

ERIE COUNTY TECHNICAL SCHOOL

PROPOSED AGENDA ITEM

DATE: January 26, 2006

SUBJECT: Use of Facility Request

CATEGORY: Operations: X Policy: Information: Personnel:

INITIATED BY: Steven Sceiford Facility Manager

DESCRIPTION: Career Alternative Education Program (CAEP) to use the Eagle's Nest/Kitchen for a SARCC Board Meeting on Monday, February 6, 2006.

RECOMMENDATION: Motion to approve the use of facilities request from the Career Alternative Education Program (CAEP) to use the Eagle's Nest/Kitchen for a SARCC Board Meeting on Monday, February 6, 2006.

Erie County Technical School
Buildings and Grounds Use Request Form

Organization Making Request: Career Alternative Education Program
Organization's Event: SARCC Board Meeting
Description of Event: SARCC Board Meeting
Date(s) of Event: Feb 6, 2005
Time Schedule of Event:

Sections of Buildings or Grounds to be used:

Eagle's Nest/Kitchen

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.*

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:

food for 30 people

Total Amount Due: \$150.00---30@\$4 plus 3hrs of Caf time@\$10.00

Organization Name: Sarah A Reed Children Center

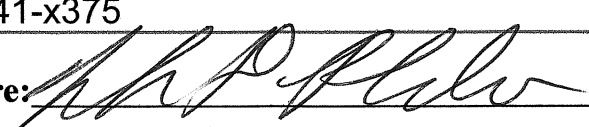
Address: 2445 West 34th Street

Telephone: 814-838-1954

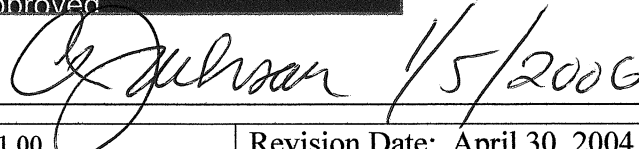
Representative's Name: Frank DiPlacido

Address: ECTS

Telephone: 814-864-0641-x375

Representative's Signature: 

Request Approved: 

Director's Signature: 

ISO Form Number: 3300.01.00

Revision Date: April 30, 2004

This is a controlled form. Hard copies of this form are considered uncontrolled.