

**\*\*\*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: Dr. Audrey Terrell Inst.

Contact: Dr. Audrey Terrell

Phone: 313-510-9968

Date of Application: 1/14/19

Date(s) of event: 4/6/2019

Purpose of Use: Annual DATI Luncheon

*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	\$ 561.00
- EQUIPMENT FEES	\$ 49.00
- TECH SERVICE FEES	\$
- THEATER FEES	\$
- CUSTODIAL FEES	\$ 246.00
EVENT MANAGER	200.00
<b>TOTAL RENTAL FEES</b>	<b>\$ 1056.00</b>

**CUSTOMER PROPOSED FEES**

- FACILITY FEES	\$
- EQUIPMENT FEES	\$
- TECH SERVICE FEES	\$
- THEATER FEES	\$
- CUSTODIAL FEES	\$ 246.00
EVENT MANAGER	200.00
<b>TOTAL RENTAL FEES</b>	<b>\$ 446.00</b>

Additional Conditions or Terms (if applicable):

**History of Facility Use with Parkrose School District:**

Dr. Terrell's annual meeting has taken place the last 3 years at the High School but due to conflicts is taking place at the M: In the past, we have waived their fees, except custodial but I do believe they will need a Event manager on site.

This section to be completed by PSD Administration:

**PSD ADMINISTRATION APPROVED FEES**

- FACILITY FEES	\$	_____
- EQUIPMENT FEES	\$	_____
- TECH SERVICE FEES	\$	_____
- THEATER FEES	\$	_____
- CUSTODIAL FEES	\$	246.00
Event Manager		200.00
<b>TOTAL RENTAL FEES</b>	<b>\$</b>	<b>446.00</b>

Approved  Denied  \_\_\_\_\_ Date: 1-22-19  
*[Signature]*  
Building Principal/Designee Signature

Administration Recommendation & Comments:  
\_\_\_\_\_  
\_\_\_\_\_

*[Signature]* \_\_\_\_\_ Date 1-22-19  
Superintendent Signature

Superintendent Recommendation & Comments:  
*[Signature]*  
\_\_\_\_\_

BOARD ACTION:  
Approved  Denied  Date \_\_\_\_\_

*Daunte Gauge*

KGAC-AR-2  
Adopted: April 2003  
Revised: 2.15.17

**Parkrose MIDDLE SCHOOL – Facilities Use Application**

**“Parkrose Community Groups/Non-Profit Organizations”**

Parkrose Middle School – 11800 NE Shaver Street – Portland, Oregon 97220 – Fax (503) 408-2998

Today's Date: Jan. 14, 2019

For Office Use Only  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: Dr. Audrey Terrell Institute

Non-Profit Tax ID#: 81-1796622

Contact: Dr. Audrey Terrell

Phone: 313-510-9968

Email: audreyterrell@aol.com

Address: P.O. Box 820030

City: Thurman

State: WA.

Zip: 98682

Date(s)	Day of week	Facility	Access Time - Exit Time	Expected Attendance
<u>4-6-19</u>	<u>Saturday</u>	<u>Community Room</u>	<u>10am - 4pm</u>	<u>150</u>

**Facility Fees:**

- |   |                                     |   |                             |
|---|-------------------------------------|---|-----------------------------|
| <input type="checkbox"/> Classroom (4hrs)                           | \$ 26.00 x _____ = \$ _____         | <input type="checkbox"/> Main Gym (2hrs)        | \$ 26.00 x _____ = \$ _____ |
| <input checked="" type="checkbox"/> Commons** (4hrs)                | \$102.00 x <u>2</u> = \$ <u>204</u> | <input type="checkbox"/> Small Gym (2hrs)       | \$ 13.00 x _____ = \$ _____ |
| <input checked="" type="checkbox"/> Stage (**fee above also) (4hrs) | \$102.00 x <u>2</u> = \$ <u>204</u> | <input type="checkbox"/> Conference Room (2hrs) | \$ 26.00 x _____ = \$ _____ |
| <input type="checkbox"/> Media Center (4hrs)                        | \$102.00 x _____ = \$ _____         | <input type="checkbox"/> Main Field (2hrs)      | \$ 26.00 x _____ = \$ _____ |
| <input type="checkbox"/> *Kitchen (4hrs)                            | \$102.00 x _____ = \$ _____         | <input type="checkbox"/> Baseball Field (2hrs)  | \$ 26.00 x _____ = \$ _____ |
| <input checked="" type="checkbox"/> Parking Lot (4hrs)              | \$153.00 x <u>1</u> = \$ <u>153</u> | <input type="checkbox"/> Track (p/hr)           | \$ 26.00 x _____ = \$ _____ |
| <input type="checkbox"/> Locker Room (each/4hr)                     | \$ 13.00 x _____ = \$ _____         | <input type="checkbox"/> Wrestling Room (4hrs)  | \$ 13.00 x _____ = \$ _____ |
| <input type="checkbox"/> Tennis Courts (4cts/2hrs)                  | \$ 26.00 x _____ = \$ _____         | <input type="checkbox"/> Band Room (4hrs)       | \$ 26.00 x _____ = \$ _____ |

\*Parkrose School District (PSD) Nutrition Service Staff may be scheduled for all Kitchen use at \$ 26.00 per hour  
Facilities are charged based on units above (indicated in parentheses). PSD will not invoice on the half, quarter, or partial units.

**Equipment Fees\*\*:**

- |   |                                    |   |                              |
|---|------------------------------------|---|------------------------------|
| <input type="checkbox"/> Podium*                                  | \$ 6.00 x <u>1</u> = \$ <u>6</u>   | <input type="checkbox"/> Lining Baseball Field                  | \$ 51.00 x _____ = \$ _____  |
| <input checked="" type="checkbox"/> Microphone*                   | \$ 6.00 x <u>1</u> = \$ <u>6</u>   | <input type="checkbox"/> Initial Set up & Lining Soccer Field   | \$ 255.00 x _____ = \$ _____ |
| <input type="checkbox"/> TV/VCR/DVD*                              | \$ 11.00 x <u>1</u> = \$ <u>11</u> | <input type="checkbox"/> Lining Soccer Field (maintenance)      | \$ 102.00 x _____ = \$ _____ |
| <input type="checkbox"/> Overhead Projector*                      | \$ 6.00 x _____ = \$ _____         | <input type="checkbox"/> Initial Set up & Lining Football Field | \$ 587.00 x _____ = \$ _____ |
| <input checked="" type="checkbox"/> Sound System*                 | \$ 26.00 x <u>1</u> = \$ <u>26</u> | <input type="checkbox"/> Lining Football Field (maintenance)    | \$ 102.00 x _____ = \$ _____ |
| <input type="checkbox"/> Piano                                    | \$ 26.00 x _____ = \$ _____        | <input type="checkbox"/> Tables (per table)                     | \$ 6.00 x _____ = \$ _____   |
| <input checked="" type="checkbox"/> Chairs (per chair) <u>100</u> | \$ 2.00 x _____ = \$ _____         |   |                              |

\*Tech Service -- Customer to be charged \$31.00 per hour for those events requiring technology assistance.  
\*\* All Parkrose Schools have public Wi-Fi throughout. Please provide your own technology & equipment.

**Custodial Fees\*\*\*:** These include lock/unlock of the building, alarming the building, cleaning, event set-up/reset, bathroom sanitizing and re-stocking, supplies/materials, and general maintenance.

- ◆ Monday – Friday, operating hours = \$29.00 p/hour
- ◆ Saturdays -- 7:30am-3:00pm = \$29.00 p/hour
- ◆ Sundays – all hours & after operating hours = \$36.00 p/hour

\*\*\*Custodial fees may not be charged if a custodian is already on duty. Cleaning/set-up and break-down will then become the responsibility of the renter. \$36 per hour fee applies if the spaces rented aren't left the way you found them and/or renter pulls the custodian away from his/her duties. Large events will require custodial fees.

**Facilities Coordinator will complete this section:**

\$29.00 x number of hours needed 2 = \$ \_\_\_\_\_  
\$36.00 x number of hours needed 2 = \$ \_\_\_\_\_

- Facility Fees	\$ <u>561</u>	A 30% non-refundable deposit is required to secure your reservation. FULL PAYMENT IS DUE – 2 WEEKS PRIOR TO RENTAL DATE
- Equipment Fees	\$ <u>49</u>	
- Technology Service Fees	\$ _____	
- Custodial Fees	\$ <u>246</u>	
<b>Total Rental Fees</b>	<b>\$ <u>856</u></b>	

Completed by: [Signature] DATE: 1/22/19  
Facilities Coordinator

I/we understand the above fees. If my application is accepted for the requested facility scheduled in Parkrose School District, 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 Educations (See Policy KGAA).

Organization or Individual Signature: Dr. Audrey Terrell Date: Jan. 14, 2019

**Catering/Food Requirements**

- ◆ All Catering should be contracted thru Parkrose Nutrition Services (503-408-2122). Administrator approval required if you are not using Parkrose Nutrition Services. Additionally, a Parkrose Nutrition Services employee may be required for any kitchen use at a rate of \$26.00 p/hr.
- ◆ All food must be consumed and served in the PSD Facilities designated areas.

◆ Individuals or organizations that use school facilities under Board Policy must complete the Hold Harmless Statement and will be required to verify insurance coverage before final authorization is granted.

Facilities Coordinator Signature Received Proof of Insurance: \_\_\_\_\_ Date: \_\_\_\_\_

**Hold Harmless Agreement**

Organization or Individual Name Here: Dr. Audrey Ferrell Institute 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.

Dr. Audrey Ferrell Organization or Individual Signature Jan 14, 2019 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 \$2,000,000 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 Organizations 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 if 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, inhalants, alcoholic beverages and controlled substances are strictly prohibited in or on Parkrose School District property. Possession of firearms or dangerous weapons in or on the premises is strictly prohibited by ORS 166.370.
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.
6. A person operating a school-age recorded program may not operate the program without performing criminal background checks for all staff and volunteers and becoming recorded with the Office of Child Care. (Oregon Law 329A.257)

- ◆ Full payment and proof of insurance must be received prior to use of any facility.
- ◆ Application must be completed and turned in 30 days prior to rental date for consideration of reduced fees. Religious based organizations are excluded from receiving reduced fees due to Federal Law.
- ◆ All rentals are subject to availability, please check with the building administrator. Classrooms may not be rented during teacher contract hours.
- ◆ Facilities may be rented on non-school days with administrator approval but paperwork may not be accepted and processed on non-school days. Administrators and secretaries get a summer break. Please be sure facility applications for use during the summer or fall are submitted prior to the end of each school year.
- ◆ Any for profit video or audio recording on District property must be Superintendent approved. Superintendent Signature/Date: \_\_\_\_\_
- ◆ Individuals or Organizations who stay beyond the times indicated on this form will be subject to \$36 per hour penalty should PSD staff have to stay late. Individuals or Organizations are also subject to any charges incurred by the outside agency overseeing PSD's security, should they be called to the site.

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 Dr. Audrey Ferrell Position of Responsibility President & CEO  
 Organization or Individual Address P.O. Box 520030 City Vancouver State WA Zip 98682  
 Building Principal Signature: Dr. Audrey Ferrell Date Jan. 14, 2019

1.22.19