Community Relations

Exhibit - Application and Procedures for Use of School Facilities

To be submitted to the Superintendent

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

Phi Epsilon Druge & AKA Organization Name	Bryant Elementery Requested School Facility
Adult Supervisor from Organization (must be 21 years of age or older)	312-371-8403/ceshiawilderasynail.com
Back to School Rally Program/Activity None Equipment needed Unknown Room arrangement, including decorations	8/12/18 10am - Sprv Date(s) and startend time(s) Canopy tents, by equipment, table + chairs, pop corn machine, + Carill setup outside Materials to be brought into facility grounds Done Food service required

- All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.
 - The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
 - Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
 - Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
 - No furniture or equipment may be moved without prior approval from the Building Principal.
 - Signs, displays, or materials may not be attached, nailed, or otherwise affixed to wall?

2. All non-school related groups must agree to:
Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of

Board Approved October 2012

school property.

- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- Supply proof of insurance naming [insert name of the District] as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:

	Ynorman
	Insurance provider name and contact number Initial here if this is agreeable
3,	All non-school related groups must pay the following fees:
	Rental charge (unless waived by Board policy):
	Med and beverage service (cost as determined by the cafeteria supervisor):
	Initial here if this is agreeable
4.	Payment Method: Check Money Order Credit Card
	If payment is by check, please make check payable to: The District
	LMIII EX
	Expiration date: Credit Card No Today's date
	Authorized amount: Authorized signature:
5.	All non-school related groups must agree to use appropriate among the
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	Initial fiere if this is agreeable
6.	The second strains and strains
	and Embly at a filly significant fill and the fill and th
	as a super the title activity flor will it slipply trained A is a super to set as
	responders at any unic, inclining during statted business hours
	Activity being proposed is not in a physical fitness facility.
	Initial here if this is agreeable
	Lopy of the District's Plan for Responding to a Medical Emergency at a Physical Fitness
	TOTALLI INGO MOVIL DI UVICICII. [77 III ATIMIN I ANA AXXII ATIMIN XXXXII ATIMIN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	and officer and officer and the second of th
	The state of the s
	with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under III.
	would qualify them as a trained AED user under III. law (410 ILCS 4/10; 77 III.Admin.Code §527.100).
	Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note
	The state of the s
	If the request involves a physical fitness facility, the non-school related group must:
	Designate at least one adult supervisor who agrees to be an ansan
	and the politicis are encourabled to the trained to the product and a pro-
	Give a copy of the District's plan for responding to medical emergencies to each
	designated

- designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
 Ensure that each designated emergency responder knows the location of first aid equipment and any AED.

ALPHA KAPPA ALPHA SORORITY, INCORPORATED PHI EPSILON OMEGA CHAPTER

P.O. BOX 2363, HARVEY, IL 60426



April 24, 2018

Dear Community Sponsor,

The Phi Epsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated will be hosting its 19th Annual Health Fair/Back to School Rally on Sunday, August 12, 2018 from 12:00 PM to 3:00 PM at the Bryant Elementary School, 14730 Main Street, Harvey, IL. The Health Fair and Back to School Rally has been and will continue to be a powerful educational resource for the Harvey Community. Last year, we provided 160 school aged children with book bags and school supplies. This year, we're committed to making this annual event even more successful.

In 1999, Phi Epsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated was chartered in the City of Harvey/Dixmoor. Our goal and mission is to provide service, mentorship and scholarships to the families in the Harvey community and surrounding areas.

This event is one of our signature programs that encourages and empowers students to foster positive attitudes towards education. Our goal is to serve elementary and secondary aged children and their families by providing health awareness, refreshments, games, activities and school supplies for the upcoming 2018-2019 school year. This event provides an afternoon of encouragement, entertainment, fellowship, health awareness and enjoyment for the residents of the Harvey/Dixmoor community.

We are soliciting donations from community agencies, churches, independent vendors and businesses. We are in need of prizes, food and refreshments (hot dogs, hot dog buns, chips, juice and water), paper goods (plates and napkins), school supplies (pens, pencils, crayons, notebooks, folders, book bags, rulers, pencil cases, notebook paper, markers, highlighters, eraser, glue, protractors, compasses and dictionaries.) and services (music, entertainment, photography, videography). Your generous support and donations will assist us in our continued effort to brighten the lives of the children and families of Harvey/Dixmoor. All donors will be recognized at the rally and your donations will be used for the sole purpose and benefit of the residents of the Harvey/Dixmoor Community and surrounding areas.

We thank you in advance for your anticipated support and partnership with this initiative. If you have any questions, please contact me at 312-371-8403 or ceshiawilder@gmail.com.

Sincerely,

Ceshia C. Wilder

Ceshia C. Wilder, Phi Epsilon Omega Chapter Health Fair/Rally Chairperson

Trina Robinson

Trina Robinson, Phi Epsilon Omega Chapter Health Fair/Rally Co-Chairperson

Tanya Foucher

Tanya Foucher, Phi Epsilon Omega Chapter President

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to certificate holder in lieu of such endorsement(s).

PRODUCER		i rigitts to the
Holmes Murphy 13810 FNB Parkway Suite 300	CONTACT NAME: David Bruck PHONE (A/C, No, Ext): 800.736.4327 x5500 FAX (A/C, No): 800.328.0522 E-MAIL ADDRESS: dbruck@holmesmurphy.com	
Omaha, NE 68154 INSURED Alpha Kappa Alpha Sorority, Inc.	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Admiral Insurance Company	24856
5656 S. Stony Island Ave	INSURER B:	24030
Chicago, IL 60637	INSURER C:	
	INSURER D:	
	INSURER E:	
COVERAGES CEPTIFICATE NUMBER 2010	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 2018 A	11 Rec Cert BENJOICH	

HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDL SUBR INSR WVD TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) **POLICY NUMBER** GENERAL LIABILITY LIMITS CA00000333415 04/20/2018 04/20/2019 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 1,000,000 MED EXP (Any one person) X \$2,500 Deductible per occurrence PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$

A **Excluded** 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG 1,000,000 \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ HIRED AUTOS PROPERTY DAMAGE \$ UMBRELLA LIAB \$ OCCUR **EXCESS LIAB** EACH OCCURRENCE S CLAIMS-MADE DED AGGREGATE **RETENTION \$** \$ WORKERS COMPENSATION S AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate Holder is an insured on the above referenced policy.

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

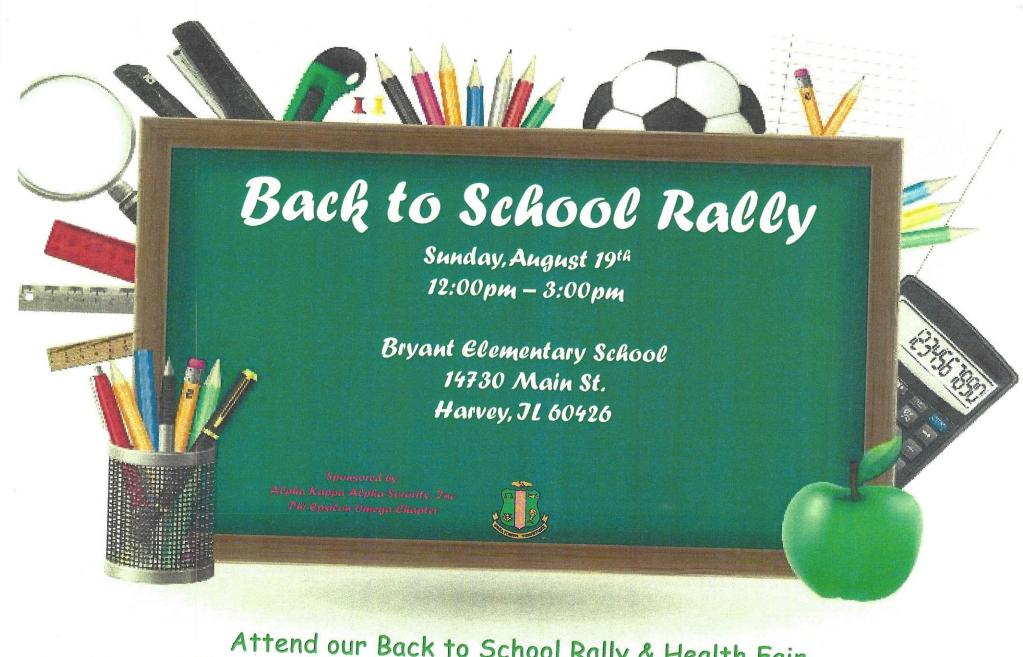
1 recognized undergraduate & graduate

AUTHORIZED REPRESENTATIVE

All recognized undergraduate & graduate chapters of Alpha Kappa Alpha Sorority, Inc. that participate in the insurance program.

Edward (Ned) Kirklin/QUINET

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Attend our Back to School Rally & Health Fair Please join us for a fun event for the whole *family!

A parent/guardian must be present with child(ren) to receive school supplies.