

GLOVERSVILLE ENLARGED SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES/TRANSPORTATION

Application is hereby made for the use of _____ on _____ between the hours of _____ and _____ by _____ for the purpose(s) of _____.

Required equipment/materials needed: _____.

Will there be a charge made for admission, or a donation or a contribution solicited? _____

ESTIMATED COSTS

Cost	No. of Hours	Hourly Rate	Total
Base fee*	_____	\$ _____	_____
Hourly fee**	_____ hours x	\$ _____ per hour	_____
Support personnel***	_____ hours x	\$30.00 per hour	_____
Materials costs			_____
Miscellaneous costs****			_____
Lifeguard	_____ hours x	\$16.00 per hour	_____
Transportation (Driver)	_____ hours x	\$15.00 per hour	_____
Transportation (Mileage)	_____ miles x	\$ 1.50 per mile	_____
GRAND TOTAL			_____

* base fee calculated on the basis of one hour to open, close and secure the building when school is not in session

** utilities (heat, lights, water, sewer, etc.)

*** custodial, grounds/trades personnel costs

**** support services (moving equipment, chairs, etc. for Citizens Band, Glove Theatre, etc.)

It is hereby agreed that the applicant/organization will be fully responsible for the care of the building facilities, equipment, and the supervision of all persons coming into the building in connection with this activity. It is further agreed that: (i) the activity described above is non-exclusive and will be open to the general public; (ii) any admission fees to the activities described above will only be expended for educational purposes or for the benefit of non-sectarian charitable organizations; (iii) this application is subject to compliance with the payment of use fees and insurance requirements prescribed by the District's Use of School Facilities Policy. It is understood that the above costs are preliminary and may change when computed at the conclusion of the event. At this time, I am authorizing the District to proceed with the scheduling of this event. I understand and agree that a 50% deposit is required upon approval and the balance in full is due within 30 days of the invoice date.

Organization _____

Applicant (Print) _____

Address _____

Title _____

Phone _____

Date _____

Signed _____

FOR DISTRICT USE ONLY:

	<u>Date</u>	<u>Signature</u>
<input type="checkbox"/> approval of Principal/Director of Health, PE and Athletics/Transportation	_____	_____
<input type="checkbox"/> forwarded to Superintendent's Office	_____	_____
<input type="checkbox"/> approval by Board of Education	_____	_____
<input type="checkbox"/> forwarded to Business Office	_____	_____
<input type="checkbox"/> certificate of insurance acquired per policy	_____	_____
<input type="checkbox"/> 50% deposit received	_____	_____
<input type="checkbox"/> approved copies distributed	_____	_____
<input type="checkbox"/> actual costs forwarded to Treasurer	_____	_____
<input type="checkbox"/> invoice mailed to applicant	_____	_____
<input type="checkbox"/> payment received	_____	_____
<input type="checkbox"/> verification of proceeds donated to charitable organization (if applicable)	_____	_____

Distribution: white (treasurer)

canary (buildings & grounds)

green (director of health, PE, athletics)

pink (principal)

golden rod (applicant)