

Cherokee County School District Facility Use Application/Agreement

Select One:

Classification: Adult Group ____ Children's Group ____ Community Non-profit ____ Community Sponsored ____
PTA/PTSA ____ School Allied Group ____ Other Group ____

Single Event User ____ OR Special Lease User ____ (4+ consecutive days or recurring event)

School/Facility: _____ School/Facility Contact: _____

Name of Requesting Organization/Group: _____
Print Name

Responsible Person/Contact: _____ Phone: _____

Mailing Address: _____

Email: _____

Total Number of Days Requested: _____ Date(s) Requested: _____

Times Requested: _____

Type of Activity: _____

Number of Participants: _____ Estimated Number of Spectators: _____

Facility Areas Requested: _____

I, _____ (Print Name), certify that I am an officer in the above-named group or organization and that I am authorized to execute this agreement to use the above-mentioned facility. I further certify that I hereby bind our group to abide by all the policies and rules of the Cherokee County School District and will work directly with the local school principal to assure compliance of all activities associated with such use. I understand that our group will work through the school principal to gain approval and scheduling of any areas used for our activities. I also understand that the principal or work location supervisor will determine any applicable fees based on the current and appropriate Facility Use Fee Schedule and that fees must be paid (5) five working days prior to the scheduled activity/event.

Compliance with Policies and Procedures: By execution of this application/agreement the group herein agrees to follow all provisions contained in Cherokee County School District Board Policy, Use of School Facilities, and Descriptor Code: KG. The group herein agrees to indemnify and hold harmless the Cherokee County School District, and any persons whose property may be within said building, for loss or damage to such property caused by any person or persons attending said meeting, and for any damage or injury or other loss, including attorney's fees and expenses of litigation, arising out of the use of facilities. The group herein agrees that they will not discriminate against any participant based upon participant's race, religious affiliation, gender, or disability unless the use of the facility is intended for athletic camps particular to one gender or involves athletic programs for which no accommodations may be made. By execution hereof, the group herein and Cherokee County School District warrant and represent that no common enterprise may be inferred by execution hereof. Cherokee County School District may assume, and the group herein affirms, that they will not violate any local, state, or federal law, rule, or regulation in their use of the facility.

By: _____
Organization/Group Representative Signature (Print Name) Title Date

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SCHOOL USE ONLY -- All Sections and checkboxes must be completed.

FUR Application Submitted By: _____

School/Facility Employee Name

(Print Name)

Title

Date

Is Facility available for requested event? Yes _____ No _____

If no, brief explanation: _____

If yes, event Supervisor's name: _____ (Print)

Fundraiser Event: Yes _____ No _____ If yes, submit **approved** Fundraiser Form with application.

Custodial Services/Supply Fees

If custodial services are needed for this event, the estimated number of hours must be approved by Support Services prior to the event. Custodial Overtime Request forms must be submitted **WITH** the Facility Use documentation. After the event, the host School/Facility is responsible for invoicing the Facility User for the Custodial Overtime hours at a rate of \$30/hour. Custodial Supply Fee will be assessed based on the event size as shown in the table below.

Custodial Overtime Request Form Submitted for approval? Yes _____ No _____

Custodial Supply Fee Table			
<i>Event Size determined by estimated number of participants and attendees</i>			
Event Hours	Small (0-100)	Medium (101-500)	Large (501+)
1	\$10	\$15	\$20
1+ - 2	\$20	\$30	\$40
2+ - 3	\$30	\$45	\$60
3+ - 6	\$50	\$75	\$100
6+ - 9	\$70	\$105	\$140
9+	\$90	\$135	\$180

The Custodian is acting as an independent contractor, NOT A CCSD EMPLOYEE, while providing services to the organization. Therefore, payment for custodial services must be made with a separate check and payable to the Custodian providing the service. The Organization/Group and Custodian are responsible for reporting income to the appropriate governmental agencies.

School Resource Officer (SRO)

SRO Requested at Event: Yes _____ No _____

SRO Required at Event: Yes _____ No _____

If SRO is Requested/Required, provide the number of Officers needed: _____

How many hours per officer: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____

Amount due per officer, per hour: \$65 and must be paid directly to each officer via check on site at the conclusion of the event.

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Reviewed by School Resource Officer: _____
Officer Signature Date Print Name

High School Athletic/Jr. Program Events Only: _____
Facility Athletic Director Approval Signature Date

Approved By: _____
Principal/Facility Supervisor Signature Date

Please scan all required documents and email to kelly.ferris@cherokeek12.net

DIVISION OF SUPPORT SERVICES USE ONLY

Facility Use Application/Agreement: _____	Utility Fees: _____
Facility Use Special Lease Agreement: _____	Custodial Fees: _____
Principal's Approval: _____	Security/Supervisory: _____
Certificate of Insurance: _____	Rent: _____
Advance Deposit: _____	Gym/Field Use: _____
Total Due to Custodian: _____	Total Facility Fees due to CCSD: _____
Total Due to SRO Officers: _____	Total Supply Fees due to CCSD: _____
Payment Received: _____	

☐ Facility Use Approved

☐ Facility Use Denied

Chief Support Services Officer

Date

DIVISION OF SUPPORT SERVICES

Custodial Overtime Request Form

Facility Name: _____

Custodian Name	Event Date	Est. Event Begin/End Times	Work Date	Requested # of O/T Hours

Reason for Requested Overtime/Special Circumstances:

Custodial Supply Fee Table			
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9+	\$90	\$135	\$180

SUPPLY FEE Total: _____

Funding Source: ☐ School Funds ☐ CCSD Funds
 ☐ Facility Use Custodial Fees ☐ Other: _____

Organization Name: _____

Principal Signature: _____ Date: _____

Send Supply Fee and copy of this form to Karla Lunsford – Finance/ESF.