Erie County Technical School

Facility Use Request Form

Requests Must be submitted 30 days in advance of the schedule date

Applicants Complete this section:

APPLICATION TO USE: [X] High School [ ] Regional Skill Center

Specific Location/Room See Attached
(I.e. Classroom, Lab, Kitchen, Cafeteria, Grounds, Parking Lot, hallway, etc.).

Name of Group French Creek Council, Scouting America

Describe Purpose of/Type of event Merit badge event

Date Requested 2/8/25 Time Requested From 630am To 530pm

"All Weekend Events will be charged for Required School Staff Support"

Approximate number attending; Adults 25 Children 150

Will Items Be Sold?	Yes	No	If Yes List Items
Are you having a raffle	Yes	No	If yes License number
Will Items be displayed	Yes	No	If Yes, List Items education/employment
Will admission be charged?	Yes	No	if Yes List Charge $25 per scout for supplies
Will Service Fees be charged?	Yes	No	If Yes List Fees

Equipment Needed:

Applicant Must make an appointment (814-464-8615) with Facility Manager to determine if desired equipment is available and assess staff needed to run the event:

Insurance Information/Authorized Representative Making Application (Must be an adult)

Company Name _____ Policy Number _____ Expiration Date_____

as outlined in Board Policy No. 707. Groups using the facilities must present a valid certificate of insurance. A certificate of insurance with coverage of at least $1,000,000.00 must be provided with the following endorsement: "Erie County Technical School is additionally insured, Variations of this statement are not acceptable and use of facility will be denied. Lessee will assume responsibility for damages to facilities (beyond normal wear), as well as loss of any school equipment during use of facilities and understand that the Joint Operating Committee assumes no liability for any loss, damage or personal injury occurring through the use of facility requested in the application indicated in Board Policy No, 707. We also agree to the rules and regulations concerning all facilities, parking and inspection.

Name:_____ Address _____ Phone _____

Signature of Authorized Representative_____ Title_____

SCHOOL COMPLETES THIS SECTION

- [ ] (ECTS) - ECTS Related Groups/Organizations
- [ ] (GOVT) - Government, Community, Civic/Service Organizations
- [ ] (NP) - Non-Profit Organizations
- [ ] (FP) - For Profit Organizations

_____+_____+_____+_____+_____=_____

Facility Charge Staff Charges School Police Equipment Food Total Due

It is understood that facility use applicant has read, understands and will comply with Joint Operating Committee Policy 707: Use of School Facilities. (Policy is available at www.ects.org)

Please Note:

* Non-ECTS related applicants must provide a Certificate of insurance as evidence of organizational liability with limits required by school guidelines,($1,000,000.00),with the school as an additional named insured

* The school shall be held harmless by the user for any liability that arises from use of facilities by the individual group

* The approved user shall be financially liable for damages to the facilities.

* 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 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

High School				
	ECTS	GOVT	NP	FP
Classroom	No Charge	$15/hour	$30/hour	$60/hour
Lab	No Charge	$25/hour	$50/hour	$100/hour
Cafeteria	No Charge	$25/hour	$50/hour	$100/hour
Kitchen	No Charge	$25/hour	$50/hour	$100/hour
Hallway	No Charge	$5/hour	$10/hour	$20/hour
Computer Lab	No Charge	$25/hour	$50/hour	$100/hour
School Resource Officer	No Charge	$30/hour	$40/hour	$80/hour
Grounds	No Charge	No Charge	$25/hour	$50/hour
Parking Lot	No Charge	No Charge	$25/hour	$50/hour

Skill Center				
	ECTS	GOVT	NP	FP
Classroom	No Charge	$15/hour	$30/hour	$60/hour
Lab	No Charge	$25/hour	$50/hour	$100/hour
Cafeteria	No Charge	$25/hour	$50/hour	$100/hour
Kitchen	No Charge	$25/hour	$50/hour	$100/hour
Hallway	No Charge	$5/hour	$10/hour	$20/hour
Computer Lab	No Charge	$25/hour	$50/hour	$100/hour
School Resource Officer	No Charge	$30/hour	$40/hour	$80/hour
Grounds	No Charge	No Charge	$25/hour	$50/hour
Parking Lot	No Charge	No Charge	$25/hour	$50/hour

Other Charges _____

Applicant's Signature _____ Stephanie Jackson Date 11-6-24

Use of Facilities Request Application: Approved _____ Denied: _____

** Actual amount will be invoiced after the event and payment is due within 30 days of the invoice date*

Facility Manager's Signature: _____ Date: _____

Director's Signature: (if Required) _____

JOC Approval Date (If Required) _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 8144 Walnut Hill Lane, 16th Floor Dallas TX 75231	CONTACT NAME: Laura Craig PHONE (A/C, No, Ext): 972-770-1402 FAX (A/C, No): 972-770-1699 E-MAIL ADDRESS: laura.craig@marshmma.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED BSALFLCA Boy Scouts of America, National Council and All of its affiliates and subsidiaries French Creek Council 1815 Robison Rd Erie, PA 16509	INSURER A : Evanston Insurance Company — 35378 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1851896660 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			V3P0009148	3/1/2024	3/1/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 7,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of the limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the policy and addressed by endorsement and is subject to the policy period, terms, limits and conditions of the policy.

For All Official Scouting Activities

CERTIFICATE HOLDER

Erie County Technical School
8500 Oliver Rd, Erie, PA 16509

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE