



Use of School Facilities Request Application

Individual or Organization Name: Fagan Sanitary Supply

Address: 600 Grant St. PO Box 574

Telephone: (412) 384-1700 Fax: (412) 384-3460

Representative's Name: B. H. Alan

Address: _____

Telephone: (724) 866-2288 Fax: _____

Date(s) of Event: March 23rd

Time Schedule of Event: 12:00 pm - 2:30 pm

Description of Event: Equipment Display for NWFM

Sections of Buildings or Grounds to be used:
Cafeteria / Eagles nest only

Furniture and/or equipment needed (Tables/chairs, etc.) please itemize:

will order Refreshments from Justin Tech

It is understood that the facility user applicant has read, understands and will comply with Joint Operating Committee Policy 707: Use of School Facilities

Please Note:

- The school shall be held harmless by the user for any liability that arises from use of facilities by the individual or group.
- The approved user shall be financially liable for damages to the facilities.
- Non-school related applicants must provide a Certificate of Insurance as evidence of organizational liability with limits required by school guidelines with the school as an additional named insured.
- The approved user is responsible for setting up, moving, dismantling, and returning furniture, equipment, and supplies to their proper place.
- The approved user is responsible for performing all custodial chores necessary to restore the facility and furniture to the condition in which it was found. Payroll costs will be billed to the approved user for any additional services required by school employees for such chores.

Fee Schedule

	School-related groups	Individuals and Non-profit organizations	For Profit organizations
Classroom	No Charge	\$25/hour	\$50/hour
Cafeteria	No Charge	\$40/hour	\$80/hour
Corridor	No Charge	\$10/hour	\$20/hour
Kitchen	No Charge	\$40/hour	\$80/hour
Laboratory	No Charge	\$40/hour	\$80/hour
Grounds	No Charge	\$25/hour	\$50/hour
School employee payroll costs	No Charge	Actual cost	Actual cost
Liability Insurance Certificate	N/A	Limit \$1,000,000	Limit \$1,000,000

Other Charges: NONE

Applicant's Signature: For: B. H. Alan Date: 2/17/16
Paul Van Vorst

Total Estimated* Amount Due: \$100.00

Director's Signature: Walter Sickman Date: 2/13/16

Joint Operating Committee approval date (if required) _____