ERIE COUNTY TECHNICAL SCHOOL

PROPOSED AGENDA ITEM

DATE: December 14, 2004

SUBJECT: Use of Facility Request

CATEGORY: Operations: X Policy: Information: Personnel:

INITIATED BY: Steven Sceiford Facility Manager

DESCRIPTION:

German Shepherd Dog Club of Northwestern PA Inc. to use grounds behind school and parking area for Dog Obedience Training Classes.

German Shepherd Dog Club of Northwestern PA Inc. to use grounds behind school, parking area, and rest rooms for Dog Show.

RECOMMENDATION:

Motion to approve the use of facilities request from the German Shepherd Dog Club for Tuesday Nights 6:00-8:00PM from May 3rd– October 25th 2005.

Motion to approve the use of facilities request from the German Shepherd Dog Club for Saturday, September 17, 2005 from 8:00 AM – 5:00 PM.

Erie County Technical School
Buildings and Grounds Use Request Form

Organization Making Request: German Shepherd Dog Club of N/W PA
Organization's Event: Dog Show / Training on Ground every Tues. 6-8:00 P.M.
Description of Event: Use Ground for Dog Show - Building - restrooms for Show only.

Date(s) of Event: Sept. 17, 2005 - Show / All year for training - weather permitting
Time Schedule of Event: Dog Show 8:00 A.M - 5:00 P.M. (May 2005 - Oct 2005)

Sections of Buildings or Grounds to be used:

West Side Grounds for Training + Show / Building for restrooms Show only
We also need Tables + Chairs The Day of Show.

It is understood that the responsibility and liability of the organization making this request includes, but is not limited to the following considerations:

1. Use of the buildings and grounds on Saturdays or Sundays, while not prohibited, is discouraged. If use of the facility is granted for a Saturday or Sunday, there will be costs in addition to any rental fee that will be assessed at the rate of $25.00 per hour.
2. All facility use fees and other charges for such use must be paid in full.
3. **School-related** and **Community Service organizations** will normally not be required to provide proof of liability insurance, but they will be requested to sign an Indemnification and Waiver of Liability form. **Non-profit organizations** are required to present proof of public liability coverage with limits of $300,000 per accident. **Profit-making organizations** are required to present proof of public liability coverage with limits of $500,000 per accident. The school's Operating Committee, through the recommendation of the school's Director, may require higher limits of liability insurance for specific and/or unique situations.
4. Understand that the Erie County Technical School will not be held liable for injuries or illness incurred on school property by individuals directly or indirectly associated with the event taking place.
5. Provide adequate supervision to assure proper use and care of the building, grounds, equipment, and furnishings.
6. The organization is responsible for setting up, moving, dismantling, and returning furniture, equipment, and supplies to their proper place. *Use of kitchen facilities requires the presence of a representative of the cafeteria staff. Remuneration shall be at the prevailing rate per hour, paid directly to the individual involved in addition to any applicable usage fee.*
7. The organization is responsible for performing all custodial chores necessary to restore the facility and furniture to the condition in which it was found. *A fee will be charged for special or additional set-up services required prior to or after scheduled use.*

our Insurance should be on file. It has not changed. Call if you need proof. Cheri - 922-3489

8. To work cooperatively with the staff member(s) on duty and understand that granting of this request is limited to the facilities and equipment listed on this request form.
9. Bringing onto school property and/or consuming alcoholic beverages or other controlled substances is specifically prohibited.

Fee Schedule

Area	Organization Type			
	School-related	Community Service	Non-profit	For Profit
Classroom	No Charge	No Charge	$10/hour	$20/hour
Cafeteria	No Charge	No Charge	$10/hour	$20/hour
Corridor	No Charge	No Charge	$10/hour	$20/hour
Kitchen	No Charge	No Charge	No Charge	$25/hour
Laboratory	No Charge	$10/hour	$15/hour	$25/hour
Grounds	No Charge	No Charge	No Charge	$20/hour
Maintenance Fee (Weekend Use)	No Charge	$25/hour	$25/hour	$25/hour

Other Charges:

Total Amount Due:

Organization Name: German Shepherd Dog Club of N.W. PA

Address: PO Box 9574
Erie, PA 16505-8574

Telephone: 814-922-3489

Representative's Name: Cheri Seelinger

Address: 2826 Route 215
East Springfield, PA 16411

Telephone: 814 922-3489

Representative's Signature: Cheri R. Seelinger

Request Approved: Approved

Director's Signature: 1/24/04

ISO Form Number: 3300.01.00	Revision Date: April 30, 2004
This is a controlled form. Hard copies of this form are considered uncontrolled.	

ERIE INSURANCE GROUP
Home Office • Erie, Pennsylvania 16530

CERTIFICATE OF INSURANCE

- THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY -

CERTIFICATE HOLDER COPY

NAME AND NUMBER OF AGENCY	DATE ISSUED
GREAT LAKES INSURANCE ASSOC. AA1372	09/07/2004
NAME AND ADDRESS OF NAMED INSURED	NAME AND ADDRESS OF CERTIFICATE HOLDER OR OTHER
THE ERIE KENNEL CLUB INC PO BOX 2 ERIE PA 16512-0002	ERIE COUNTY VO TECH SCHOOL ATTN: PAM LASHER 8500 OLIVER RD ERIE PA 16509-4657

This is to certify that policies, as indicated by Policy Number below, are in force for the Named Insured at the time that the certificate is being issued.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF INSURANCE	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM GEN'L AGGREGATE LIMIT APPLIES PER: POLICY	Q341100121	10/11/2004	10/11/2005	EACH OCCURRENCE	$ 1000000
				FIRE DAMAGE (Any one premises)	$ 1000000
				MED EXP (Any one person)	$ EXCL
				PERSONAL & ADV INJURY	$ 1000000
				GENERAL AGGREGATE	$ 2000000
				PRODUCTS-COMP/OP AGG	$ 2000000
				BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT)	$ $
				PROPERTY DAMAGE	$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$
				EACH OCCURRENCE	
				AGGREGATE	
				STATUTORY	
				BODILY INJURY BY: ACCIDENT $ / DISEASE $ / DISEASE $	EACH ACCIDENT / POLICY LIMIT / EACH EMPLOYEE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EXCLUSION-MEDICAL PAYMENTS

CANCELLATION FOR NON-PAYMENT, CAUSE OR NAMED INSURED'S REQUEST: When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration date thereof, The ERIE will endeavor to mail written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon The ERIE, its Agents or representatives.

[X] CANCELLATION FOR SPECIAL CONTRACTS: (If the box is checked, this certificate involves a special contract and the following cancellation provisions apply.) When an automobile policy is cancelled, written notice will be mailed to the Certificate holder. When any of the above described policies (other than automobile) are cancelled before the expiration thereof, The ERIE will endeavor to mail 30 days written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon The ERIE, its Agents or representatives.

This certificate is issued for information purposes only. It does not list, amend, extend, or otherwise alter the terms and conditions of insurance coverage contained in the Policy(ies) indicated above issued by The ERIE. The terms and conditions of the Policy(ies) govern the insurance coverage as applied to any given situation. Any party can request a policy and/or Declaration by asking the insured or the Agent. Limits shown may have been reduced by claims paid.

ERIE INSURANCE GROUP

SEE REVERSE SIDE

AUTHORIZED REPRESENTATIVE Marc Cipriani

UF-1568 2/02 (E)

CIF