



## Use of Facilities Application/Agreement

Requesting Organization: \_\_\_\_\_

501(c) (3) Yes \_\_\_\_\_ No \_\_\_\_\_

Representative of Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

County: \_\_\_\_\_

Requested Date(s) of Facility/School Use: \_\_\_\_\_

Requested Facility/School: \_\_\_\_\_

Purpose of Use \_\_\_\_\_

Requested Hours of Use \_\_\_\_\_

Area(s) of Facility Requested: \_\_\_\_\_

Expected No. of Participants \_\_\_\_\_

**\*Verify that your organization has provided a certificate of insurance that fully complies with the insurance requirements of Board Policy KG & KG-R (1).**

\_\_\_\_\_  
Organization's Representative's Initials

### **THIS BOX TO BE COMPLETED BY SCHOOL PRINCIPAL/ADMINISTRATOR**

Principal/Administrator \_\_\_\_\_

Approval Signature \_\_\_\_\_

Approval Date \_\_\_\_\_

On-site DCSD Custodian(s) during requested date(s) and time(s) \_\_\_\_\_ Cell No. \_\_\_\_\_

\_\_\_\_\_ Cell No. \_\_\_\_\_

DCSD custodian(s) required to/able to work overtime (hours or additional work) for requested event(s)? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide custodial employee's identification number \_\_\_\_\_ and current rate of pay \_\_\_\_\_

\_\_\_\_\_ and current rate of pay \_\_\_\_\_

Overtime payment calculation: Hours x (Hourly Rate of Pay + ½ Hourly Rate of Pay) x 2.65% = \_\_\_\_\_

Any special stipulations imposed on organization and/or its intended use of the facility or field?

**\*Per Board Policy KG and KG-R(1), a certificate of insurance that meets the following requirements must be filed with the DCSD Department of Facilities Management prior to use at: 1780 Montreal Road, Tucker, Georgia, 30084 § Email: [Gloria@fc.dekalb.k12.ga.us](mailto:Gloria@fc.dekalb.k12.ga.us) § Fax: 678-676-1447**

- If applicable to the organization, Workers Compensation Insurance that meets the statutory limits;
- Commercial General Liability Insurance or Public liability Insurance with minimum coverage limits of \$1,000,000 each occurrence/aggregate;
- Liability insurance must cover property damage, personal injury (including medical expenses and wrongful death) and contractual liability;
- Certificate must name DeKalb County Board of Education as an **ADDITIONAL INSURED** (primary and non-contributory basis);
- DeKalb County Board of Education at (1701 Mountain Industrial Boulevard, Stone Mountain, Ga. 30083) must be listed as certificate holder;

The school district reserves the right to request additional insured policy endorsements from requesting organizations before granting final approval of any Facility Use Application/Agreement. **FAXED CERTIFICATES AND POLICY ENDORSEMENTS WILL NOT BE ACCEPTED.**

Requesting Organization \_\_\_\_\_ agrees to save, defend and indemnify the DeKalb County Board of Education, the DeKalb County School District and all of its officials, agents, and employees from and against any and all claims, actions or causes of action, loss damage, injury, costs (including court costs and attorneys' fees), charge liability or exposure, including, but not limited to, any loss resulting from or arising out of or in any way connected with the use of a school's facility and/or grounds.

\_\_\_\_\_  
**Organization's Representative's Initials**

**USAGE TERMS:**

Monday-Friday (August-May): After school to 9:00 PM; Saturday & Sunday (August-May) 9:00 AM to 9:00 PM.

Monday-Sunday (June-July): 9:00 AM-9:00 PM All times are subject to school and personnel availability.

Kitchen space, kitchen equipment and playgrounds may not be used by any outside organization.

Fields used by sports organizations may only be used for practice (no games, tournaments, etc.).

Facility Use Agreements are limited to the time period of one semester/summer months. Additional requested dates require a new agreement.

DCSD custodial employee must be on site during use of any facility by an outside organization.

<u>Description</u>	<u>Daily Fees per room/area/space</u>	<u>Amount Owed</u>	<u>Org. Rep. Initials</u>
<b>School Facilities:</b>			
General Classroom	\$50.00 minimum for first three hours or less; \$20.00 per each additional hour or fraction thereof over three hours	_____	_____
Cafeteria and Commons	\$150.00 minimum for first three hours or less; \$50.00 per each additional hour or fraction thereof over three hours	_____	_____
Multi-Purpose Building (Detached Gymnasium)	\$75.00 minimum for first three hours or less; \$25.00 per each additional hour or fraction thereof over three hours	_____	_____
Auditoriums and Gymnasiums	\$225.00 minimum for first three hours or less; \$75.00 per each additional hour or fraction thereof over three hours	_____	_____
Outdoor Facilities (practice fields, tennis courts, parking lots, tracks)	\$120.00 minimum for first three hours or less; \$40.00 per hour or fraction thereof above three hours	_____	_____
Special Set up Requirements	\$250.00 additional per day	_____	_____
Use of Public Address System or on-site sound equipment (if available and approved)	\$200.00 additional per day	_____	_____
<b>Fernbank Science Center:</b>			
Planetarium/Exhibit Hall	\$500.00 minimum first three hours or less; \$125.00 per each additional hour or fraction thereof over three hours	_____	_____
Garden (Outdoor Space)	\$250.00 minimum first three hours or less; \$85.00 per each additional hour or fraction thereof over three hours	_____	_____
Classroom	\$50.00 minimum first three hours or less; \$20.00 per each additional hour or fraction thereof over three hours	_____	_____
<b>Additional Uses:</b>			
Filming	\$1,000.00 Flat rate per day	_____	_____
Prep - Day(s) prior to event	\$500.00 Flat rate per day	_____	_____
Clean-up - Day(s) after event	\$500.00 Flat rate per day	_____	_____
Unoccupied or Decommissioned Facilities	Please contact office to discuss rate options	_____	_____
<b>Total Usage Fee</b>		_____	_____

**Additional Terms and Conditions for Use**

Payments for use and to cover any expected overtime to be worked by a DCSD custodial employee must be made by separate checks or money orders **payable to DeKalb County Board of Education**. Payments must be received with the properly completed use agreement and necessary insurance documents by the DCSD Department of Facilities for final approval **at least four (4) weeks in advance of the event/program start date**. Principals/Administrators and the representative of the organization will be notified via email if there are any issues preventing final approval.

Organizations utilizing school facilities must submit to a Criminal Background Check (CBC) from the respective company for each employee who will provide services within DeKalb County School District School Facilities. The Criminal Check must be completed with the DeKalb County School District Department of Public Safety prior to using the school.

The sale, use or possession of alcohol is prohibited on any school property requested for use through this agreement. No construction shall be made on school property by any group, nor any alterations made to existing school facilities, except when written permission from the Office of the Superintendent is secured. All state and local laws, statutes, ordinances and codes shall be strictly observed. Failure to do so shall constitute a breach of this agreement and all rights to continued use of the facility will be revoked immediately. Labor charges to cover any expected overtime to be worked by a DCSD custodial employee for an event or events may not be waived. Payments made for use and to cover labor charges are made in anticipation of the use and will not be reduced or returned upon cancellation of a scheduled event or events by an outside organization due to any reason, including weather. Upon final approval, payments are final and non-refundable. Requesting Organization must be a registered entity with the Georgia Secretary of State.

The Requesting Organization acknowledges the terms and conditions for use of DCSD facilities and fields referenced in this agreement and in Board Policy KG and KG-R(1) and contractually obligate itself to adhere to them. Additionally, the Requesting Organization specifically obligates itself to the payment, indemnity and insurance requirements contained in this agreement.

\_\_\_\_\_  
Organization's Representative (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

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**SIGNATURE OF DEPARTMENT OF FACILITIES MNGEMENT IS NECESSARY FOR FINAL APPROVAL FOR ANY REQUESTED USE OF DCSD FACILITIES.**

**Executive Director of Facilities Management:** \_\_\_\_\_

**Date:** \_\_\_\_\_