

# Parkrose School District 3

## Free/Reduced Facility Use Request Form

(Use this form to qualify an organization for continued free/reduced Facility Use)

In accordance with District Policy KGAB and KGAC, I am requesting approval and recognition as a District recognized organization, which meets the criteria for free or discounted facility use. I am declaring that this organization is directly benefiting the children and or citizens of the Parkrose School District and that our activities promote and support the vision and purpose of the Parkrose Public Schools.

Name of Organization: Parkrose Swim Club

Address: P.O. Box 301605 Portland, OR 97294-9605

Contact Person: Coach Bill Patterson or PRES Jamie Swan Phone # 503-515-2810 503-819-0816

Primary Purpose or Goal: An established non-profit swim team since 1956 offering a life style opportunity in swimming to guide the enthusiastic youth from ages 5-18 with the instructions for a challenging competitive sport at a minimal fee to the participants

Financial Assets: See "attachment A"

Current Assets: \$20,000 Current Liability Coaches Salary

Income Source: monthly dues/fundraiser Amount: see attachment B month/year

Expense Source: salaries/equipment Amount: see attachment B month/year

Current Officers:	<u>President</u>	<u>Jamie Swan</u>
	<u>V. President</u>	<u>Danita Ross</u>
	<u>Treasurer</u>	<u>John Uwagbae</u>
	<u>Secretary</u>	<u>Jackie Sheeran</u>
	<u>Safety Coordinator</u>	<u>Kim Soo</u>

- Please attach a current set of:
1. Bylaws or other documents which guide this organization.
  2. Current roster of members and membership eligibility.
  3. Insurance Policy.
  4. 501 3(c) or equivalent.

The Board may request additional information and/or detail. They may also request an interview prior to approval. The Board approval of this application will allow your organization to use school facilities without charge (or substantially reduced fee) in accordance with district policy KGAB and KGAC. Note: there may still be a charge for facility use based on added costs. Facility use without charge remains at the discretion of the District. The District will continue to identify and report costs associated with this rental.

Jamelle Swan  
Applicants Signature

Staff Recommendation: The Superintendent and staff make the following recommendations. Included are the estimated costs and impact of this request.

Denied

Mary Larson  
Staff Signature

12/11/08

Board Action:

Action Date: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Note: The cost associated with this rental will be identified by staff and assessed to the Community Center as part of the Boards/Districts Community Center Fund. This action may require the use or transfer of funds from the General Fund to the Community Center Fund.

Conditions, Restrictions, Cost: