per occurrence. A Certificate of Insurance evidencing coverage must be submitted prior to the Applicant’s use.

This application is subject to the terms of the Board’s “Community Use of School Facilities” policy. The terms and conditions of that policy are incorporated into this application by this reference. Applicant accepts all such terms and conditions.

We have read, understand and agree to abide by the policies, rules and conditions on the use of these facilities on this form and in Board Policy. We understand that we are accepting the use of the facility from the Plattsmouth Community Schools with no assurances or guarantees relative to their condition. It shall be our responsibility to check the facility to see that it is safe for our intended use. We take full responsibility for the facilities while they are being used by our group and will make full restitution for any and all damages which may occur while our group is using the facility. We agree to indemnify and hold the school district harmless for any and all accidents and injuries to ourselves or others while we are using the facility regardless of the negligence of the school district or its personnel. We assume full responsibility and liability for any injuries.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name, Position |  | Signature |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name, Position |  | Signature |  | Date |

Page 1 of 2

**SCHEDULE OF FEES**

**(To be completed by the Superintendent or the Superintendent’s Designee)**

# PLATTSMOUTH EARLY CHILDHOOD, ELEMENTARY, MIDDLE, AND HIGH SCHOOLS

|  |  |
| --- | --- |
| **FACILITIES HOURLY USE FEES SCHEDULE**  (does not include fees for custodial services, audio/lighting technician, food service, etc.)  *\*FEES ARE DOUBLE FOR GROUPS NOT RESIDING IN THE PLATTSMOUTH DISTRICT, except that*  *they shall pay $125/hr. for use of the synthetic turf football/soccer/marching band field or baseball/softball*  *field. If lights are needed for these fields, there will be an additional fee of $75 per hour.\** | |
| **Practice/Rehearsal Hours**  **OR**  \_\_\_ Fees are waived because the organization agrees to the *District Conditions for Fee Waivers* identified in Board Policy 1100  **OR**  \_\_\_ Fees are waived because this is deemed a civic organization that helps promote the District’s mission of working in partnership to ensure Civic Engagement and the activity is designed to serve students of the District (Requires Board of Education  Approval)  Date of BOE Approval \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ | **$10 per hour** |
| **Competition Hours** | **$10 per hour**  **(effective Aug. 1, 2023)** |

\*Supervision fees will be assessed when a District employee is not present to supervise the activity)

**Gym, Fitness Center/Wrestling Room, Commons, Lunchroom, or Media Center**

## Fee for facilities use (see schedule above) Total hrs. requested \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_

Custodial Service @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_** Supervision @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

## Auditorium

### Fee for facilities use (see schedule above) Total hrs. requested \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_ Audio and lighting technician @ $25 per hr. ($50 min.) Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_

Custodial Service @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

Supervision @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

## Kitchen

### Fee for facilities use (see schedule above) Total hrs. requested \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_

Food service staff member @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

Custodial Service @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

## Athletic Fields

**Fee for facilities use (see schedule above) Total hrs. requested \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

Custodial Service @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

## Classroom

**Fee for facilities use (see schedule above) Total hrs. requested \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

Supervision @ $25.00 per hr. ($40 min.) **Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_**

## Administration Center Board Room or Conference Room

### Fee for facilities use (see schedule above) Total hrs. requested \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_ Supervision @ $25.00 per hr. ($40 min.) Total hrs. needed \_\_\_\_\_\_\_\_ Item cost $\_\_\_\_\_\_\_\_ $100 Custodial deposit for days when school is not in session Item cost $\_\_\_\_\_\_\_\_ Cost for Volunteer Applications Total # of Volunteer Applications \_\_\_\_\_\_\_\_ Item cost $ \_\_\_\_\_\_\_

**TOTAL COST $\_\_\_\_\_\_\_\_**

Page 2 of 2