

CLAYTON COUNTY PUBLIC SCHOOLS (CCPS)



Facilities/Maintenance
770-473-2825 Press #9

Help Completing The Facility Use Contract



CCPS FACILITY USE CONTRACT

Who to contact

Schools and Facilities

Performing Arts Center Rental (PAC)

Professional Learning Center (PLC)

School Field Rentals

Stadium Rentals

Contact individual School or Facility

Contact PAC at 770-473-2875

Contact PLC at 770-473-2795

Contact individual School Athletic Director

Contact Athletic Director 770-473-2845



CCPS FACILITY USE CONTRACT

Things you need to know:

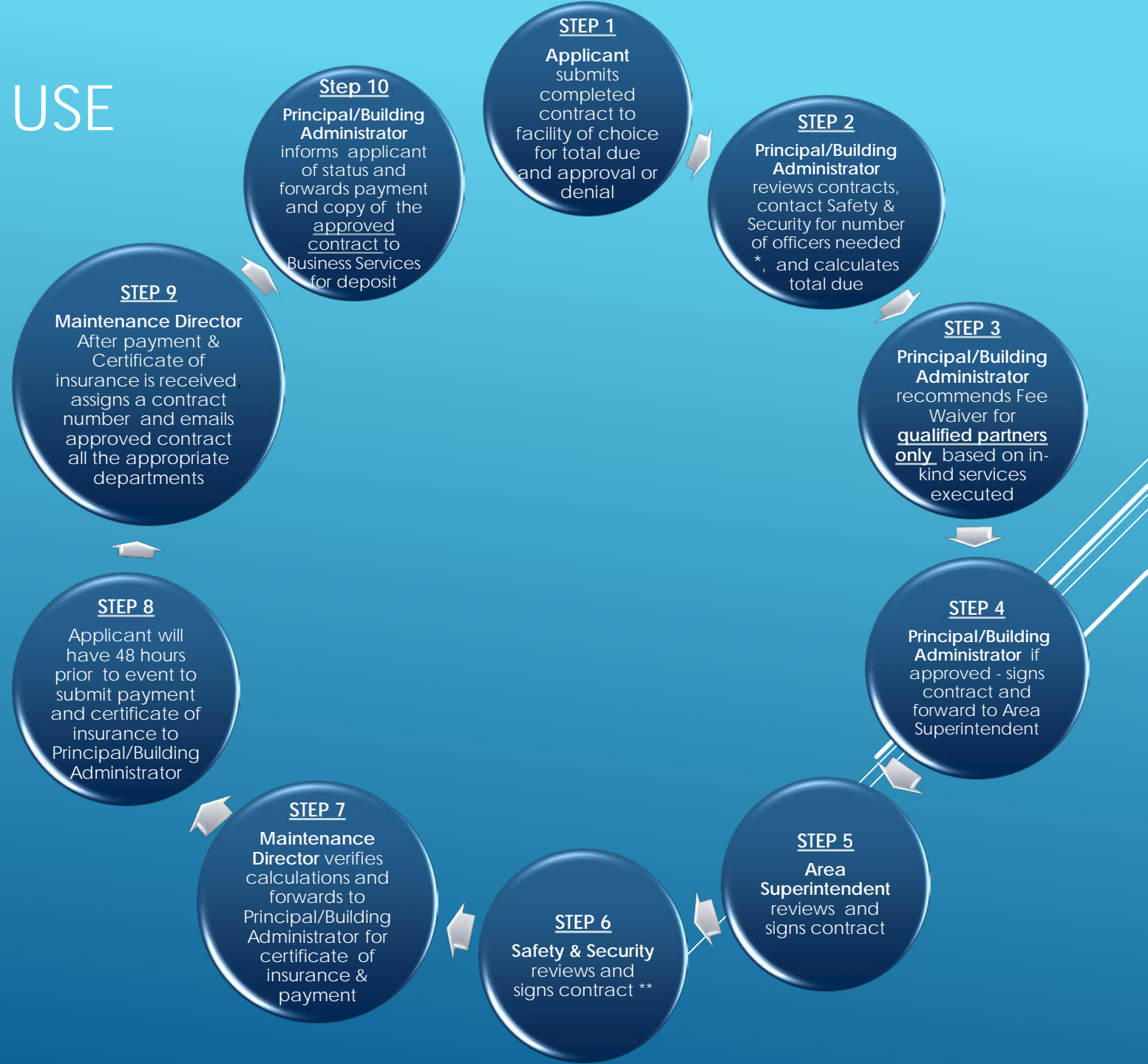
- ✓ allow at least 2 weeks to processing, contracts received with less than 2 weeks to process will be denied and returned
- ✓ the most updated contract should always be used (Facilities/Maintenance website)
- ✓ contracts run only through our fiscal calendar school year (July 1 – June 30)
- ✓ if the certificate of insurance is not received 48 hours prior to the event date the contract will be denied
- ✓ if payment is not received 48 hours prior to the event date the contract will be denied
- ✓ payment must be made in the form of a Cashier's Check or Postal Money Order no personal checks or cash will be accepted
- ✓ payments should be made payable to Clayton County Public Schools

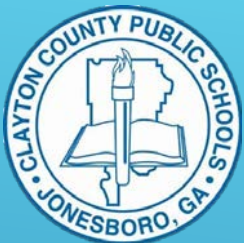


CCPS FACILITY USE PROCESS

- ✓ Partners – Attach description of partnership/services provided
- ✓ The Principal's Recommendation for Fee Waiver is a recommendation only

- * If School Nutrition personnel are needed, contact that department to determine the number needed
- ** Nutrition Director will sign only if nutrition employees are required





CCPS FACILITY USE CONTRACT

Clayton County Public Schools Facility Use Price List & the Facility Use Contract are available online at:

clayton.k12.ga.us
 Select
[Departments](#)
 Select
[Facilities Maintenance](#)
 Select
[Use of Facilities Contract](#)

Note
ONLY the Superintendent has the authority to reduce or waive fees.



Clayton County Public Schools Facility Use Price List and Contract

Phone (770) 473-2825

Fax (770) 473-2848

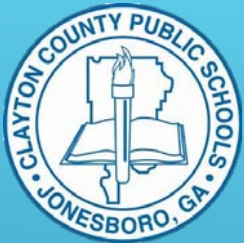
Area(s) Leased	Rental Fee	Minimum
Classroom	\$40 per hour	\$80 minimum
<u>Gymnasiums/Physical Education Bldg</u>		
Elementary School	\$60 per hour	\$120 minimum
Middle School	\$100 per hour	\$200 minimum
High School	\$150 per hour	\$300 minimum
Cafeteria	\$60 per hour	\$120 minimum
Cafeteria w/Kitchen	\$150 per hour	\$300 minimum
(plus cost of School Nutrition Employee)	\$30 per hour	\$60 minimum
Band Room	\$50 per hour	\$100 minimum
Commons Area	\$70 per hour	\$140 minimum
Commons Area w/Kitchen	\$180 per hour	\$360 minimum
(plus cost of School Nutrition Employee)	\$30 per hour	\$60 minimum
Media Center/Library	\$60 per hour	\$120 minimum
Custodial Charge	\$35 per hour	\$70 minimum
Security Charge	\$45 per hour, per Officer	
<i>The number of officers needed will be determined by Security Dept.</i>		
Emergency Maintenance Support (i.e. Electricians, Plumber, etc.) **if needed**	\$60 per hour	\$120 minimum
School Parking Lot	\$100 per hour	
Performing Arts Center Rental	Contact PAC at 770-473-2875	
Professional Learning Center	Contact PLC at 770-473-2795	
Stadium/ School Field Rentals	Contact Athletic Director at 770-473-2845	



Clayton County Public Schools S. Truett Cathy Professional Learning Center Facility Use Price List and Contract Addendum

Phone – 770-473-2795

Area(s) Leased	Rental Fee (during regular workdays, M-F, 8:00 a.m. – 5:00p.m.)	After Hours Rental Fee (after 5:00 p.m., M-F, weekends, and non- workdays)
Regular Classrooms (Max. Occupancy 30)	\$40 per hour \$80 minimum	\$80 per hour \$160 minimum
Double classrooms (Max. Occupancy 60)	\$100 per hour \$200 minimum	\$200 per hour \$400 minimum
101 A-D, Using all Sections (Max Occupancy 200)	\$140 per hour \$280 minimum	\$280 per hour \$560 minimum
Catering Kitchen	\$75 per hour \$150 minimum	\$150 per hour \$300 minimum
Personnel Charges		
Custodial Charge	N/A	\$35 per hour \$70 min
Technology Support	N/A	\$60 per hour \$120 min
Security Charge The number of officers needed will be determined by Security Dept.	\$45 per hour, per Officer	\$45 per hour, per Officer



CCPS FACILITY USE CONTRACT

Clayton County Public Schools Facility Use Contract includes the 3 page Terms and Conditions. Please initial each Term/Condition.

CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT				
School Related: <input type="checkbox"/> Yes <input type="checkbox"/> No		Valid with District's Signature only To be completed by Applicant		Contract No. _____
School Facility Requested: _____		Date(s) of Use Requested: _____		
Space Requested: <input type="checkbox"/> Gymnasium <input type="checkbox"/> PLC <input type="checkbox"/> Media Center <input type="checkbox"/> Auditorium <input type="checkbox"/> Addendum <input type="checkbox"/> Other <input type="checkbox"/> Cafeteria <input type="checkbox"/> Stadium <input type="checkbox"/> Grounds <input type="checkbox"/> Classroom		Time to Enter _____ Time to Leave _____ Day of the Week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Admission/Participation Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: Adult \$ _____ Student \$ _____ Child \$ _____ Other \$ _____	
Name of Group or Organization _____		Number in Group _____		Nature of Organization: <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> Religious Group <input type="checkbox"/> Civic Group <input type="checkbox"/> Profit <input type="checkbox"/> Other (enter below) _____ <input type="checkbox"/> Business
Address of Group or Organization: _____ City _____ State _____ Zip _____		Type of Activity _____		
Contact Person Name _____ Telephone Number _____		Email: _____		
I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE "TERMS/CONDITIONS FOR THE USE OF SCHOOL FACILITIES". I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.				
Date _____ Signature of Applicant _____				
MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS				
Insurance Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Will kitchen be used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicable Facility Charges	#	Hours	Rate	Total
Facility Use <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____	\$ 0.00
Custodial <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ 35	\$ 0.00
Tech Support <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____	\$ 0.00
Security <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ 45	\$ 0.00
Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____	\$ 0.00
Maint. Staff <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____	\$ 0.00
Cafeteria Staff <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____	\$ 0.00
Director of Nutrition _____		Total Due \$ 0.00		
Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice.				
Principal's Recommendation for Fee Waiver Partner with CCPS <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide explanation of partnership/services <input type="checkbox"/> No Facility Fees <input type="checkbox"/> Reduced Facility Fees				
=====DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY=====				
Principal Signature: _____		Name of CCPS Event Supervisor: _____ Date _____ Phone Number: _____		
Chief / Area Superintendent Signature: _____		Date _____		
Safety and Security Signature: _____		Date _____		
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fee Waiver <input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (%) <input type="checkbox"/> Full Fees		
Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design) (Unsatisfactory Experience with Group) (Other - _____)				
Superintendent/Designee/Maintenance Director /Signature: _____		Date _____		



CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT

Terms and Conditions

(Please Initial each Term/Condition)

- Utility:** Lessor will furnish air conditioning, heating, and lighting, which in its sole opinion, are adequate with respect to the intended use under this lease. Lessor will furnish custodial services as it may deem necessary. If the Lessee wishes to do its own cleanup, and this is approved by the facility administrator, no custodial charge will be assessed, otherwise Lessee will be charged for custodial service. Extra costs incurred by excessive electrical requirements will be paid by the Lessee. The failure to furnish air conditioning, heat, lights, or custodial service shall not abrogate this agreement and shall not entitle the Lessee to any rebate on the rental costs. SC
- Weapon:** No weapons of any type are allowed at any time on any facility, grounds, or property belonging to Clayton County Public Schools. All persons, bags, packages, etc. are subject to search at any time. SC
- Search:** All Persons are subject to search, including but not limited to, person, bags and parcels. SC
- No Smoking:** SMOKING IS PROHIBITED on Clayton County Public Schools' property by Clayton County Board of Education policy and the Official Code of Georgia 16-12-2. SC
- Alcohol Use:** POSSESSION OF BEVERAGE ALCOHOL IS PROHIBITED on Clayton County Public Schools' property by Clayton County Board of Education policy and the Official Code of Georgia 03-03-211. SC
- Objectionable Material:** Lessor reserves the right, through its administration, to remove any objectionable party/parties from the building or grounds, and upon an exercise of this authority, through any of its committees, agents, or policemen. To the extent permitted by law, Lessee hereby waives any and all claims for damages against Clayton County Public Schools in the event of such an occurrence. SC
- Explosive Hazards:** No person shall be permitted to bring to the building or grounds or keep herein anything which shall increase the rate of fire insurance on the buildings or on any part of property therein. Such items as gasoline, explosives, oils, or any other artificial lights shall not be permitted in the buildings or on the grounds without the consent of Lessor in writing. The Clayton County Public Schools reserves the right to limit the number, amperage, and wattage of lights, fixtures, or equipment for any event. All decorative material must be flame-proof before it is taken in the building or on Lessor grounds. After unpacking all boxes, cartons, etc., packing and wrapping must be replaced in boxes and removed. SC
- Public Safety:** Nothing contained in this Lease shall be construed to prohibit the Department of Public Safety, Health Department, Police Department, Fire Department, or any department of the Clayton County Public Schools, its agents or employees, from entering the leased premises for the purpose of discharging their lawful duties. The sidewalks, passageways, halls, stairways, seating and exits specifically shall not be obstructed by the Lessee or any other person. SC
- Contracts:** The Clayton County School Board reserves the right to review any contracts between Lessees and other parties involved in using any Clayton County Public Schools' facility. SC
- No Sub-leasing:** No portions of the buildings or grounds shall be leased or sublet out by Lessee without the consent, in writing, by Lessor. The buildings or grounds shall not be used by Lessee for any purpose whatsoever except as herein set out. SC
- Leased Space:** This contract does not cover any space or accommodations other than those checked on the "Clayton County Public Schools Facility Use Contract". SC
- Contracted Time of Use:** All facility use charges are calculated from the time the facility is opened until it is closed. All cashier's checks/Postal Money Orders are to be made payable to "Clayton County Public Schools". All rentals are to be paid in advance for school facilities. SC
- Cancellation:** In the event of inclement weather or other circumstances where Clayton County Public Schools are closed, all facilities will also be closed. This decision is made by Clayton County Public Schools' officials and not by Lessees. SC



CCPS FACILITY USE CONTRACT

Applicants MUST:

- ✓ complete the entire top portion of the contract
- ✓ review and initial each Term and Condition
- ✓ provide payment Cashier's Check or Postal Money Order
- ✓ provide a certificate of insurance, which must reflect CCPS as the certificate holder and as an additional insured

Note:

This is a legal document. Please do not leave any section blank or your contract cannot be processed.

CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT			
School Related: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Valid with District's Signature only To be completed by Applicant	
School Facility Requested: <u>Maintenance HS</u>		Contract No. _____	
Date(s) of Use Requested: <u>Nov 3, Dec. 15 & Jan 2</u>			
Space Requested: <input checked="" type="checkbox"/> Gymnasium <input type="checkbox"/> PLC <input type="checkbox"/> Media Center <input type="checkbox"/> Auditorium <input type="checkbox"/> Addendum <input type="checkbox"/> Other <input type="checkbox"/> Cafeteria <input type="checkbox"/> Stadium <input type="checkbox"/> Grounds <input type="checkbox"/> Classroom		Time to Enter <u>6:30 pm</u> Time to Leave <u>9:30 pm</u> Day of the Week: <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	
Admission/Participation Charged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Amount: Adult \$ <u>8.00</u> Student \$ _____ Child \$ <u>4.00</u> Other \$ _____			
Name of Group or Organization <u>Organization Name</u>		Number in Group <u>80</u>	
Address of Group or Organization: <u>1234 Rental Ave</u> <u>Jonesboro</u> <u>GA</u> <u>30234</u> City State Zip		Nature of Organization: <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> Religious Group <input type="checkbox"/> Civic Group <input type="checkbox"/> Profit <input type="checkbox"/> Other (enter below) <input checked="" type="checkbox"/> Business	
Contact Person Name <u>John Doe</u> Email: <u>Johndoe@gmail.com</u>		Telephone Number <u>770 ###-####</u> Type of Activity <u>Dance Off/ Contest</u>	
I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE "TERMS/CONDITIONS FOR THE USE OF SCHOOL FACILITIES". I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.			
Date <u>October 1, xxxx</u>		Signature of Applicant <u>John Doe</u>	



CCPS FACILITY USE CONTRACT

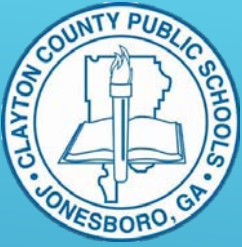
Principal/Building Administrator must:

- ✓ verify that all sections of the contract are complete and required documents are received
- ✓ complete the "Applicable Facility Charges" section using the price list to calculate total due (contact departments i.e. Safety & Security and School Nutrition, to determine proper charges)
- ✓ approve or deny contract
- ✓ forward the original signed contract, to the Area Superintendent's office
- ✓ verify that certificate of insurance reflects CCPS as the certificate holder
- ✓ keep a copy of all forwarded documents with the original Cashier's Check or Postal Money Order

Safety & Security will determine how many officers will be required for each event.

Maintenance Department will give the final approval or denial and sign the contract.

MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS					
Insurance Certificate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Will kitchen be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Applicable Facility Charges	#	Hours	Rate	Total	Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and <u>as an additional insured</u> for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice.
Facility Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.0	\$ 150	\$ 450.00	
Custodial <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	3.0	\$ 35	\$ 105.00	
Tech Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00	
Security <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2	3.0	\$ 45	\$ 270.00	
Equipment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00	
Maint. Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00	
Cafeteria Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00	Principal's Recommendation for Fee Waiver Partner with CCPS <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide explanation of partnership/services <input type="checkbox"/> No Facility Fees <input type="checkbox"/> Reduced Facility Fees
Director of Nutrition	Total Due \$			825.00	
=====DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY=====					
Principal Signature: <u>Principal Signature</u>		Date: <u>10/6/xx</u>		Name of CCPS Event Supervisor: <u>School Contact</u>	
				Phone Number: <u>& Phone Number</u>	
Chief / Area Superintendent Signature: <u>Area Superintendent Signature</u>		Date: <u>10/10/xx</u>			
Safety and Security Signature: <u>Safety and Security's Signature</u>		Date: <u>10/14/xx</u>			
Application Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fee Waiver <input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (½) <input type="checkbox"/> Full Fees			
Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design) (Unsatisfactory Experience with Group) (Other - _____)					
Superintendent/Designee/Maintenance Director /Signature: <u>Maintenance Director's Signature</u> Date <u>10/20/xx</u>					



CCPS FACILITY USE CONTRACT

NEW

Principal's Recommendation for Fee Waiver
(Completed by the Principal/Designee)

The Principal's Recommendation for Fee Waiver is a recommendation only. The Superintendent or Designee are the only authorities to waive fees. Only the facility charges can be waived.

To request a fee waiver or fee reduction:

- ✓ allow at least 2 weeks for processing to be considered for fee waiver
- ✓ the applicable facility charges section must be completed at the full rate and show the total due
- ✓ check yes or no if the requester partners with your school
- ✓ provide explanation of specific dates and partnership/services provided (required)
- ✓ indicate if the request is for no fees or reduced fees (½)

Principal's Recommendation for Fee Waiver

Partner with CCPS ☒ Yes ☐ No

If yes provide explanation of partnership/services

☒ No Facility Fees ☐ Reduced Facility Fees



CCPS FACILITY USE CONTRACT

NEW

Principal's Recommendation for Fee Waiver (Completed by the Principal/Designee)

Based on the documented explanation received from the principal it will be determined if the applicant qualifies for no fee, reduced fee (½ off) or if full fees will be charged. This applies to the facility charges only. Custodial and security charges must be applied.

In this example the request has been approved for reduced fees and the total due has be adjusted.

The cost break down is as follows:

Facility charge 3 x \$150.00 = \$450.00
\$450.00 – \$225.00 (½) = \$225.00

\$225.00 + \$105.00 + \$270.00 = Total Due \$600.00
Custodial charge + Security charge

MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS					
Insurance Certificate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Will kitchen be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Applicable Facility Charges		#	Hours	Rate	Total
Facility Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.0	\$ 150	\$ 450.00
Custodial	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	3.0	\$ 35	\$ 105.00
Tech Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00
Security	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2	3.0	\$ 45	\$ 270.00
Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00
Maint. Staff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00
Cafeteria Staff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$	\$ 0.00
Director of Nutrition					
Total Due \$				825.00	\$ 600.00
Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice.					
Principal's Recommendation for Fee Waiver Partner with CCPS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes provide explanation of partnership/services <input type="checkbox"/> No Facility Fees <input checked="" type="checkbox"/> Reduced Facility Fees					
=====DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY=====					
Principal Signature: <u>Principal Signature</u>		Date: <u>10/6/xx</u>		Name of CCPS Event Supervisor: <u>School Contact</u>	
Chief / Area Superintendent Signature: <u>Area Superintendent Signature</u>		Date: <u>10/10/xx</u>		Phone Number: <u>& Phone Number</u>	
Safety and Security Signature: <u>Safety and Security's Signature</u>		Date: <u>10/14/xx</u>			
Application Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fee Waiver <input type="checkbox"/> No Fees <input checked="" type="checkbox"/> Reduced Fees (½) <input type="checkbox"/> Full Fees			
Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design) (Unsatisfactory Experience with Group) (Other - _____)					
Superintendent/Designee/Maintenance Director /Signature: <u>Maintenance Director's Signature</u> Date <u>10/20/xx</u>					



CCPS FACILITY USE CONTRACT

Once the contract has been signed and approved by the Maintenance Director:

- ✓ a contract number will be assigned
- ✓ the contract will be scanned and emailed to:

1. Principal/Building Administrator
2. Area Superintendent
3. Facility Bookkeeper/Administrative Assistant
4. Energy Management
5. Safety and Security
6. Nutrition Director (If applicable)

CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT				
School Related: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Valid with District's Signature only To be completed by Applicant		Contract No: 444-09172014
School Facility Requested: Maintenance H.S.		Date(s) of Use Requested: Nov 3, Dec. 15 & Jan 2		
Space Requested: <input checked="" type="checkbox"/> Gymnasium <input type="checkbox"/> PLC <input type="checkbox"/> Media Center <input type="checkbox"/> Auditorium <input type="checkbox"/> Addendum <input type="checkbox"/> Other <input type="checkbox"/> Cafeteria <input type="checkbox"/> Stadium <input type="checkbox"/> Grounds <input type="checkbox"/> Classroom		Time to Enter: 6:30 pm Time to Leave: 9:30 pm Day of the Week: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		Admission/Participation Charged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Amount: Adult \$ 8.00 Student \$ 4.00 Child \$ 4.00 Other \$
Name of Group or Organization: Organization Name		Number in Group: 80		Nature of Organization: <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> Religious Group <input type="checkbox"/> Civic Group <input type="checkbox"/> Profit <input type="checkbox"/> Other (enter below) <input checked="" type="checkbox"/> Business
Address of Group or Organization: 1234 Rental Ave Jonesboro GA 30234 City State Zip		Contact Person Name: John Doe Telephone Number: 770 ###-#### Email: johnndoe@gmail.com		
Type of Activity: Dance Off/ Contest		I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE "TERMS/CONDITIONS FOR THE USE OF SCHOOL FACILITIES". I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.		
Date: October 1, xxxx		Signature of Applicant: John Doe		
MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS				
Insurance Certificate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Will kitchen be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Applicable Facility Charges		#	Hours	Rate Total
Facility Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.0	\$ 150 \$ 450.00
Custodial	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	3.0	\$ 35 \$ 105.00
Tech Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$ 0.00
Security	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2	3.0	\$ 45 \$ 270.00
Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$ 0.00
Maint. Staff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$ 0.00
Cafeteria Staff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$ 0.00
Director of Nutrition				
Total Due \$				825.00
Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice.				
Principal's Recommendation for Fee Waiver Partner with CCPS <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide explanation of partnership/services <input type="checkbox"/> No Facility Fees <input type="checkbox"/> Reduced Facility Fees				
DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY				
Principal Signature: Principal Signature		Name of CCPS Event Supervisor: School Contact		
Date: 10/6/xx		Phone Number: & Phone Number		
Chief / Area Superintendent Signature: Area Superintendent Signature		Date: 10/10/xx		
Safety and Security Signature: Safety and Security's Signature		Date: 10/14/xx		
Application Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fee Waiver <input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (%) <input type="checkbox"/> Full Fees		
Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design) (Unsatisfactory Experience with Group) (Other -)				
Superintendent/Designee/Maintenance Director /Signature: Maintenance Director's Signature Date: 10/30/xx				



CCPS FACILITY USE CONTRACT

Applicant

- Contact Principal/Building Administrator to verify availability
- Complete and submit contract
- Provide a certificate of insurance, which **must** reflect the facility being rented as the certificate holder and as an additional insured (48 hrs. prior to event date)
- Submit payment (48 hrs. prior to event date)

Principal/Building Administrator

- Verify contract is complete
- Contact departments (fees)
- Calculate fees for total due
- Approve or deny contract
- Forward contract and paperwork to Area Superintendent
- Secure payment
- verify that certificate of insurance reflects CCPS as the certificate holder
- Maintain a copy of contract
- Forward payment to Business Services
- Point of contact for all events

Athletics Department

• STADIUM RENTALS ONLY

- Approve or deny contract
- Contact the Athletic Director at 770-473-2845 for detailed process

RESPONSIBILITIES



CCPS FACILITY USE CONTRACT

Area Superintendent

- Approve or deny contract
- Forward contract to Safety and Security

Safety & Security

- Verify the number of officers assigned to the event
- Sign and forward to the Maintenance Department (if nutrition employees are needed forward to the Nutrition Department)

Nutrition Department

- ONLY IF NUTRITION PERSONNEL IS NEEDED
- Verify the number of employees needed
- Sign and forward to the Maintenance Department

Maintenance Department

- Review accuracy of contract
- Approve or deny contract
- Assign contract number
- Provide copy of approved contract to Principal/Building Administrator, Area Superintendent, Facility Bookkeeper Energy Management & Safety and Security

RESPONSIBILITIES

CLAYTON COUNTY PUBLIC SCHOOLS



Facilities/Maintenance
770-473-2825 Press #9

Thank you for your attention. Feel
free to contact us with any questions.