USE OF SCHOOL FACILITIES PROCEDURES

1. CATEGORIES

- a. School Affiliated Groups (School Sponsored/School-related) FEE WAIVED
- b. Local, Community, and Civic Groups (Federal, State and Local Government Agencies/Organized Non-Profit Community and Civic Groups) FEE CHARGED, SEE FEE TABLE
- c. For-Profit Groups, Private Groups and Individuals of the General Public FEE CHARGED, SEE FEE TABLE

Other than for school functions and school-related events (e.g., Category A.), persons (including district employees) or organizations who desire to use facilities will submit a Request for Use of School Facility, and their request will be processed according to this procedure and in accordance with school district Policy KF.

2. APPLICATIONS

- a. Requests for usage must be made at least 10 calendar days prior to the scheduled event. Funerals are the only exception to this rule.
- b. All requests must be filtered through the Office of Facilities and Transportation. Required paperwork include the Request for Use of Facilities Application and proof of insurance (**general liability of 1,000,000 per occurrence**).
- c. Approval will be determined based on availability. All rentals must be approved by the Principal. Verification of custodian availability is required and will be confirmed with Head Custodian. Verification of Cafeteria staff will be processed through the Office of Food & Nutrition.
- d. Facilities will not be opened until the request has been approved by the superintendent or designee and payment is received. All approvals/denials will be filed in the Office of Facilities & Transportation.
- e. <u>Approved applicants will be invoiced 2 business days after the application is received</u> and must bring payment at least 2 business days prior to the date of rental.

3. TERMS

- a. The reservation is not confirmed until the invoiced fee is received. If the event is a fee exempt event, then the reservation is not confirmed until the Use of Facilities Application is received. ALL FEES ARE DUE AND PAYABLE PRIOR TO THE DATE OF THE EVENT.
- b. All rates are based on a 4 consecutive hour rental period with an additional hourly rate for events that require more than 4 hours. No event may be held during the district's operational hours unless sponsored by the district. All other events must be scheduled during non-school hours. All events must end by 9:30 pm. All event requests will be denied during the following periods:
 - i. All observed school holidays
 - ii. Fall/Winter/Spring Breaks
 - iii. Facilities are closed for school maintenance

c. FEES

FACILITY	FEE	FACILITY ADDITIONAL HOUR	SCHOOL PERSONNEL FEE	SCHOOL PERSONNEL ADDITIONAL HOUR			
D.O. Annex			1200				
Auditorium	300.00	90.00	15.00 per hour for 4-hour limit				
Cafeteria	100.00	35.00	event.	30.00 per additional hour Please note: Events that go over the 4-hour limit 15 minutes or more will be charged for an additional hour.			
Kitchen	100.00	35.00	Some events may require more				
Gymnasium	250.00	65.00	than one school personnel to be				
Middle/High			on site.				
Gymnasium (EMS)	250.00	65.00	Payment in advance is required in cash to the				
Gymnasium (EHS)	350.00	95.00	Facilities & Transportation				
Cafeteria and Kitchen	200.00	65.00	Office.				
Athletic Field (no	100.00	35.00	onice.				
lights)	7 0.00						
Classroom (1)	50.00	-					
Equipment Rental	Equipment Rental						
P.A./Audio System	25.00	25.00	A technician is required for these types of rentals at a rate of \$25.00				
LCD Projector	25.00	25.00	p/h				
Classroom SMART	25.00	25.00					
Board							

Hampton County School District 2

Application and Agreement for use of School Facilities

Facility Usage Request Form

(auditorium, gymnasiums, etc.)

This form is to be completed when requesting the use of facilities and equipment. This form must be submitted to the Office of Transportation at least two weeks prior to the event.

Name of organ				
Name of Applic	cant:			
Address:			F !II.	
Phone Number	<u> </u>		Email:	
Type of Group:	□ Category A: school-affiliated □ Cate	gory B: local, con	nmunity and civic	
Group.	☐ Category C: for-profit, private and indivi	duals of the gene	ral public	
Building Requested:	☐ Gymnasium ☐ Auditorium ☐ Cafeteria ☐]Kitchen □Class	room(s) \square Other (specify be	low)
Other:				
Location of Fac	-			
Date of Event:		Start Time:	End Time:	
Event Descripti				
Admission Fee:	Yes No Profit to be Insurance: It is agreed that the above named o	oe used for:		
from use as requinsurance with Foccurrence and Name of Insuran I have read Ham	organization will reimburse the school district in tested herein. Organizations/Persons using school ampton County School District 2 listed as an artification aggregate. ce Carrier pton County School District's facility use procedule activity which we are sponsoring fully meets	ool facilities shall dditional insured ures and fee sche	provide the District with pro at limits equal or greater that (please attach certificate of in- edule and hereby certify that	oof of liability an \$1,000,000 per nsurance) the organization which
procedures.	the delivity which we are sponsoring rany meets	the conditions so	it fortif, and agree to observe	an raics and
_	quest: Note: Admission may Not be charged for	r self-profit.		
	l equipment(s) that will be needed for use in	<u> </u>	System LCD Projector an	d screen
	omputers are not provided; there is no	□SMART Board (Classroom only)		
Hold Harmless A with them. He/s	greement: The undersigned is over 21 years of the agrees to be responsible to the District for the open (Organization) does hereby cover any and all liability, loss, damages, claims, or a per to the extent permissible by law, arising out o	ne use and care or enant and agree t ctions (including	f the facilities. He/she, on beh o defend, indemnify and holo costs and attorney's fees) for	nalf of I harmless the District bodily injury and/or
	es and /or services by			
_				
Signature of inc	dividual making application		Date	
	AUTHORIZED SCHOO	ADMINISTRATA	OP ONLY	
□Application A	Approved COMMENTS	L ADWIINIST KAT	JR UNLY	
• •	of School Administrator		Date:	
	DISTRIBUTION -OTHER REQUIR	RED SIGNATURES	(When applicable)	
Signature of 0	Child Nutrition Coordinator		Date:	
Signatu	re of Athletic Director		Date:	
_	ntendent of Schools			
Superi			Date:	
	Amount Collected: \$ Cer rative Assistant Signature:	-	5 .	12/3/2016 8:44 AN Revised 7/16/18
ucilities Autilities	rative Assistant Signature:		<i>D</i> ulc	