

Prescott

Parkrose School District #3

KGAB-AR-1
Adopted: April/2003
Revised: April 2011

*****THIS FORM TO BE COMPLETED BY
PHS FACILITY COORDINATOR ONLY*****

REDUCED FEES APPLICATION

(This application is valid for one school year only. You must reapply each year.)

Organization: Mt. Hood Community College
Contact: Steven Shorla Phone: 503-491-7251
Date of Application: 8/11/14 Date(s) of event: 8/29/14
Purpose of Use: Graduation Ceremony

The organization/event must meet the criteria for 'REDUCED' by attaching the requested supporting documentation (see criteria below). Also, A FACILITY USE APPLICATION must accompany this form.

CRITERIA

- Group must directly serve the Parkrose community
- No admission, entry, or other fee will be charged to participants or spectators
- Attach a copy of constitution (if applicable)
- Attach a current list of members with addresses (if applicable)

QUOTED FEES

- FACILITY FEES	\$ <u>131.00</u>
- EQUIPMENT FEES	\$ <u>210.00</u>
- TECH SERVICE FEES	\$ <u>—</u>
- THEATER FEES	\$ <u>—</u>
- CUSTODIAL FEES	\$ <u>137.00</u>
TOTAL RENTAL FEES	\$ <u>360.00</u>

CUSTOMER PROPOSED FEES

- FACILITY FEES	\$ <u>0</u>
- EQUIPMENT FEES	\$ <u>0</u>
- TECH SERVICE FEES	\$ <u>—</u>
- THEATER FEES	\$ <u>—</u>
- CUSTODIAL FEES	\$ <u>0</u>
TOTAL RENTAL FEES	\$ <u>0</u>

Additional Conditions or Terms (if applicable):

History of Facility Use with Parkrose School District: Neighbor of Prescott

This section to be completed by PSD Administration:

PSD ADMINISTRATION APPROVED FEES

- FACILITY FEES	\$	0
- EQUIPMENT FEES	\$	0
- TECH SERVICE FEES	\$	0
- THEATER FEES	\$	0
- CUSTODIAL FEES	\$	0
TOTAL RENTAL FEES	\$	0

Karen wants Hank to flex his hours to cover this event. 8/29 is a non-teacher day.

Approved Denied

Cathy Mitchell Date: 8/14/14
Building Principal/Designee

Administration Recommendation & Comments:

Recommend custodial fees be paid to PSD

K Gray

Date 8/00/14

Superintendent Signature

Superintendent Recommendation & Comments:

Please approve

BOARD ACTION:

Approved Denied

Date _____

PARKROSE ELEMENTARY SCHOOLS - FACILITIES USE APPLICATION

"Parkrose Community Groups/Non-Profit Organizations"

Parkrose School District - 10536 NE Prescott Street - Portland, Oregon 97220 - Pbx: (503) 408-2140

Today's Date: 8/11/14

For Office Use Only
Received by: [Signature] Date: 8/14/14

Organization: Mt. Hood Community College Non-Profit Tax ID#: 930546890

Contact: Steven Storla Phone: 503-491-7251

Email: Steven.Storla@mhcc.edu

Address: 26000 SE Stark St. City: Gresham State: OR Zip: 97030

Date(s)	Day of week	ELEMENTARY	Access Time - Exit Time	Expected Attendance
<u>8/29/14</u>	<u>Fri.</u>	<u>Prescott</u>	<u>2:30-4:30 PM</u>	<u>90</u>

FACILITY FEES:

<input checked="" type="checkbox"/> Gym (2hrs)	\$ 13.00 x <u>1</u> = \$ <u>13.00</u>
<input type="checkbox"/> Main Field (2hrs)	\$ 13.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Baseball Field (2hrs)	\$ 13.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Softball Field (2hrs)	\$ 13.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Classroom (4hrs)	\$ 13.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Stage (4hrs)	\$ 51.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Cafeteria (4hrs)	\$ 51.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Kitchen (4hrs)	\$ 51.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Multi-purpose Room (2hrs)	\$ 38.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Multi-purpose Room (4hrs)	\$ 75.00 x <u>0</u> = \$ <u>0.00</u>

We request a waiver of fees for this graduation ceremony for students who have taken their certificate classes at the Maywood Park Campus of Mt. Hood Community College.

*Parkrose School District Food Service Staff will be scheduled for all Kitchen use at \$ 26.00 per hr

**Facilities are charged based on units above. PSD will not invoice on the half, quarter, or partial units.

EQUIPMENT FEES:

<input checked="" type="checkbox"/> Podium	\$ 6.00 x <u>1</u> = \$ <u>6.00</u>
<input checked="" type="checkbox"/> Microphone	\$ 6.00 x <u>1</u> = \$ <u>6.00</u>
<input type="checkbox"/> TV/VCR/DVD	\$ 11.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Overhead Projector	\$ 6.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Sound System	\$ 26.00 x <u>0</u> = \$ <u>0.00</u>
<input type="checkbox"/> Piano	\$ 26.00 x <u>0</u> = \$ <u>0.00</u>
<input checked="" type="checkbox"/> Chairs (per chair) <u>90</u>	\$ 2.00 x <u>90</u> = \$ <u>180.00</u>
<input checked="" type="checkbox"/> Tables (per table) <u>3</u>	\$ 6.00 x <u>3</u> = \$ <u>18.00</u>

CUSTODIAL FEES: These include lock/unlock of the building, alarming the building, cleaning, event set-up/re-set, bathroom sanitizing and re-stocking, supplies/materials, and general maintenance

Monday - Friday, operating hours	= \$22.00 per hour
Saturdays & Sundays - all hours	= \$36.00 per hour

***Application must be completed and turned in 30 days prior to rental date for consideration of a reduced fee.

Facilities Coordinator will complete this section:

\$29.00 x number of hours needed	<u>1</u> = \$ <u>29.00</u>
\$36.00 x number of hours needed	<u>3</u> = \$ <u>108.00</u>

FACILITY FEES	\$ <u>13.00</u>
EQUIPMENT FEES	\$ <u>210.00</u>
CUSTODIAL FEES	\$ <u>137.00</u>

TOTAL RENTAL FEES \$ 360.00

A 30% non-refundable deposit is required to secure your reservation.
FULL PAYMENT IS DUE - 2 WEEKS PRIOR TO RENTAL DATE

Completed by: [Signature]
Facilities Coordinator

DATE 3/6/14

I/we understand the above fees. If my application is accepted for the requested facility scheduled at _____, we agree to meet all contractual, insurance, deposit and payment requirements during the agreement period. I/we agree to be responsible for the conduct of the audience in and about the building and for any damages beyond ordinary wear and tear, which occurs to this District property in regards to our use and occupancy thereof. I/we agree that District property will be used in accordance with the rules and regulations of the Board of Education (See Policy KGAA).
Client Signature Steven R. Storka Date 8/11/14

CATERING/FOOD REQUIREMENTS

* All Catering must be contacted by Parkrose Food Service (503-408-2122), or one of our Preferred Caterers.
* If you are not using Parkrose Food Service, you are required to choose from our list of Preferred Caterers, which may be provided to you upon request (503-408-2697). Additionally, a Parkrose Food Service employee will be required for all kitchen use at a rate of \$26.00 p/hr.

* INDIVIDUALS OR ORGANIZATIONS REQUIRED TO PAY FOR THE USE OF SCHOOL FACILITIES UNDER Board Policy 9.12.2 MUST COMPLETE THE Hold Harmless STATEMENT AND MAY BE REQUIRED TO VERIFY INSURANCE COVERAGE BEFORE FINAL AUTHORIZATION IS GRANTED

HOLD HARMLESS AGREEMENT

Organization Name Here: Mt. Hood Community College agrees to indemnify, hold harmless and defend the District, its board members, agents, employees and volunteers from and against any and all liabilities, damages, actions, costs, losses, claims and expenses (including attorney fees), on account of personal injury, death or damage to or loss of property or profits arising out of or resulting in whole or in part from any act, omission, negligence, fault or violation of law or ordinance by "Organization" or "Organization's" employees, agents, volunteers, subcontractors, speakers, exhibitors, event participants or invitees or any other person entering upon the premises with the implied or express permission of "Organization". Such indemnification by "Organization" shall apply unless such damage or injury results from the sole negligence or willful misconduct of the District.

Signed Steven R. Storka Date 8/11/14

INSURANCE REQUIREMENTS

Commercial General Liability insurance endorsement providing coverage against claims for bodily injury or death and property damage occurring in or upon or resulting from the facilities licensed hereunder, such insurance to offer immediate protection to the limit of no less than \$500,000 and such insurance shall include Blanket Contractual Liability coverage which insures contractual liability under the indemnification of the Parkrose School District #3 by Licensee as set forth below.

1. Licensee shall maintain a policy endorsed to include the Parkrose School District, Parkrose Elementary School, school board members, agents, employees and volunteers as additional insured's as respects to the Organization's use of District facilities. Said insurance must be primary to and non-contributory with any insurance carried by the District and include waiver of subrogation in favor of the District, its board members, agents, employees and volunteers.
2. Licensee agrees to provide all required certificates of insurance to the Parkrose School District at least fifteen (15) calendar days prior to the time of occupancy.
3. The parties agree that the specified coverage of limits of insurance in no way limit the liability of the licensee.
4. Licensee shall provide a Certificate of insurance containing a notice of cancellation clause not less than 30 days prior to cancellation or non-renewal of any such policy.

LAWS-RULES-REGULATIONS

1. All agents and employees connected with Licensee's use of the facility shall abide by, conform to and comply with all laws of the United States and the State of Oregon and all ordinances of the City of Portland, Oregon, and the rules and regulations of Parkrose School District, together with all rules and regulations of the Bureau of Police of the City of Portland.
2. THE USE OF ALL TOBACCO, ALCOHOLIC BEVERAGES AND CONTROLLED SUBSTANCES ARE STRICTLY PROHIBITED IN OR ON Parkrose School District PROPERTY.
3. All security services including peer group security desired by Licensee shall be arranged for by special agreement with the Parkrose School District and shall be paid for by the Licensee.
4. The Parkrose School District shall have the sole right to collect and have custody of articles left in the building.
5. Any decision affecting any matter not herein expressly provided for shall rest solely within the discretion of the Parkrose School District.

WE AGREE AND UNDERSTAND ALL OF THE ABOVE. WE AGREE THAT SAID SCHOOL PROPERTY WILL BE USED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE BOARD OF EDUCATION.

Organization or Individual Steven R. Storka Position of Responsibility Career Pathways Coordinator

Address 2600 SE Stark St. City Gresham State OR Zip 97030

APPROVED FOR USE Cathy Mitchell BUILDING RENTAL FEES 360.00

* FULL PAYMENT MUST BE RECEIVED, PRIOR TO THE USE OF THE FACILITY