

CLINTON TOWNSHIP SCHOOL DISTRICT BOARD OF EDUCATION

APPLICATION FOR USE OF SCHOOL FACILITIES

Please complete all items. Incomplete forms will be returned to applicant.

Name of Organization: _____

Billing Address: _____

Organization Contact/Responsible Person: _____

Non-Profit: (required) Yes _____ No _____ If Yes: 501(c)(3) # required _____

EMAIL Address: _____ DAYTIME Phone Number: _____

Purpose of Use: _____

Facility Requested – Please Check:

Spruce Run*	Patrick McGaheran	Round Valley	CT Middle School
All Purpose Room	All Purpose Room	All Purpose Room	Auditorium
Library	Library	Library	Library
Classroom 1	Classroom 1	Gym	Gym
Classroom 2	Classroom 2	Classroom 1	Cafeteria
Classroom 3	Classroom 3	Classroom 2	Classroom 1
Classroom 4	Classroom 4	Classroom 3	Classroom 2
Classroom 5	Classroom 5	Classroom 4	Classroom 3
Other:	Other:	Classroom 5	Classroom 4
			Classroom 5

Food and/or beverages permitted in the cafeteria only.

***Access to Spruce Run School shall be by the Grayrock Road/Access Road ONLY. Do not use Belvidere Avenue.**

Date(s) Requested Please be Specific – If more than a month is needed, please attach a schedule of dates.**	Activity Begins At:	Activity Ends At:
	AM/PM	AM/PM

**If additional time is needed for preparation of activity, please indicate date and times.

IN THE EVENT OF AN EMERGENCY/WEATHER RELATED SCHOOL CLOSING OR EARLY DISMISSAL FOR ANY REASON, ALL EVENTS ARE CANCELLED. (NOTICE WILL BE FOUND ON DISTRICT WEBSITE OF ANY CLOSING.)

THE CLINTON TOWNSHIP SCHOOL DISTRICT FACILITY USE POLICY, REGULATIONS AND FEES ARE AVAILABLE ON THE DISTRICT WEBSITE @ www.ctsdnj.org - POLICY #'S 2431, 7510, 7434 AND REGULATION #'S, 2431 AND 7510, 7434.

The Applicant acknowledges they have read and agreed to abide by Policy & Regulation #'s 2431 and 2431.4, 7434, 7510 8441 of the Board of Education, pertaining to the use of school facilities ____ Yes ____ No and have read

[The NJ Anti-Bullying Bill of Rights Act \(P.L.2010, c.122\)](#) ____ Yes ____ No

Signature of Applicant _____ Date _____

CERTIFICATE OF LIABILITY INSURANCE ATTACHED ____ YES ____ NO

Principal _____ Date _____ Approved ____ Not Approved ____

Superintendent or Designee _____ Date _____ Approved ____ Not Approved ____

Comments: _____

Note: Clean up is the responsibility of the organization.

How many attending? _____ Is activity open to the public? _____ Will admission/fees be charged? _____ If yes, amount per person: _____

Admission Proceeds to be used for: _____

Our organization will bring the following supplies/equipment into the facility:

SPECIAL REQUEST: Chairs? How many? _____ Tables? How many? _____
Stage _____

KITCHEN* and/or kitchen equipment _____ No _____ Yes (Specify) _____

*Kitchen use (use of oven, dishwasher) also requires the presence of a Food Service Management Company employee at an additional cost to the user.

The organization or individual applying for the use of the Clinton Township Public School District's facilities shall be referred to as the "Licensee."

The Clinton Township Board of Education shall be referred to as the "Licensor."

If this application is granted to Licensee, _____
(name of organization of group)

Licensee agrees to:

1. Assume all liability for and agrees to indemnify and hold the Licensor, its respective members, agents, contractors, servants, employees, volunteers, licensees or invitees, harmless from and against any and all claims, losses, damages, injuries and expenses, including reasonable attorney fees, arising out of, resulting from, or incurred in connection with any acts or omissions of the Licensee, its members, agents, contractors, servants, employees, volunteers, licensees, or invitees related to its use of the Licensor's facilities, including but not limited to, the Licensee's use of any portable equipment. In the event that an action or proceeding is brought against the licensor by reason of any such claim, the Licensee, upon notice from the licensor, covenants to resist or defend, at licensee's expense such action or proceeding by counsel reasonable satisfactory to the Licensor.
2. Assume full responsibility for Bodily Injury and Property Damage incurred as a result of the acts or omissions of the Licensee, its members, agents, contractors, servants, employees, volunteers, licensees, or invitees. The Licensee must present an insurance certificate guaranteeing proper liability coverage of at least a Combined Single Limit of \$1,000,000 per occurrence/\$2,000,000 aggregate insuring the Licensee against any liability for bodily injury and property damage. The Licensor shall be named as an additional insured on such insurance policy. A copy of the necessary insurance policy must be presented to the Licensor prior to the Licensee's use of the facilities.
3. Assume responsibility for preserving orders in said school during its use of the facilities, for all fees in connection with the Licensee's use of the facilities, including when necessary, custodial fees.
4. Observe and adhere to all of the Licensor's rules and regulations governing the use of the Licensor's facilities as set forth in the Licensor's policies and regulations. The foregoing policies and regulations are as much a part of this application and agreement as if they were attached hereto. Additional copies of said policies and regulations may be obtained at the Licensor's Business Office or Website. Any violation of these terms and conditions may result in the immediate expulsion of the Licensee from the Licensor's facilities. Agree to pre-inspect any and all facilities to be used prior to the date(s) of any event(s).
5. If the Licensee is a "youth sports team organization," as that term is defined by N.J.S.A. 18A:40-41.5(b), the Licensee shall provide the Licensor with a statement of compliance with the Licensor's Policy/Reg. No 5141.8 – "Sports Related Concussion and Head Injury" for the management of concussions and other head injuries. As defined in N.J.S.A. 18A:40-41.5(b) a "youth sports team organization" means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.
6. Pursuant to N.J.S.A. 18A:40-41a and N.J.S.A. 2A:62A-27, the Licensor, its employees, agents and servants shall not be liable for the injury or death of a person arising from the presence of and access to an AED, as well as the action or inaction of the Licensee or any of the Licensee's members, agents, contractors, servants, employees, volunteers, licensees, or invitees."

7. Pursuant to N.J.S.A. 18A:40-41.5(b), the Licensor shall not be liable for the injury or death of a person due to the action or inaction of the Licensee or any of the Licensee's members, agents, contractors, servants, employees, volunteers, licensees, or invitees.
8. All charges for the use of school facilities will be paid within thirty (30) days after the Licensee's use of the facility has concluded.
9. Any requested changed or modifications in this application and agreement for the use of facilities must be made in writing by the Licensee and approved by the Licensor at least three (3) days in advance of the date scheduled for the use of facilities.
10. Licensee agrees to pre-inspect the facilities for which use is being requested. Accordingly, the Licensee agrees to provide the Licensor with any noted defects or areas of concern prior to use of facilities. The Licensee agrees not to use the facility should a dangerous condition exist.

I understand that school related activities have first priority for the use of school facilities. I have read the Board Policy and Regulation No. 1330 governing the Use of Clinton Township School Facilities. I have provided a certificate of insurance naming the Clinton Township Board of Education as additional insured.

***Access to Spruce Run School shall be by the Grayrock Road/Access Road ONLY. Do not use Belvidere Avenue.**

Print Name of Licensee: _____

(Signature of Licensee)

(Position with Organization Named Above)

(Date)

SCHOOL FUNCTIONS NEED PRINCIPAL APPROVAL

X _____ **DATE** _____

This application must be returned with a certificate of liability insurance policy (naming the Clinton Township School District Board of Education as additional insured) covering this event to:

School Facilities Use
 Clinton Township Board of Education PO Box 6
 Annandale, NJ 08801
facilities_use@ctsdnj.org
 Fax: 908-236-7645

Applications received without liability insurance certificate will be held or returned until insurance certificate can be provided.

Application and liability insurance certificate must be received at least one week prior to date requested for use of building/grounds.

When an organization qualifies for facility rental or custodian fees as described in Board Regulation R1330 "Use of School Facilities", charges will be assessed as listed below. Rental fees are daily up to and including each 6-hour period of use.

RENTAL FEES (for "as is" conditions)

Auditorium*	\$500
Gymnasium.....		\$150
Cafeteria		\$150
Kitchen**		\$100
Classroom/Library ..		\$20

Food or beverages are permitted in the cafeteria only.

See Examples of Rental Costs below

*+Fee for lighting/sound in Auditorium = \$100.

*+Theatre Manager (for Auditorium usage) – at their hourly rate

**Kitchen use also requires the presence of a Food Service Management Company employee at an additional cost to the user.

CUSTODIAN FEES

Weekdays..... 1x custodial hourly rate

Saturdays/Sundays/Holidays..... 2x custodial hourly rate

Custodial rates are subject to change/increase on July 1 of each year. Fees will be billed at the rate that is in effect when the facility use occurs, and may be higher than the rate at the time application is made.

Hourly rates for the 2017/2018 school year are as follows:

Weekdays: \$25.00 per hour **Saturdays/Sundays/Holidays: \$50.00** per hour

****EXAMPLES OF RENTAL COSTS:**

Gym Rental needed for Basketball Tournament – Sat & Sun – 4 hrs each day
\$150 ea. Day = \$300. + 8 hrs. (2 days) Custodial @\$50 p/h = \$400. Total Invoice = \$700.

Cafeteria Rental on Sat for 4hrs – Need use of oven + Custodial Clean Up Time
\$150. rental fee + 4 hrs. Custodial @\$50. p/h = \$350. + 4 hrs. Kitchen Employee @\$50.p/h = \$200. + Poss. Clean Up Time (Custodial Rate) = \$? = Approx. Total Invoice = \$550.

Classroom Rental – Every Tues & Thurs for a month – 2 hrs each day (assuming 4 wks)
\$20 (x8) rental fee = \$160 + 16 hrs. (8 days) Custodial @\$25 p/h = \$400. Total Invoice = \$560.

2 Classroom Rentals – Every Wed. for 3 mths. – 2 hrs. each (assuming 4 wks)
\$40. Rental fee x 12 = \$480. + 24 hrs. (12 days) Custodial @\$25 p/h = \$600. Total Invoice = \$1,080.

Library – 1 meeting – Tues. night – 3 hrs.
~~\$20 rental fee + 3 hrs. = \$20. Custodial @\$25 p/h = \$75. Total Invoice - \$95.~~

**Clinton Township School District
Concussion Policy Compliance**

Statement of Compliance with the
Clinton Township Board of Education
Policy & Reg. 8441 – “Accidents/Illness and Injury” and
Policy/Regulation 2431.4 – “Sports Related Concussions and Head Injury”

I, _____, on behalf of

_____ (hereinafter referred to as “Licensee”), hereby certify to the

following:

1. The Clinton Township Board of Education (hereinafter referred to as the “Licensor”) and the Licensee are Parties to a Use of Public School Facilities Agreement (hereinafter referred to as the “Agreement”) entered into on _____, for the purpose of permitting the Licensee to utilize the _____, (hereinafter referred to as the “Facilities”) for the purpose of _____.

In accordance with N.J.S.A 18A:40-41.5(b) (2), the Licensee has read and hereby agrees to comply with Board Policy & Regulation 8441 – “Accidents/Illness and Injury” and/or Policy/Regulation 2431.4 – “Sports Related Concussions and Head Injury,” copies of which are on our website:

http://www.ctsdnj.org/departments/business_office/facility_use

and made a part hereof in connection with its use of the Facilities as provided in the Agreement.

LICENSEE: _____

Dated: _____

WITNESS: _____

Dated: _____