

REQUEST FOR USE OF WILLIAMSON COUNTY SCHOOLS & FACILITIES BY COMMUNITY ORGANIZATIONS

Central Office Use

ID NUMBER _____

School to be Used: _____

Purpose of Use: _____ Expected Attendance _____

Organization Name: _____

Request Made By: _____ Title in Organization _____

Mailing Address: _____ City _____ Zip _____

Cell Number: _____ E-Mail _____

BUILDING USAGE **PLEASE FILL THIS FORM OUT IN ITS ENTIRETY**

Date & Days of Use _____ S M T W TH F ST

Reoccurring Use S M T W TH F ST
Weekly on:

Reoccurring Use 1st 2nd 3rd 4th 5th S M T W TH F ST
Monthly on:

Starting Date _____ Ending Date _____

Starting Time _____ AM _____ PM Ending Time _____ AM _____ PM

FEE SCHEDULE - If applicable ***DO NOT LEAVE BLANK***

| <i>Area(s) Needed</i> | | |
|---|---|----------|
| <input type="checkbox"/> Classroom(s) Room #s _____ | \$16 per day per room | \$ _____ |
| Limited classroom use per board policy | | |
| <input type="checkbox"/> Auditorium | \$296 per day | \$ _____ |
| Stage Light _____ Y _____ N | One fee for either or both | \$ _____ |
| Sound System _____ Y _____ N | \$100 plus personnel fee | \$ _____ |
| <input type="checkbox"/> Gymnasium | \$302 per day | \$ _____ |
| <input type="checkbox"/> Auxiliary Gym (High Schools Only) | \$302 per day | \$ _____ |
| <input type="checkbox"/> Gym for Jr. Sports Groups Only | \$19 per hour (Max \$302 per day) | \$ _____ |
| <input type="checkbox"/> Stadium/Track/or other Game Field | | \$ _____ |
| <input type="checkbox"/> Tennis | | \$ _____ |
| <input type="checkbox"/> Campus (Outside Building) | | \$ _____ |
| <input type="checkbox"/> Cafeteria (This is for the seating area only) | \$19 per hour (Max \$135 per day) | \$ _____ |
| Kitchen (This is for the serving line area and main kitchen) | | \$ _____ |
| (One WCS kitchen staff member must be present when the use of the kitchen is requested. They must be present for the entire time you request use of the kitchen. This cost will be determined by each school site.) | | |
| <input type="checkbox"/> Supervision - Required | | \$ _____ |
| <input type="checkbox"/> Building Supervision <i>See Note 1</i> | \$21.50 per hour (incl tax) | \$ _____ |
| Name of Supervisor _____ | <input type="checkbox"/> Check if supervisor is waiving fees. | \$ _____ |
| <input type="checkbox"/> Custodial Services | Check here if needed | \$ _____ |
| <i>*Custodial service based on actual time for cleaning as needed and determined by contractor</i> | | |
| | | \$ _____ |
| TOTAL ESTIMATED FEE | | \$ _____ |

Note 1:
When multiple rooms are used, supervision is calculated on one room. Supervision for outside as required

MAKE PAYMENT TO: WILLIAMSON COUNTY SCHOOLS, 1320 West Main Street, Suite 202, Franklin, TN 37064
 No funds shall be paid individually to any employee or individual school for use of facilities.
 Hold Harmless Clause on page 2 must be completed. See page 2 for policy and procedures.

REQUEST FOR USE OF WILLIAMSON COUNTY SCHOOLS & FACILITIES

All organizations requesting use of Williamson County School Facilities shall ATTACH a Certificate of Insurance with the Request for Facilities Use form. The Policy must name Williamson County Board of Education as additionally insured for no less than ONE MILLION DOLLARS (\$1,000,000.00) for the duration of the organization's use of the facility. PLEASE MARK "PUBLIC SCHOOL USE" ON THE CERTIFICATE along with "No Participant is Excluded".

AGREEMENT

I/We agree to be responsible for the conduct of the audience in and about the building and for any damage incurred. I/We have reviewed the policy rules and regulations of the WCS Board of Education, and further agree that the school property will be used in accordance with the rules and regulations of the Williamson County Board of Education. I/We understand that no contract shall extend beyond June 30th of the current fiscal year.

I/We agree to indemnify and hold harmless the WILLIAMSON COUNTY BOARD OF EDUCATION from:

- (A) Any claims, damages, costs and attorney fees for injuries or damages arising, in part or in whole from the organization's use of the facility described above; and,
- (B) Any claims, damages, penalties, costs and attorney fees arising from any failure of the organization, its officers, employees and/or agents, to observe applicable laws.

I/We further acknowledge that the Williamson County Government does not warrant that the facility requested is being currently maintained and will not be responsible for inspection and maintenance of the facility while it is being used by the requesting organization.

I/We acknowledge that all estimated fees for use of Williamson County School Facilities shall be paid in advance of use.

I/We understand that building supervision, custodial services, cafeteria worker and cafeteria manager fee will be charged as needed for building supervision, clean up, and use of kitchen facilities. I/We agree to pay the amount(s) billed after use of the facility. *Please do not alter the verbiage on this form in any way*

| | |
|---------------------------|------|
| Authorized Signature | Date |
| Name: (PRINT ONLY) | |

THIS IS NOT A FINAL INVOICE

This is not a final invoice – only an estimate. Your invoice will be calculated upon approval of the requested use and a final invoice will be sent at that time.

FORWARD COMPLETED REQUEST TO:

SCHOOL PRINCIPAL

QUESTIONS?

Facilities & Construction Department - Lenny Ramirez
615-472-4043

Upon acceptance by the WCS Facilities & Construction Department,
an approved copy of this Request will be returned to School Administration.

| | |
|---|---|
| PRINCIPAL SIGNATURE - Facility is available during time and dates requested: | |
| *This does not constitute final approval which resides with Facilities Dept/Central Office* | |
| | |
| Central Office - Event falls within policy guidelines and insurance sufficient for use | <input type="checkbox"/> <input type="checkbox"/> |
| Date | |

Revsd 6/1/2023 (for 2023-2024 school year) * In the event of an emergency, call 9-1-1, start CPR and retrieve and use the nearest AED*