

Building Use Form

Contact Person: _____ Today's Date: _____

Event: _____

Name of Organization: _____

Date of Event: _____

_____ I have checked the online Master Calendar for any potential conflicts.

Location Being Requested: _____

Start Time: _____ End Time: _____

Comments: _____

Parking Issues: _____ YES _____ NO

Set-Up Requests: _____ YES _____ NO

Specify :(Example: coffee set-up, tables, TV)

_____ I have submitted a copy to the office to be kept on file.

_____ I have notified the cafeteria staff that we will not need lunch on this day

_____ I am requesting a classroom that is usually used for instruction (for example the library, gym, music room) I have spoken with the teacher of that room and made arrangements with them.

****If parents are being invited, please remind them to sign-in at the main office and to wear a badge.**

*****If there are any changes, please notify all the appropriate people.**

For office use only

Email: _____ PR Rec. _____ Bedford Dads _____ St. Pat's _____ Inn

_____ Entered Into Facility Use _____ Sent Copies to Business Office; Date: _____



BEDFORD CENTRAL SCHOOL DISTRICT
THE FOX LANE CAMPUS □ P.O. BOX 180
MOUNT KISCO, NEW YORK 10549

Dear Prospective Applicants,

Please be advised that use of facilities in the Bedford Central School District is contingent upon compliance with the following insurance requirements and receipt of the following documents. **Failure to do so prior to use will result in revocation of your permit.**

- A. The Applicant hereby agrees to name the District an additional insured on the Applicant's policy.
- B. The policy naming the District as an additional insured shall:
- ❖ be an insurance policy from an A.M. Best-rated "Secure" or better insurer, licensed in New York State;
 - ❖ state that the Applicant's coverage shall be primary and non-contributory coverage for the District, its Board, employees, and volunteers;
 - ❖ list the District as an additional insured using endorsement CG2026 or equivalent. A completed copy of the endorsement must be attached to the certificate of insurance; A description of what you will be doing at this event must be on the Certificate of Insurance as well as the following language: Bedford Central School District is named as an added insured on a primary and non-contributory basis.
 - ❖ At the District's request, the Applicant shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms.
- C. The Applicant agrees to indemnify the District for any applicable deductibles and selfinsured retentions;
- D. Required Insurance:
Commercial General Liability Insurance - \$1,000,000 per occurrence/\$2,000,000 aggregate;
- E. Applicant acknowledges that failure to obtain such insurance on behalf of the District constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the District. The user is to provide the District with a certificate of insurance, evidencing the above requirements have been met. The failure of the District to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the District.

Please complete all forms and return them with your Certificate of Insurance to:

Lisa Cocomello
Secretary to School Administrator
Business Office
Telephone: (914) 241-6177
E-mail address: facilityuse@bcsdny.org

BEDFORD CENTRAL SCHOOL DISTRICT
P.O. BOX 180
MOUNT KISCO, NEW YORK 10549

APPLICATION FOR THE USE OF SCHOOL FACILITIES

(Submit the completed form at least **thirty days** prior to the event)

Name of Applicant/Organization _____

(Please print) (If you are not-for-profit organization, submit 501(c)(3) paper work with application)

Contact Person (Please print) _____

E-Mail _____

Mailing Address _____

Telephone Information (Day) _____

(Night) _____

(Cell) _____

Description and Purpose of Activity Planned _____

Estimated Number of Persons in Attendance _____

Person in Attendance and Responsible for Supervision _____

Address _____

Phone _____

DATES BUILDING OR GROUNDS ARE TO BE USED

Name of School _____

Room(s) Desire _____

Dates and Times of Use: _____

Is meeting open to public? _____ Will there be a charge made for admission or a donation or contribution solicited? _____

If so, for what purpose will the proceeds be used? _____

Will you be using the Kitchen _____ Yes _____ No. If yes, there is a fee of \$18.54 per hour for an Aramark employee to be present in the kitchen during use.

FOR DISTRICT USE

Custodial Overtime Hourly Rate: _____

Facility Use Fee(s): _____

Estimated Number of Custodians Needed for Event _____

Total Estimated Custodial Overtime Hours _____

Head Custodian Signature: _____

Date: _____

Approved by: _____ (Adam Lodewick-Gym Use)

Date: _____

Approved by: _____ (Robert Martin - MLMT Use)

Date: _____

Recommended by: _____

Date: _____

School Principal

Approved by: _____

Date: _____

Board of Education Designee

Please read and sign the **Facility Use Requirements and Applicant Agreement** and return it with the Application for the Use of School Facilities. Thank you.



BEDFORD CENTRAL SCHOOL DISTRICT
THE FOX LANE CAMPUS □ P.O. BOX 180
MOUNT KISCO, NEW YORK 10549

HOLD HARMLESS

_____ (Date)

(Name of Applicant/Organization)

does hereby covenant and agree to defend, indemnify, and hold harmless the **Bedford Central School District** from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the **Bedford Central School District** property, facilities and/or services.

*

(Signature of Applicant)

*(MUST BE SIGNED BY THE PERSON/ORGANIZATION
USING THE FACILITIES)

Board of Education Designee

Fees for 2019-2020

Direct Cost Use of Facilities Fees 2019-2020

Location	Facility	Fee	Minimal Charge
Fox Lane	Cafeteria	\$33/hour	None
	Classroom	\$20.50/hour	None
	Commons	\$33/hour	None
	Gymnasium	\$44/hour	None
	Theater	\$150.50/hour	3 hours
	Green Room	\$20.50/hour	
FLMS			
FLMS	Cafeteria	\$38/hour	None
	Classroom	\$20.50/hour	None
	Gymnasium	\$40/hour	None
	Little Theater	\$37/hour	None
Elem.Schools			
Elem.Schools	Cafeteria	\$33/hour	None
	Classroom	\$20.50/hour	None
	Gymnasium	\$31/hour	None
District Facilities			
District Facilities	Central Conference Room	\$20.50/hour	None
	Challenge Course	\$512/½ day \$752.50/full day	
	Stadium Fee	\$110/hour	2 hours
	Stadium Fee w lights	\$150/hour	2 hours
501(c)3 group	Athletic Fields (Non-turf)	\$1024/per field per season or comparable in-kind service	
Related Charges			
Related Charges	Custodial Fees	\$66.50/hour	
	Theater Manager Fees	\$66.50/hour	
	Stage Crew Fees	\$10.50/hour	

Fair Market Value Use of Facilities Fees 2019-2020

Location	Facility	Fee	Minimal Charge
Fox Lane	Cafeteria	\$84/hour	3 hours
	Classroom	\$28/hour	
	Commons	\$84/hour	3 hours
	Gymnasium	\$1113.50/hour	3 hours
	Theater	\$194.50/hour	3 hours
	Green Room	\$27.50/hour	
Middle School			
Middle School	Cafeteria	\$98/hour	3 hours
	Classroom	\$27.50/hour	
	Gymnasium	\$102/hour	3 hours
	Little Theater	\$133/hour	3 hours
Elem.Schools			
Elem.Schools	Cafeteria	\$84/hour	3 hours
	Classroom	\$27.50/hour	
	Gymnasium	\$79/hour	3 hours
District Facilities			
District Facilities	Central Conf. Room	\$27.50/hour	3 hours
	Challenge Course	\$527/½ day \$775 /full day	
	Stadium Fee	\$145/hour	2 hours
	Stadium Fee w lights	\$211/hour	2 hours
	Non 501 (c) 3 groups	Athletic Fields	\$79/hour
	Parking Lots	\$25.50/hour	3 hours (50 spots)
Related Charges			
Related Charges	Custodial Fees	\$68.50/hour	
	Theater Manager Fees	\$68.50/hour	
	Stage Crew Fees	\$11.50/hour	