

This form may be completed online and then printed out.

Community Relations

SE1330.00

(Jan 1, 2016)

Facility Use Request & Agreement

Mendocino County Office of Education
2240 Old River Road; Ukiah, CA 95482

Administration (707) 467-5030 Fax (707) 462-0379

The County Superintendent wishes to make County Office facilities available to outside agencies provided that such use does not interfere with our educational functions or the regular business of the County Office. This includes community organizations whose meetings are for the discussion of matters of general public interest and groups whose focus is civic, charitable, literary, scientific, recreational, and educational or public interest.

ALL Mendocino County Office of Education (MCOE) properties are alcohol- and tobacco- free areas. Please submit entire Agreement for processing. A signed copy of this form will be returned to you as your confirmation for use of the facility. All required insurance documents MUST be submitted in order to book a room at MCOE.

Application for Use of Facilities

All school-related activities (clubs, class events etc.) shall be given priority in the use of facilities under the Civic Center Act. Thereafter, the use of facilities shall be on a first-come, first-served basis. Facilities **may not** be used for any of the following activities:

1. Activities promulgating any theory or doctrine subversive to the laws of the United States, or any political subdivision thereof, advocating governmental change by violence.
2. Any activity that may violate the canons of good moral, manners or taste.
3. Any activity that may be injurious to the buildings, groups or equipment.
4. Any purpose in conflict with school activities.
5. Any activities which are discriminatory in the legal sense.
6. Commercial advertising, or fund-raising campaigns, except as permitted by County Board of Education policy or special action of the County Board of Education.
7. Any use by an individual or group for the commission of any crime or any act prohibited by law.
8. Any use which involves the possession, consumption, or sale of alcoholic beverages or any restricted substances on school property.
9. Any activity that creates an illegal discharge into surrounding waterways.

GENERAL INFORMATION (Please type or print legibly)

Name of Applicant: _____

Organization (if applicable): _____

Type of Activity: _____ Estimated Attendance: _____

Address: _____ City: _____

Phone - Day: _____ Evening: _____ Emergency: _____

Email: _____

Organization: _____

Applicant: _____

FACILITY/EQUIPMENT REQUESTED

All the rooms listed are equipped for digital presentations, teleconferences, and video conferences

Video Conference / Digital Display equipment use – orientation to equipment in advance is advised

RIVER CENTER– 2240 Old River Road, UKIAH

Birch Building - (Available weekdays 7:30am-5pm only)

Lab 1 (capacity: Conference 24 classroom: 32; Auditorium: max. 42)

Lab 2 (capacity: Conference 32, classroom: 40; Auditorium: max. 48)

Cedar Building - (Available daily 7am – 10pm)

River Room (capacity: classroom: 56; Auditorium: max. 75) *Reserved only for groups of 30 or more*

East Room (capacity: Board Room 26; max. 48)

South East Room (capacity Conference: 24; Classroom: 32 Auditorium: max. 48)

Kitchen (capacity.3) *Kitchen must be booked if a catered meal is served. Deposit is required.*

Dogwood Building (Available weekdays 7:30am-5pm; weekends by special arrangement)

Multimedia Lab (cap 30) Mobile Laptop Lab select PC or Mac pg 4 agreement required

COAST CENTER - Room 101F - 300 Dana Street, FORT BRAGG

Professional Development Room (Available by special arrangement only)

(Capacity: Conference 26 classroom: 30; Auditorium: max. 44)

EVENT INFORMATION

1. Non-Profit Organization? YES NO

2. Is your event a fundraiser? YES NO

3. Does your event require a fee? YES NO

4. Will food be served? YES NO

Date(s) of Event: _____ Time of Event: From: _____ AM/PM To: _____ AM/PM

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Date(s) of Event: _____ Time of Event: From: _____ AM/PM To: _____ AM/PM

Description of Event:

RELEASE FROM LIABILITY AND INDEMNIFICATION

THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE MENDOCINO COUNTY OFFICE OF EDUCATION, ITS ELECTED OR APPOINTED OFFICIALS, EMPLOYEES, AGENTS, AND VOLUNTEERS, INDIVIDUALLY AND COLLECTIVELY, FROM AND AGAINST ALL COSTS, LOSSES, CLAIMS, ACTIONS, AND JUDGMENTS ARISING FROM PERSONAL INJURIES, PROPERTY DAMAGE OR OTHERWISE, REGARDLESS OF CAUSE, THAT MAY ARISE IN ANY WAY FROM OR BE ALLEGED TO BE CAUSED BY THE UNDERSIGNED'S USE OR OCCUPANCY (INCLUDING THEIR OFFICERS, EMPLOYEES OR AGENTS) OF MENDOCINO COUNTY OFFICE OF EDUCATION FACILITIES, FURNITURE OR EQUIPMENT. THE UNDERSIGNED FURTHER AGREES TO PROVIDE A CERTIFICATE OF INSURANCE AS OUTLINED IN THE INSURANCE REQUIRED OF APPLICANT SECTION BELOW.

INSURANCE REQUIRED BY APPLICANT

1) Commercial General Liability on an occurrence form with a minimum limit of **\$1,000,000 each occurrence \$2,000,000 general aggregate** from an insurer with a financial rating of A7 or better. Liability deductible not to exceed \$2,500.

continued on next page ...

Organization: _____

Applicant: _____

2) **Additional Insured Provision:** MCOE, its elected or appointed officials, employees, agents and volunteers shall be named as additional insured under the general liability policy, by endorsement to the Certificate. A separate endorsement attached to the Certificate of Insurance evidencing the additional insured coverage is required.

3) **Primary Insurance:** Applicants insurance shall be **primary insurance** as respects to MCOE, its elected or appointed officials, employees, agents and volunteers. Any insurance of self-insurance maintained by MCOE its elected or appointed officials, employees, agents and volunteers shall be excess and shall not contribute with it.

School districts that are members of the Northern California School Insurance Group (NCSIG) may substitute the MOU of NCSIG coverage for the required insurance. *Form SE 1330.00b*

DECLARATION OF APPLICANT

1) I, the undersigned, hereby certify that I will be personally responsibility on behalf of the applicant for any damages sustained by the school building, furniture, equipment or grounds occurring through the occupancy or use of said building and or grounds by the applicant, normal wear and tear excepted.

2) I hereby certify that I have received and read the rules, regulations, conditions, terms and that I and the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant and to the best of my knowledge the school property for use of which this application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.

3) It is agreed that if the required insurance is not obtained or this reservation is canceled by the applicant, a minimum of \$25 will be withheld from the deposit. It is further agreed that changes in date or reservation times shall be made only as allowed by the rules governing use of school facilities.

4) I acknowledge that MCOE reserves the right to relocate events to any available room with adequate capacity and suitable equipment in order to better utilize capacity or to meet educational program needs. Rooms may only be reserved for actual time needed for event and reasonable setup.

5) In executing this declaration I certify that I have been duly authorized by the herein set forth applicant to act in its behalf in making application for use of said facilities.

SIGNATURE OF APPLICANT: _____ DATE: _____

ORGANIZATION: _____

FOR OFFICE USE ONLY	RECEIVED	RETURNED
<input type="checkbox"/> FEE \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> DEPOSIT (cleaning & administrative)\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Internal budget code _____		
<input type="checkbox"/> ROOM LAYOUT RETURNED TO DIAGRAM LAYOUT	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reviewed by: _____
<input type="checkbox"/> RETURNED ADDITIONAL DOCUMENTS & AGREEMENT		
For use of FBHS Culinary Arts Center or Multimedia Lab	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	Reviewed by: _____
~~~~~		
<input type="checkbox"/> CERTIFICATE OF INSURANCE	Date: _____	_____
<input type="checkbox"/> ADDITIONAL INSURED ENDORSEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	<b>OR</b>	
<input type="checkbox"/> NCSIG coverage MOU provided by NCSIG member agency (Form SE 1330.00b)		_____
	<b>OR</b>	
<input type="checkbox"/> MCOE INSURED EVENT. (\$1,000 self insured retention) DEPARTMENT SPONSOR		_____
DEPARTMENT DIRECTOR SIGNATURE _____		
CABINET MEMBER APPROVAL _____		
_____		_____
APPLICATION APPROVED BY		DATE

Organization: _____

Applicant: _____

### Additional Information Required for Multimedia Lab Use

Responsible Party during use of the equipment: _____

Other needs:    Printer       Paper (\$25/ream)       Tech support (additional fee)

### Room use rules

***I understand that:***

- 1) The Responsible Party is required to arrange for a brief equipment set-up training in advance of the event.*
- 2) The laptops are to remain in the assigned room. **Under no circumstances** are they to be taken outside or to any other room or building.*
- 3) Food and or drink are not allowed near the equipment.*
- 4) Laptops are not to be stacked under any circumstances. Do not stack the laptops to carry to the cart.*
- 5) Reserving organization will be charged for any equipment damage caused by violating the rules or any misuse of the equipment.*

SIGNATURE OF APPLICANT: _____ DATE: _____

ORGANIZATION: _____

***Note: Use of the Multi-media Lab is not confirmed until you receive email confirmation.***