

*****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: Parkrose Colts Basketball
Contact: Nikol Burton / Monzo White Phone: 360-553-9356
Date of Application: 11/26/13 Date(s) of event: Feb-April 2014
Purpose of Use: Youth BB practice

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>575.00</u>
- EQUIPMENT FEES	\$ <u>0</u>
- TECH SERVICE FEES	\$ <u>0</u>
- THEATER FEES	\$ <u>0</u>
- CUSTODIAL FEES	\$ <u>870.00</u>
TOTAL RENTAL FEES	\$ <u>1445.00</u>

CUSTOMER PROPOSED FEES

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

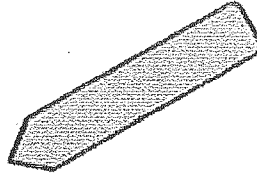
Additional Conditions or Terms (if applicable):

History of Facility Use with Parkrose School District: 1st year of Basketball for this group. (Football)

This section to be completed by PSD Administration:

PSD ADMINISTRATION APPROVED FEES

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



Approved Denied W. Jacke Date: 6.15.13
Building Principal/Designee

Administration Recommendation & Comments:

K Gray Date 6/27/13
Superintendent Signature

Superintendent Recommendation & Comments:
K Gray Please approve.

BOARD ACTION:
Approved Denied Date _____

Boys Basketball

PARKROSE MIDDLE SCHOOL - FACILITIES USE APPLICATION

Parkrose Middle School - 11800 NB Shaver Street - Portland, Oregon 97220 - Fax (503) 408-2993

Today's Date: 1/20/12 For PMS Office Use Only
 Approved Declined *[Signature]*

Organization: Parkrose Colts BB Non-Profit Tax ID # _____

Contact: Mykol Burton / Alonzo White Phone: (503) 313-2424 Cell: 260 553-9256

Address: _____ City: Portland State: Ore Zip: _____

Date(s)	Day of week	Facility	Access Time - Exit Time	Expected Attendance
<u>Jan 8-13</u>	<u>Tues/Thurs</u>	<u>Gym</u>	<u>7am - 9pm</u>	<u>24</u>
<u>April 2013</u>			<u>(30 dates)</u>	<u>(45 hours)</u>

1/8/13 through 4/30/2013

FACILITY FEES:

<input type="checkbox"/> Classroom (4hrs)	\$ 50.00 x _____ = \$ _____	<input type="checkbox"/> Main Gym (2hrs)	\$ 50.00 x <u>23</u> = \$ <u>575.00</u>
<input type="checkbox"/> Cafeteria (4hrs)	\$ 200.00 x _____ = \$ _____	<input type="checkbox"/> Small Gym (2hrs)	\$ 25.00 x _____ = \$ _____
<input type="checkbox"/> Stage (4hrs)**	\$ 200.00 x _____ = \$ _____	<input type="checkbox"/> Main Field (2hrs)	\$ 50.00 x _____ = \$ _____
<input type="checkbox"/> Kitchen (4hrs)*	\$ 200.00 x _____ = \$ _____	<input type="checkbox"/> Baseball Field (2hrs)	\$ 50.00 x _____ = \$ _____
<input type="checkbox"/> Parking Lot (4hrs)	\$ 300.00 x _____ = \$ _____	<input type="checkbox"/> Track (p/hr)	\$ 50.00 x _____ = \$ _____
<input type="checkbox"/> Locker Room (each/4hr)	\$ 25.00 x _____ = \$ _____	<input type="checkbox"/> Wrestling Rm (4hrs)	\$ 25.00 x _____ = \$ _____
<input type="checkbox"/> Tennis Courts (4cts/2hrs)	\$ 50.00 x _____ = \$ _____		

*Parkrose School District Food Service Staff will be scheduled for all Kitchen use at \$ 25.00 p/hr.
 **When renting the Stage, Cafeteria fees apply.
 ***Facilities are charged based on units above. PSD will not invoice on the half, quarter, or partial units.

EQUIPMENT FEES:

<input type="checkbox"/> Podium	\$ 10.00 x _____ = \$ _____	<input type="checkbox"/> Lining Baseball Field	\$ 100.00 x _____ = \$ _____
<input type="checkbox"/> Microphone	\$ 10.00 x _____ = \$ _____	<input type="checkbox"/> Initial Set up & Lining Soccer Field	\$ 250.00 x _____ = \$ _____
<input type="checkbox"/> TV/VCR/DVD	\$ 20.00 x _____ = \$ _____	<input type="checkbox"/> Lining Soccer Field (maintenance)	\$ 100.00 x _____ = \$ _____
<input type="checkbox"/> Overhead Projector	\$ 10.00 x _____ = \$ _____	<input type="checkbox"/> Initial Set up & Lining Football Field	\$ 375.00 x _____ = \$ _____
<input type="checkbox"/> Sound System	\$ 50.00 x _____ = \$ _____	<input type="checkbox"/> Lining Football Field (maintenance)	\$ 100.00 x _____ = \$ _____
<input type="checkbox"/> Piano	\$ 50.00 x _____ = \$ _____		
<input type="checkbox"/> Chairs (per chair)	\$ 2.00 x _____ = \$ _____		
<input type="checkbox"/> Tables (per table)	\$ 10.00 x _____ = \$ _____		

CUSTODIAL FEES:

- ◆ Monday - Friday, operating hours = \$28.00 p/hour
- ◆ Saturdays & Sundays - all hours & after operating hours = \$35.00 p/hour

Facilities Coordinator will complete this section:
 \$28.00 x number of hours needed 30 = \$ 870.00
 \$35.00 x number of hours needed _____ = \$ _____

- FACILITY FEES	\$ <u>575.00</u>
- EQUIPMENT FEES	\$ <u>0</u>
- THEATER FEES	\$ <u>0</u>
- CUSTODIAL FEES	\$ <u>870.00</u>
TOTAL RENTAL FEES	\$ <u>1445.00</u>

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

→ wrong app. should be non-prof.

Completed by: [Signature] DATE: 12/3/12

I/we understand the above fees. If my application is accepted for the requested facility scheduled at Parkrose Middle School, 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: [Signature] Date: 1/20/12

CATERING/FOOD REQUIREMENTS

- ♦ All Catering must be contracted 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 \$25.00 p/hr.
- ♦ All food must be consumed/served in the PMS Cafeteria and will be added to your contract and invoice.

♦ 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: Parkrose Colts 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.

[Signature]
Signed

11/20/12
Date

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 and Parkrose Middle School by Licensee as set forth below.

- 13. Licensee shall maintain a policy endorsed to include the Parkrose School District, Parkrose Middle 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.
- 14. Licensee agrees to provide all required certificates of insurance at least fifteen (15) calendar days prior in the time of occupancy.
- 15. The parties agree that the specified coverage of limits of insurance in no way limit the liability of the licensee.
- 16. 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

- 6. 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 Middle School, together with all rules and regulations of the Bureau of Police of the City of Portland.
- 7. THE USE OF ALL TOBACCO, ALCOHOLIC BEVERAGES AND CONTROLLED SUBSTANCES ARE STRICTLY PROHIBITED IN OR ON PARKROSE MIDDLE SCHOOL PROPERTY.
- 8. All security services including peer group security desired by Licensee shall be arranged for by special agreement with the Parkrose Middle School and shall be paid for by the Licensee.
- 9. The Parkrose Middle School shall have the sole right to collect and have custody of articles left in the building.
- 10. Any decision affecting any matter not herein expressly provided for shall rest solely within the discretion of the Parkrose Middle School.

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 [Signature] Position of Responsibility Ass Coach

Address 11800 NE Shawar City Portland State OR Zip 97220

APPROVED FOR USE [Signature] TOTAL RENTAL FEES \$ 1445.00

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