

FACILITY USAGE APPLICATION 2011-12

Part I to be Completed by Applicant (Please Type or Print; Attach Extra Sheets If Necessary)

I.

Name of Organization / Applicant: <i>Lexington Division of Police</i>		Name of Contact Person: <i>Lieutenant Garry Sennett</i>	Telephone Number: <i>859-576-3746</i>
Street Address: <i>150 East Main Street</i>		Fax Number: <i>859-258-3781</i>	Email Address: <i>gsennett@lexingtonky.gov</i>
City / State / Zip: <i>Lexington KY 40507</i>		Name of Liability Insurance Co.:	Insurance Policy Limits:
Type of Organization (if Applicant is an Organization):			
<input type="checkbox"/> School <input type="checkbox"/> School-Related Group (PTA, Booster Club, etc.) <input type="checkbox"/> SBDM Club Sport <input type="checkbox"/> Civic <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Religious <input type="checkbox"/> Commercial (For Profit) <input type="checkbox"/> Other: _____			
Name & Telephone Nos. of Individual Primarily Responsible for Facility & Conduct of Persons Using Facility:			
Primary Person: <i>Lieutenant Garry Sennett</i>		Phone #: <i>858-258-3758</i>	Emergency Phone #: <i>859-576-3746</i>
School at Which Facility is Located: <i>Locust Trace</i>		Anticipated # of Participants: <i>31</i>	
Description of Proposed Activities, Including Detailed Description of Any Tents, Stages, or Other Structures to be Erected (Attach Extra Sheets if Necessary): <i>Institute of Police Technology & Management Crisis-Hostage Negotiations course</i>			
Is this a school-related fundraiser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: _____			
Will inflatables be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what type: _____ <small>NOTE: FCPS will not authorize use of inflatable bounce houses or submersible dunking booths.</small>			
Will admission be charged? Will donations be solicited or accepted? Will concessions or other items be sold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the answer to any of the above questions is "Yes," will the net proceeds from such admission charges, donations, etc., be used exclusively for civic, charitable, government, non-profit, or religious purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a non-District labor force will be used for any purpose, will it include anyone convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Facility or Area within Facility Being Requested:			
<input type="checkbox"/> Baseball Field <input type="checkbox"/> Track <input type="checkbox"/> Kitchen <input type="checkbox"/> Library <input type="checkbox"/> Football Field <input type="checkbox"/> Softball Field <input type="checkbox"/> Cafeteria <input checked="" type="checkbox"/> Classrooms(s): <u>7</u> (#) <input type="checkbox"/> Gymnasium <input type="checkbox"/> Tennis Courts <input type="checkbox"/> Auditorium <input type="checkbox"/> Other:			
Types & #. of District Employees Requested:			
<input type="checkbox"/> Custodial: _____ (#) <input type="checkbox"/> Law Enforcement: _____ (#) <input type="checkbox"/> Tech. Support: _____ (#) <input type="checkbox"/> Food Service: _____ (#) <input type="checkbox"/> Other: _____ (#)			
Equipment Requested (Audio / Video / Lighting / Athletic Equipment / etc.): <i>White/Chalk Board, Powerpoint projector & screen, Flip charts & easel, TV, VCR, DVD player</i>			
Date(s) Facility to be Used:	Time(s) Facility to be Used (Include Adequate Time for Setup & Cleanup):	# of Hours to be Used:	
<i>July 23-27, 2012</i>	<i>0700-1800 each day</i>	<i>40</i>	

On behalf of the Applicant, I confirm that I have read and understand all terms and conditions of usage set forth in the Facility Usage Contract on the District's Web site.

Applicant Signature:

By: _____
Signature of Authorized Representative

Date

Part II to be Completed by School (Please Type or Print; Attach Extra Sheets If Necessary)

II.

Is the Facility Available & Approved for Use by the Applicant on the Date(s) & at the Time(s) Requested?
 Yes No If no, indicate reason: _____

Will the Proposed Use of the Facility Involve a School Activity?
 Yes No (If a school initiates a request to collaborate on an activity that is in the school's plan or program **and** if the school maintains primary control of the activity, then it is a school activity).

Is the Proposed Usage a Fundraiser by a School-related Group?
 Yes No If "Yes," name of school-related group: _____

Will the Proposed Use of the Facility Require the Presence of One or More District Employees to Maintain the Care, Safety & Security of the Facility?
 Yes No If "No," indicate below why the presence of a District Employee will not be needed:
 The facility is an outdoor facility of a type which does not require a District Employee.
 Other: _____

If the Presence of One or More District Employee(s) Is Required, Will It be Necessary for Such Employee(s) to Work Overtime (i.e., to be Overscheduled)?
 Yes No If "No," indicate below why it will not be necessary for District employee(s) to work overtime:
 Applicant will be conducting after-school activities for students *during scheduled custodian hours*.
 One or more District employees will already be present during Applicant's use of the facility **and** no cleanup will be required to be ready to conduct school the next school day.
 Other: _____

List Below Only Those OVERTIME Hours to be Worked by District Employees (Attach Extra Sheet s if Necessary):

Types & # of District Employees Assigned:	Name(s) of Employees Assigned:	Date(s) Assigned:	Overtime Hours Assigned (In and Out):	Total # Overtime Hours:
<input type="checkbox"/> Custodial: _____ (#)				
<input type="checkbox"/> Food Service: _____ (#)				
<input type="checkbox"/> Law Enforcement: _____ (#)				
<input type="checkbox"/> Tech. Support: _____ (#)				
<input type="checkbox"/> Other: _____ (#)				

List All Equipment Approved for Use:

Principal/Designee Signature:

By: _____
 Signature of Principal/Designee Date

Principal Forward Completed Form to:

Fayette County Public Schools, Department of Physical Support Services, 400 Springhill Drive, Lexington, KY 40503 (Phone: 859.381.3826 Fax: 859.381.3852) or lisa.clark@fayette.kyschools.us