

**NEWBURGH ENLARGED CITY SCHOOL DISTRICT
FACILITIES USE REQUEST**

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Please Submit this Request to
Assistant Superintendent, Student Intervention and Support Services, 124 Grand Street, Newburgh, NY 12550 – (845)-563-3410/3412

REQUEST MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO THE DATE OF THE EVENT

Organization: Please provide all information in sections 1 and 2 below and sections 3 and 4 on the other side of this page

Section 1.

Organization Submitting the Request _____
 Authorized Representative _____ Phone: B/H _____ C _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Building Requested _____ Location _____
 (Field, Track, Gym, Pool, Cafeteria, Auditorium, Classroom, Parking Lot, Other)

	Day of the Week	Date	From	To		Day of the Week	Date	From	To
1			am pm	am pm	3			am pm	am pm
2			am pm	am pm	4			am pm	am pm

OR FROM (Date): _____ TO (Date): _____ Days requested: M T W Th F Sa Su From ___ am pm To ___ am pm
 Purpose of use: _____
 _____ (if equipment is needed, this might result in an equipment fee)

Section 2. Please read this section and the sections on the reverse side, complete all information requested, and sign/date

Type of organization: School School Group State County Municipality Not-for-profit organization Other: _____
 Admission Fees or Other Fees will be charged: NO YES. If YES, proceeds will be used for the public educational or charitable purpose(s) for the benefit of the general community described in Section 4 on the other side of this form.

- The undersigned represents and agrees on behalf of the organization named above, that:
- 1) he or she has the authority from such organization to make this request;
 - 2) the statements made herein are true and complete;
 - 3) the organization does not discriminate against any person in its policies and/or practices on the basis of race, color, creed, national origin, religion, disability, sex, age, marital status, military status, predisposing genetic characteristics, or sexual orientation;
 - 4) the organization hereby assumes responsibility for any loss or damage to District property arising out of the use of District facilities pursuant to this request and agrees to pay for any damages promptly;
 - 5) the organization will adequately supervise the use of the facilities;
 - 6) the organization will ensure that no weapons or firearms are part of any exhibit or show;
 - 7) the estimated amount payable is acceptable and will be paid promptly;
 - 8) the undersigned has read and will comply with the attached District's Community Use of School Facilities policy, regulations, and procedures;
 - 9) the organization will comply with the policies, rules, and regulations of the District, including but not limited to: no use of alcoholic beverages, no smoking, no use of tobacco products; and
 - 10) failure to comply with the attached District's policy, regulations, and procedures will result in the immediate revocation of the organization's facilities use privileges and denial of future facilities use requests.

This form must be accompanied by a Certificate of Insurance showing coverage of at least \$1,000,000 and naming the Newburgh Enlarged City School District as "additional insured." Insurance must cover the date(s) requested. The request will not be considered for approval UNLESS THE CERTIFICATE IS SUBMITTED. Coverage From _____ To _____

Representative's signature: _____ Date: _____ e-mail address: _____

(This section is only for use by the principal, central office administrator, and/or appropriate director)

The facility requested is available: YES YES, BUT WITH THE RESTRICTIONS NOTED BELOW NO Business Mgr _____

Restrictions: _____
 If NO, Reason: _____

Signature of Principal/CO Administrator _____ Date _____ Signature of Other Appropriate Administrator _____ Date _____

(This section is only for use by designated central office staff)

	<u>Approved for Use</u>	<u>Initials</u>
<input type="checkbox"/> Usage Charge - <input type="checkbox"/> Equipment Charge: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> Custodial Charge: # of Custodians: _____ Total # of Hours: _____ at \$70.00/hr. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> Security Charge: # of Monitors: _____ Total # of Hours: _____ at \$65.00/hr. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> Lights Charge - <input type="checkbox"/> Sound Charge: Total # of Hours: _____ at \$75.00/hr. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Request Approved by Central Office: YES NO Date _____ Initials: _____
 Request Approved by BOE: YES NO N/A Date _____
 Estimated Amount Payable: \$ _____
 Deposit required within 10 days of Central Office or BOE approval: \$ _____ (by check payable to the Newburgh Enlarged City School District)

c: Organization
 School Principal
 Bldgs/Grounds
 Security
 Appropr Director
 Revised 3/15/11

NEWBURGH ENLARGED CITY SCHOOL DISTRICT
Facility Use Request Worksheet

Please do not write on shaded areas

TO BE COMPLETED BY
NECSD

	Day 1	Day 2	Day 3	Day 4	Day 5	If Yearly	If Yearly
Day(s) of the Week:	M T W Th F S S	M T W Th F S S	M T W Th F S S	M T W Th F S S	M T W Th F S S	M T W Th F S S	M T W Th F S S
Date(s):							
Time(s)							

Section 3.

PROJECTED NUMBER OF OCCUPANTS:

TO BE COMPLETED BY ORGANIZATION

	Day 1	Day 2	Day 3	Day 4	Day 5	If Yearly	If Yearly
Adults							
Staff							
K-6 Students							
7-12 Students							
Totals:							

OF HOURS EACH SERVICE WILL BE NEEDED:

TO BE COMPLETED BY NECSD

SERVICE	Day 1	Day 2	Day 3	Day 4	Day 5	If Yearly	If Yearly
Room Usage							
Custodial Services	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:
<i>From/To:</i>							
Security Services	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:
<i>From/To:</i>							
Lights/Sound Services	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:	# hrs:
<i>From/To:</i>							
ESTIMATED TOTAL COST OF SERVICES: \$							

Section 4.

USE OF PROCEEDS

PROJECTED PROCEEDS FROM ADMISSION/OTHER FEES:

ADMISSION FEES: \$ _____

OTHER FEES: \$ _____

TOTAL: \$ _____

PROJECTED USE OF ADMISSION/OTHER FEES FOR VALID EDUCATIONAL PURPOSES:

Organization / Valid Educational Purpose: Amount:

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

PROJECTED USE OF ADMISSION/OTHER FEES FOR VALID CHARITABLE PURPOSES:

Organization / Valid Charitable Purpose: Amount:

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

TOTAL PROJECTED USE OF ADMISSION/OTHER FEES: \$ _____

NOTE: The NECSD may ask for verification of the above proceeds and disbursements