

**North Santiam  
School District**

Code: **KG-AR(2)**  
Revised/Reviewed: 6/23/11; 9/15/11; 2/19/15;  
10/19/17

**Facilities Usage Agreement**

The district is a drug, alcohol and tobacco-free environment. No weapons are allowed on school property except as allowed by state law.

All school activities take priority over any other event scheduled. Organizations that use facilities without a usage fee are still subject to fees for custodial, food service and technology personnel. All groups are subject to fees for any service on weekends, holidays and any other noncustodial working time. Any cleaning fees or fees for missing or broken equipment will automatically be charged to your organization. All organizations must have proof of liability insurance on file with the district before the application for building use can be processed.

1. Up Front Fees:

- a. Deposit of 50 percent of the total use fee (based on invoice; required before officially scheduling);
- b. Payment for 100 percent of the scheduled personnel costs;
- c. Checks are to be made payable to North Santiam School District;
- d. The business manager may consider requests for payment considerations or negotiate contracts for large volume, long term or commercial users;
- e. Any fee adjustment must be approved by the superintendent or designee.

2. General Regulations

See General Regulations in policy KG - Community Use of District Facilities.

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Description: \_\_\_\_\_

Area Requested (include location, building, room numbers, fields, kitchen, etc): \_\_\_\_\_

Building Location (*Circle One*):

**Stayton High School**

**Stayton Intermediate/Middle School**

**Stayton Elementary**

**Mari-Linn School**

**Sublimity School**

Special Classrooms Requested: \_\_\_\_\_

**No outside agency may schedule event during school hours or more than six weeks before the requested date of use, unless it is a yearly or half-yearly event.**

Event Date(s): \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Set Up Begin Time: \_\_\_\_\_ Break Down Time End: \_\_\_\_\_

Duration: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_ Number of Days: \_\_\_\_\_

Tentative Booking (Check One):  Yes  No

**Organization Information**

Name of Organization: \_\_\_\_\_

Organization Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Bill Organization (Check One):  Yes  No

FEIN: \_\_\_\_\_ Sales Tax Exemption #: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage Amount: \_\_\_\_\_ Coverage Dates: \_\_\_\_\_ to \_\_\_\_\_

Number Attending: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**Set up Information – personnel Needs**

✓ Check all that apply

	<b>Equipment</b>		<b>Rental Price</b>
	Bleachers	Set Up, Broken Down	\$25
	Alarm	Open and Close After Hours or Weekend	\$38 per hour
	Custodial	On-Site Custodial Assistance Requested	\$38 per hour
	Event	Set Up	\$38 per hour (scheduled as part of open/close)
	Event	Break Down	\$38 per hour (scheduled as part of open/close)
	Assistance	On-Site Food Service Assistance Requested	\$38 per hour
	Assistance	On-Site Media Assistance Requested	\$38 per hour
	HVAC	Weekend Use (Prep)	
	Lighting	Football field (Prep)	\$15 per rental
	P/A System	Rental Requested	\$25 (plus media personnel)
	CD Player	Rental Requested	
	Desktop/Workstation	Access Requested	
	Document Camera	Rental Requested	\$15 (plus tech personnel)
	DVD/VCR Unit	Access Requested	
	Internet Connection	Access Requested	
	Laptop & Projector	Rental Requested	\$50 (plus tech personnel)
	Smart Board	Access Requested	
	Tech Services	On-Site Technical Assistance Requested	\$60 per hour
	Television	Access Requested	
	Wireless Connection	Access Requested	
	White Board	Access Requested	
	Other Requests		

**Answer the following questions by circling the answer:**

1. Does your activity require custodial service?  Yes  No  
Explain if yes and note number of planned hours below: \_\_\_\_\_

**Custodial Fee: \$38 per hour (one hour minimum)**

2. Does your activity require use of the food service area?  Yes  No  
Explain if yes and note number of planned hours below: \_\_\_\_\_

**Food Service Fee: \$38 per hour (one hour minimum)**

3. Is activity related to school business or district/school activities (i.e. outdoor school, Title I, budgeting, co-curricular event, board meeting, school dances, etc)?  Yes  No  
Explain if yes: \_\_\_\_\_

**Yes = Waiver of Building Use Fee**

4. Is activity a fund raising event for the District, school, or co-curricular activity?  Yes  No  
Explain if yes: \_\_\_\_\_

**Yes = Waiver of Building Use Fee**

5. Does your organization have a reciprocal agreement with NSSD?  Yes  No  
Explain if yes: \_\_\_\_\_

**Yes = Waiver of Building Use Fee**

6. Are you requesting the use of the Santiam Room outside of regular business hours (Before 7:30 a.m. or after 4:30 p.m.)?  Yes  No  
Explain if yes: \_\_\_\_\_

**Open and Close Fee: \$38.00**

7. Do you require set up, break down, or cleaning of the area after you have finished (stage, chairs, microphones, etc)?  Yes  No  
Explain if yes: \_\_\_\_\_

**Custodial Fee: \$38 per hour (one hour minimum)**

8. District policy indicates that tax-free status organizations may utilize any of the school buildings within NSSD without being charged a building use fee if the activity is free and involves only K-12 students that live within the boundaries of the District. Does your organization and/or event fall within these guidelines?  Yes  No  
Explain if yes: \_\_\_\_\_

**Yes = Waiver of Building Use Fee**

9. Do you need technical assistance on site?  Yes  No  
Explain if yes: \_\_\_\_\_

**Technology Fee: \$60 per hour (one hour minimum)**

**Billing Information**

Personnel charges will be based on cost recovery that includes payroll costs. Any request for personnel to work at your event on a weekend, after hours, or on a holiday will be charged at the overtime rate.

Fee Classification – See Board policy KG (*Circle one*): I II III

Fee Adjustments (see questions 1-10 above) \_\_\_\_\_

Fees for Classification III: \_\_\_\_\_ per hour X \_\_\_\_\_ Hours = \_\_\_\_\_

One Classroom	\$30 per hour
Library/Multi-Purpose Area	\$50 per hour
Kitchen	\$50 per hour + Food Service Personnel
Gym/Auditorium	\$50 per hour
Technology Lab	\$80 per hour + Technology Personnel

Other: \_\_\_\_\_

Equipment Rental Requests: \_\_\_\_\_

Media/Technology Rental Requests: \_\_\_\_\_

Kitchen Equipment Rental Requests: \_\_\_\_\_

Custodial Requests: \_\_\_\_\_

Catering Requests: \_\_\_\_\_

Comments/Additional Requests: \_\_\_\_\_

Totals:

Building Use	\$ _____
Personnel	\$ _____
Rental	\$ _____
TOTAL	\$ _____

**Cancellation Policy**

1. Building use applications may be canceled by the applicant by personally contacting the facilities director (503-769-4928) at least 72 hours prior to the scheduled event. Deposits will be returned within 10 working days of the cancellation.
2. A \$25.00 cancellation fee will be assessed if the applicant notifies the district of a cancellation 48 hours prior to the posted date and time.
3. The applicant will be fully charged all fees (including personnel costs) if the district is notified less than 24 hours prior to a cancellation.
4. Under extenuating circumstances the superintendent may waive cancellation fees.
5. The district retains the right to cancel an approved use of facilities at any time if the use interferes with planned school activities or due to an emergency (such as inclement weather, loss of power, etc.). The district will notify the applicant as soon as possible of any such cancellation.

**A permit will be issued when full payment has been made. The applicant has 30 days after the end of the event to pay any additional invoiced fees for personnel, clean-up, or damage to property. I have read the general regulations as outlined in policy and administrative rules regarding facilities use and agree to the cancellation policy as outlined above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Assisted By: \_\_\_\_\_

Insurance Approved By: \_\_\_\_\_

Deposit (50 percent of total use fee) Received (date): \_\_\_\_\_ Initial: \_\_\_\_\_

Full Personnel Cost Received (date): \_\_\_\_\_ Initial: \_\_\_\_\_

Final Payment Received (date): \_\_\_\_\_ Initial: \_\_\_\_\_