

**TRUMBULL PUBLIC SCHOOLS USE OF BUILDINGS AND SITES
FORMS – EFFECTIVE MARCH 2011**

Trumbull Public Schools – Facilities Department
6254 Main Street, Trumbull, CT 06611 203-452-4306 FAX 203-452-4308

TO: Director of Finance

FROM: Facilities Department

DATE:

RE: Authorization to charge to the Town Community Service Account

The following municipal organization has requested that any custodial or maintenance overtime charges associated with holding their event in the Trumbull schools, be absorbed by the Town budget and billed to the Town Community Service account.

It is anticipated that the custodial or maintenance overtime charges for this event will be over and above past charges incurred by this organization.

MUNICIPAL ORGANIZATION _____

APPLICANT'S NAME _____ PHONE _____

REQUESTED EVENT _____ FUNDRAISER ___ Y ___ N
(Fundraising events are not covered by the Town)

SCHOOL _____

DAY OF WEEK _____ DATE _____ # OF HOURS _____

NOTE _____

ANTICIPATED CUSTODAIL CHARGES \$ _____ (ESTIMATE)

Please authorize or deny this request and return this form signed. Thank you.

AUTHORIZATION: _____ **Approved** _____ **Denied**

SIGNED _____ **DATE** _____
Director of Finance

FOR OFFICE USE ONLY – Request approved – event can now be scheduled

Request NOT approved – bill applicant directly

Trumbull Public School – Facilities Department

Stage Requirements Form – Trumbull High School (This is not the application to use facilities)

In order that we may provide the best service possible to groups using our auditorium, information is required regarding your needs for lighting, audio and the stage. Please review this form and complete according to your requirements. Thank you.

Lighting

_____ YES _____ NO Will have need of the auditorium lights

_____ YES _____ NO Will have need of stage lights.

_____ YES _____ NO Will have need of the house lights.

_____ YES _____ NO Will have need of follow spot.

_____ YES _____ NO Will have need of lights gelled.

If you want lights gelled, list colors: _____

Special requirements: _____

Audio

_____ YES _____ NO Will have need of audio system.

_____ YES _____ NO Will have need of a live mike. Number of mikes needed _____.
Position of mikes:

_____ UR _____ UC _____ UL _____ L _____ C

_____ DR _____ DC _____ DL _____ R

_____ YES _____ NO Will have need of sound effects through audio system.

Sound effects will be (source):

Trumbull Public Schools – Facilities Department

Contract to Use Facilities
(This is not the application to use facilities)

DATE: _____

AGREEMENT: This contract constitutes an agreement between the Trumbull Public Schools and this organization to use the facilities for the stated number of days and for the agreed to fee. There are no refunds due to cancellations or snow days within the session period. School cancelled days may be made up within the session period.

ORGANIZATION _____ Group Category by Policy _____

_____ Municipal or Nonmunicipal _____ In Town Private Organization _____ Nonresident

_____ Nonprofit _____ Other

CONTACT'S NAME _____ PHONE _____ FAX _____

FACILITY WILL BE USED TO _____

SCHOOL _____ SESSION PERIOD _____

ACTUAL CLASSROOMS TO BE ATTACHED TO THIS CONTRACT.

A. # OF CLASSROOMS REQUIRED PER WEEK _____ classrooms per week

B. # OF OTHER LOCATION PER WEEK _____ per week

C. # OF HOURS THE CLASSROOM WILL BE USED PER DAY _____ hours per day

D. RATE PER CLASSROOM \$ _____ per classroom

E. UTILITY SURCHARGE PER CLASSROOM \$ _____ per classroom

F. # OF WEEKS PER SESSION (UP TO A THREE MONTH PERIOD) _____ weeks

G. AVERAGE CUSTODIAL FEES PER SESSION _____ per session

H. CONTINUING EDUCATION FEE (if applicable) \$ _____ per session

TOTAL OF CONTRACT \$ _____ per session

SIGNED _____
ORGANIZATION REPRESENTATIVE

DATED _____

SIGNED _____
FACILITIES DEPARTMENT

DATED _____

APPLICATION FOR USE OF FACILITIES - TRUMBULL PUBLIC SCHOOLS
Applications shall be filed at last 3 weeks prior to the day of event.

Contact numbers: Facilities Department - 452-4306
 School Secretary: _____
 School phone #: _____
 Date of Application: _____ Application Fee \$25.00 _____ (Group V only)
 Name of Organization (Print) _____ Name of Event _____
 Name of Applicant _____ School Sponsor (if applicable) _____
 Address _____ Town _____ Zip _____
 Billing Address _____ Town _____ Zip _____
 Telephone (home) _____ Telephone (work) _____ Fax _____

School Requested:	Event Purpose						
Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							
Total # hrs.							

Admission/Prog. Fee None Yes \$ _____ Admission/program fee/person

How will the proceeds be used? _____
 Anticipated attendance: # _____ Will food be served or sold? yes no

- Areas requested:
- Auditorium Stage crew Classroom (s) _____
 - Cafeteria (approval) Athletic Flds.(approval) Vehicles on field or track (approval)
 - Gymnasium Locker rooms Field Lighting (approval) Field Buildings (approval)
 - Pool Lavatories Kitchen (Arrangements **must** be made by calling Food Svc. 452-4500)
 - Other (name site) _____ Note: School vending machines must remain operable.

Special instructions for custodian (set up, electrical, etc.) _____ Decorations will be used yes no

Applicant is responsible for obtaining the following signatures if anticipated attendance of 100 or more is expected. _____

Signature of Chief of Police:	# of Officers	Dated:
Signature of Fire Marshal:	# of Firefighters	Date:

Current Certificate of Insurance On file in Facilities Dept. Not yet received
 Any applicant not covered by the Town of Trumbull's insurance policy **must** have a \$1,000,000 certificate of insurance which names the Town of Trumbull and Trumbull Board of Education as "Additional-named insured."

The undersigned hereby agrees to comply strictly with the rules and regulations of the Board of Education governing the use of Trumbull Schools facilities, and agrees to pay applicable fees. Payment may be required in advance at the discretion of the Board of Education. _____

Applicant's signature: _____ Date: _____

For Office Use Only:

Your "Group Use Category" is:

Group I or II

Group III

Group IV

Group V

Applicant is responsible for the following costs. **These are estimates only.**

* Applicants in Group III are responsible for getting Custodial overtime approved by Town Finance Dept.

Rental Rate: \$ _____ /4 hr.min. (over 4 hrs. will be prorated)

Custodial rate/hr. \$ _____

Est.# hrs. _____ Est.# of workers _____

Total estimated rental cost \$ _____

Total estimated cust.costs \$ _____

Administration's authorization to Proceed with an Application to use Grounds/Facilities

Please authorize or deny this request and return application signed. Thank you.

For Use of Facilities:

For the School Principal:

Authorization: Approved Denied

Comment: _____

Signed: _____ Dated: _____

For Use of Grounds:

For the Athletic Director and School Principal:

Authorization: Approved Denied

Comment: _____

Signed: _____ Dated: _____

Athletic Director

Signed: _____ Dated: _____

School Principal

Facilities Department Approval/Denial of Application to Use Grounds/Facilities:

For Facilities Department on Behalf of the Board of Education:

Authorization: Approved Denied

Comment: _____

Signed: _____ Dated: _____