

**BUTTE COUNTY OFFICE OF EDUCATION
1859 BIRD STREET, OROVILLE, CA 95965
(530) 532-5650**

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

APPLICATION MUST BE SUBMITTED AT LEAST TEN (10) WORKING DAYS IN ADVANCE OF DATE(S) REQUESTED

PLEASE ANSWER ALL OF THE QUESTIONS BELOW:

1. What is the purpose of the meeting? (i.e. recreational, political, fund-raising, etc.)
2. Is the meeting open to the public? Yes No
3. Admission charged? Yes No Amount _____
4. Will contributions be solicited or accepted? Yes No
5. If yes on 3 or 4 above, for what will the proceeds be used? _____

The undersigned hereby requests permission to use the following school premises on dates and times indicated below:

SITE: _____

- | | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> MULTIPURPOSE ROOM | <input type="checkbox"/> CLASSROOM | <input type="checkbox"/> THERAPY ROOM |
| <input type="checkbox"/> BOARD ROOM (Occupancy 85)
1859 Bird Street, Oroville | <input type="checkbox"/> CONFERENCE ROOM 1 (Occupancy 25)
1859 Bird Street, Oroville | |

MONTH	DAY	TIME	AM	PM	EXPECTED ATTENDANCE		MONTH	DAY	TIME	AM	PM	EXPECTED ATTENDANCE

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the premises, furniture, or equipment, because of the occupancy of said premises by our organization. A Certificate of Insurance and Additional Insured Endorsement showing Butte County Office of Education as a co-insured shall be provided along with this application. I, the undersigned, and the organization or agency have read, understand and agree to comply and enforce all the requirements, policies, regulations, and rules for the use of facilities and grounds of the Butte County Office of Education.

- **No activity may be conducted in or on said facilities that is in violation of local, state or federal law.**
- **No smoking or use of tobacco or alcohol allowed in or on Butte County Office of Education facilities or grounds.**
- **Certificate of Insurance and Additional Insured Endorsement required, with \$1,000,000 property and liability limits, and must be returned with application.**
- **Butte County Office of Education facilities and/or grounds will not be utilized by individuals, organizations, agencies or others that engage in discriminatory practices as prohibited by federal law, state law, or school board policies.**

Name of organization: _____ Check if non-profit

Name of representative or agent: _____ Title: _____

Mailing address: _____ Phone: _____

Signature: _____ Date of Application: _____

FOR BUSINESS USE ONLY					
Approval of Facility Manager: _____				Date Signed: _____	
Date Received By Business Office: _____				Date Mailed To Applicant: _____	
Fee Determination: <input type="checkbox"/> Exempt	<input type="checkbox"/> Custodial	<input type="checkbox"/> Rental	\$ _____	Amount of Fee	
CHARGES FOR ONE-DAY USE		FEE STRUCTURE BASED UPON EDUCATION CODE 39379/40040			
<u>FEE SCHEDULE I</u>	<u>First Hour</u>	<u>Add'l Hours</u>	<u>FEE SCHEDULE II</u>	<u>Sq. Ft. Average</u>	<u>Cost Per Hr.</u>
Elementary Multipurpose Room	\$20.00	\$10.00	Elementary Multipurpose Room	2,000	\$45.00
Classroom	\$10.00	\$ 5.00	Classroom	900	\$20.00
Therapy Room	\$15.00	\$ 8.00	Therapy Room	1,400	\$32.00
Conference Room 1	\$10.00	\$ 5.00	Conference Room 1	600	\$14.00
BCOE Board Room	\$20.00	\$10.00	BCOE Board Room	2,250	\$50.00

Organizations that use the facilities will be charged an amount to cover the cost of providing a custodian when deemed necessary by the Assistant Superintendent of Administrative Services.



For special accommodations or assistance please contact (530) 532-5601 or (530) 532-5650 ten working days prior to the event.