

# Facilities Maintenance

770-473-2825

Extension 160100

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**HELP COMPLETING THE CLAYTON COUNTY PUBLIC  
SCHOOLS**

**FACILITY USE CONTRACT**



# Clayton County Public Schools Facility Usage Board Regulation:

Before submitting a Facility Use Contract, please take a moment to review the CCPS Facility Usage Board Regulation, linked below.

As outlined in Board Regulation KG-R(1):

“The Clayton County Public Schools (CCPS) Superintendent and/or designee may grant the **temporary** use of school facilities to other organizations as provided herein. The Principal or designated Building Administrator has primary custody of school facilities assigned to him/her by the Superintendent and Board of Education and must have knowledge of the group that wishes to use the facility and must personally approve the person to be in charge of the activity.”

[https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=KG-R\(1\)&Sch=4038&S=4038&C=K&RevNo=1.22&T=A&Z=R&St=ADOPTED&PG=6&SN=true](https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=KG-R(1)&Sch=4038&S=4038&C=K&RevNo=1.22&T=A&Z=R&St=ADOPTED&PG=6&SN=true)



## **Your role in the approval process:**

**Applicants:** It is the role of the applicant to complete the Facility Use contract, obtain the insurance policy and the certificate of insurance, and provide payment for the facility 48 hours prior to the event date. Before submitting a Facility Use contract, please be reminded to review the procedure located on the CCPS Maintenance website. For further assistance and clarification, please call Maintenance; 770-473-2825, dial 9.

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**Schools/ Facilities:** It is the role of the Building Administrator to notify applicants of any updates to the Facility Use contract and to review the contents before submitting to the Area Superintendent's Office.

**Area Superintendent/ Safety and Security:** It is the role of these departments to review Facility Use contracts before sending to the next step in the approval process.

**\*\*\*Director of Nutrition:** In the event that the kitchen is being requested for a contract, the signature of the Director of Nutrition must be obtained before an approval is issued.

**Maintenance:** Maintenance reviews contracts and contacts the locations if more information or a correction is needed. Once all required information and signatures are received, Maintenance notifies the school and departments of the approval.



# **How to Locate the Facility Use Contract**

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Always print the Facility Use contract directly from the Clayton County Public Schools Maintenance website in order to ensure that the most recent contract and price list is being used. Out dated contracts will not be issued an approval.



# Completing the Facility Use Contract

| CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT   |                                  |  |  |
|---|----------------------------------|--|--|
| School Requested: Yes / No<br>Circle One  |                                  | Valid with District's Signature only<br>To be completed by Applicant   |  |
| School Facility Requested:  |                                  | Contract No. _____   |  |
| Space Requested:<br><input type="checkbox"/> Gymnasium<br><input type="checkbox"/> Auditorium<br><input type="checkbox"/> Cafeteria<br><input type="checkbox"/> Grounds<br><input type="checkbox"/> PLC<br><input type="checkbox"/> Aditorium<br><input type="checkbox"/> Stadium<br><input type="checkbox"/> Other _____   | Time to Enter:<br>Time to Leave: | Admission/Participation Charged?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount: Adult \$ _____ Student \$ _____<br>Child \$ _____ Other \$ _____ |  |
| Name of Group or Organization   |                                  | Number in Group  | Nature of Organization:<br><input type="checkbox"/> Government Agency<br><input type="checkbox"/> Religious Group<br><input type="checkbox"/> Profit<br><input type="checkbox"/> Business<br><input type="checkbox"/> Non-Profit<br><input type="checkbox"/> Civic Group<br><input type="checkbox"/> Other _____ |
| Address of Group or Organization:   |                                  |  |  |
| City _____ State _____ Zip _____  |                                  |  |  |
| Contact Person Name _____ Telephone Number _____  |                                  | Type of Activity _____   |  |
| Email: _____  |                                  |  |  |
| I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE "TERMS/CONDITIONS FOR THE USE OF SCHOOL FACILITIES". I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.   |                                  |  |  |
| Date _____  |                                  | Signature of Applicant: _____  |  |
| MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS   |                                  |  |  |
| Insurance Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | Will kitchen be used? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Applicable Facility Charge</b>   |                                  | <b>#</b>   |  |
| <b>Hours</b>  |                                  | <b>Rate per Hour</b>   |  |
| Facility Use Charge <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | \$ _____   |  |
| Custodial Services <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  | \$ _____   |  |
| Tech Support Charge <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | \$ _____   |  |
| Security Charge <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | \$ _____   |  |
| Equipment Charge <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  | \$ _____   |  |
| Maint. Supt. Charge <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | \$ _____   |  |
| Cafeteria Worker(s) <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | \$ _____   |  |
| Director of Nutrition _____   |                                  |  |  |
| Total Due \$ _____  |                                  |  |  |
| Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice. |                                  |  |  |
| Principal's Recommendation for Fee Waiver<br>Partner with CCPS <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Provide explanation of partnership/services<br><input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (1%)   |                                  |  |  |
| DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY   |                                  |  |  |
| Principal Signature: _____  |                                  | Name of CCPS Event Supervisor: _____   |  |
| Date _____  |                                  |  |  |
| Chief / Area Superintendent Signature: _____  |                                  | Date _____   |  |
| Safety and Security Signature: _____  |                                  | Date _____   |  |
| Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | Fee Waiver <input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (1%) <input type="checkbox"/> Full Fees  |  |
| Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design)<br>(Unsatisfactory Experience with Group) (Other - _____)  |                                  |  |  |
| Superintendent/Designee/Maintenance Director Signature: _____   |                                  | Date _____   |  |



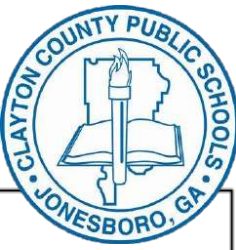
## CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT Terms and Conditions

(Please initial each Term/Condition)

- Public Safety:** Nothing contained in this Lease shall be construed to prohibit the Department of Public Safety, Health Department, Police Department, Fire Department, or any department of the Clayton County Public Schools, its agents or employees, from entering the leased premises for the purpose of discharging their lawful duties. The sidewalks, passageways, halls, stairways, seating and exits specifically shall not be obstructed by the Lessee or any other person.
- Weapons are Prohibited:** WEAPONS OF ANY KIND are prohibited on or within any Clayton County School District property or facility. This includes any and all activities that occur before, during or after any event or other activity that is held on or within a Clayton County School District property.
- Search:** All Persons are subject to search, including but not limited to, person, bags and parcels.
- Alcohol Use:** POSSESSION OF ALCOHOL IS PROHIBITED on Clayton County Public Schools' property by Clayton County Board of Education policy and the Official Code of Georgia 03-03-211.
- No Smoking:** SMOKING IS PROHIBITED on Clayton County Public Schools' property by Clayton County Board of Education policy and the Official Code of Georgia 16-12-2.
- Objectionable Material:** Lessor reserves the right, through its administration, to remove any objectionable party/parties from the building or grounds, and upon an exercise of this authority, through any of its committees, agents, or policemen. To the extent permitted by law, Lessee hereby waives any and all claims for damages against Clayton County Public Schools in the event of such an occurrence.
- Insurance Requirements:** Lessor reserves the right to require Lessee to provide adequate liability insurance or a bond for damages to person or property that may occur while using any facility of the Clayton County Public Schools. Failure to secure said insurance or bond will cause the Lessee to forfeit the use of the facility. Commercial Lessees and/or Lessees charging admission, taking orders or selling merchandise specifically agree to carry comprehensive, liability insurance with a company authorized to do business in Georgia of not less than \$500,000 for bodily injury to any one person and \$1,000,000 for bodily injury from any one accident and \$100,000 for property damage for any one accident to protect Lessee and Clayton County Public Schools against damages that may occur. A certificate of insurance to the facility administrator may be required 30 days prior to the event.
- Utility:** Lessor will furnish air conditioning, heating, and lighting, which in its sole opinion, are adequate with respect to the intended use under this lease. Lessor will furnish custodial services as it may deem necessary. If the Lessee wishes to do its own cleanup, and this is approved by the facility administrator, no custodial charge will be assessed, otherwise Lessee will be charged for custodial service. Extra costs incurred by excessive electrical requirements will be paid by the Lessee. The failure to furnish air conditioning, heat, lights, or custodial service shall not abrogate this agreement and shall not entitle the Lessee to any rebate on the rental costs.
- Care of Facility:** Lessee accepts the building in good order and repair, and agrees to return it to the Lessor in the same condition, normal wear excepted. Lessee agrees to reimburse Lessor for any expenses Lessor incurs in returning the facility to its condition prior to the lease.
- Care of Facility:** No nail, tacks, staples, brads, or other things shall be driven into any portion of the building, and no changes, alterations, repair, painting, staining, or doing anything that will change the finish, appearance, or contour of the building, will be permitted without the written consent of the Lessor. Use of any type of cohesive tape is prohibited. Nothing, including pins, shall be attached to any curtains.
- Electrical Hazards:** No person shall be permitted to bring to the building or grounds or keep herein anything which shall increase the rate of fire insurance on the buildings or on any part of property therein. Such items as gasoline, explosives, oils, or any other artificial lights shall not be permitted in the buildings or on the grounds without the consent of Lessor in writing. The Clayton County Public Schools reserves the right to limit the number, amperage, and wattage of lights, fixtures, or equipment for any event. All decorative

The Clayton County Facility Use Contract includes 3 pages of Terms and Conditions. Each item must be initialed by the requesting group/ organization. If the contract and/or the terms and conditions are not filled out entirely, the approval for the contract will be delayed.





# Completing the Facility Use Contract

## Applicants MUST:

- ✓ Complete the entire top portion of the contract
- ✓ Review and initial each Term and Condition
- ✓ Provide payment in the form of a Cashier's Check or Postal Money Order
- ✓ Provide a certificate of insurance, which **must** reflect "Clayton County Public Schools 1058 Fifth Avenue, Jonesboro GA 30236" as the certificate holder and as an additional insured

### Note:

**This is a legal document. Please do not leave any section blank or your contract cannot be processed.**

| CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT   |                 |  |  |
|---|-----------------|--|--|
| School Related: Yes <input checked="" type="radio"/> No <input type="radio"/><br>Circle One   |                 | Valid with District's Signature only<br>To be completed by Applicant |  |
| School Facility Requested: <u>Maintenance HS</u>  |                 | Date(s) of Use Requested: <u>5/5/2018</u>                            |  |
| Space Requested:<br><input checked="" type="checkbox"/> Gymnasium <input type="checkbox"/> PLC<br><input type="checkbox"/> Auditorium <input type="checkbox"/> Addendum<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Stadium<br><input type="checkbox"/> Grounds <input type="checkbox"/> Other |                 | Time to Enter:<br><u>6:30 pm</u><br>Time to Leave:<br><u>9:30 pm</u> | Admission/Participation Charged?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount: Adult \$ <u>8.00</u> Student \$ _____<br>Child \$ <u>4.00</u> Other \$ _____  |
| Name of Group or Organization<br><u>Organization Name</u>   |                 | Number in Group<br><u>80</u>   | Nature of Organization:<br><input type="checkbox"/> Government Agency <input checked="" type="checkbox"/> Non-Profit<br><input type="checkbox"/> Religious Group <input type="checkbox"/> Civic Group<br><input type="checkbox"/> Profit <input type="checkbox"/> Other _____<br><input type="checkbox"/> Business |
| Address of Group or Organization:<br><u>1234 Rental Ave</u>   |                 |  |  |
| City <u>Jonesboro</u>   | State <u>GA</u> | Zip <u>30234</u>   |  |
| Contact Person Name<br><u>John Doe</u>  |                 | Telephone Number<br><u>770 ###-####</u>                              | Type of Activity<br><u>Dance Off/ Contest</u>  |
| Email: <u>Johndoe@gmail.com</u>   |                 |  |  |

I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE "TERMS/CONDITIONS FOR THE USE OF SCHOOL FACILITIES". I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.

October 1, xxxx

Date

John Doe

Signature of Applicant



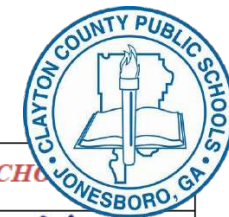
# Certificate of Insurance & Insurance Policy

Prior to using school facilities, groups not directly related to the school program **must provide** a **Certificate of Insurance *in addition to the Insurance Policy*** indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. The certificate must reflect Clayton County Public Schools as the Certificate Holder *and* as an Additional Insured for the duration of the group's use of the facility as specified above.

For sports related activities, the certificate must state that no "athletic participants" are excluded on the liability insurance.

An insurance agent of your choice can provide this coverage.

# Completing the Facility Use Contract



## Principal/ Building Administrator must:

- ✓ verify that all sections of the contract are complete and required documents are received
- ✓ complete the "Applicable Facility Charges" section using the price list to calculate total due (contact departments i.e. Safety & Security and School Nutrition, to determine proper charges)
- ✓ verify that insurance policy is received and that certificate of insurance reflects CCPS as the certificate holder
- ✓ approve or deny contract
- ✓ forward the original signed contract, insurance certificate and policy, and a copy of the payment to the Area Superintendent
- ✓ keep a copy of all forwarded documents for your records
- forward the payment (Cashier's Check or Postal Money Order) to Alma Phillips in Business Services on a cash collection form

**Safety & Security** will determine how many officers will be required for each event.

**Maintenance Department** will give the final decision by denying or approving/signing the contract.

| MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS   |   |  |              |   |   |
|---|---|--|--------------|---|---|
| Insurance Certificate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | Will kitchen be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |              |   |   |
| <b>Applicable Facility Charges</b>  |   | <b>#</b>   | <b>Hours</b> | <b>Rate per Hour</b>  | <p>Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and <u>as an additional insured</u> for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice.</p> <p><b>Principal's Recommendation for Fee Waiver</b><br/>Partner with CCPS <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Provide explanation of partnership/services<br/><input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (½)</p> |
| Facility Use Charge   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <u>3</u>     | <u>\$150</u>  |   |
| Custodial Services  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <u>3</u>     | <u>\$35</u>   |   |
| Tech Support Charge   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |              | \$  |   |
| Security Charge   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>2</u>   | <u>3</u>     | <u>\$45</u>   |   |
| Equipment Charge  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |              | \$  |   |
| Maint. Supt. Charge   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |              | \$  |   |
| Cafeteria Worker(s)   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |              | \$  |   |
| Director of Nutrition   |   |  |              |   |   |
| Total Due \$ <u>\$ 825.00</u>   |   |  |              |   |   |
| =====DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY=====   |   |  |              |   |   |
| Principal Signature: <u>Principal Signature</u>   |   | Date: <u>10/6/xx</u>   |              | Name of CCPS Event Supervisor: <u>School Contact &amp; Phone Number</u> |   |
| Chief / Area Superintendent Signature: <u>Area Superintendent Signature</u>   |   | Date: <u>10/10/xx</u>  |              |   |   |
| Safety and Security Signature: <u>Safety and Security's Signature</u>   |   | Date: <u>10/14/xx</u>  |              |   |   |
| Application Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | Fee Waiver <input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (½) <input type="checkbox"/> Full Fees |              |   |   |
| Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design) (Unsatisfactory Experience with Group) (Other - _____) |   |  |              |   |   |
| Superintendent/Designee/Maintenance Director /Signature: <u>Maintenance Director's Signature</u> Date <u>10/20/xx</u>                             |   |  |              |   |   |





# Principal's Recommendation for Fee Waiver

If the Principal/ Building Administrator would like to request that a contract be approved for no or reduced fees, they must *provide a letter dated and signed* that outlines the following:

- Explanation of the already established partnership between the organization and CCPS.
  - Account of in-kind or monetary services that the organization has donated to CCPS.
  - Why this organization should be eligible for reduced facility usage fees.
- **\*\*Note that ONLY the Facility Use Fees may be considered for reduction, all other fees are still applicable unless otherwise stated by the Superintendent and/or Designee .**

## Principal's Recommendation for Fee Waiver

Partner with CCPS ☐ Yes ☐ No

Provide explanation of partnership/services

☐ No Fees ☐ Reduced Fees (1/2)

As stated in Clayton County Public Schools Board of Education regulation KG-R(1), "Facility fees may be waived for activities that are directly related to school programs and/or youth centered, provided there is no admission fee for the activity involved...Superintendent and/or Designee will give final approval for waivers of fees."



# Facility Use Contract Approvals

Once the contract has been signed and approved by the Maintenance Director or Designee:

- ✓ a contract number will be assigned
- ✓ the contract will be scanned and emailed to:
  1. Principal/Building Administrator
  2. Facility Bookkeeper
  3. Area Superintendent
  4. Energy Management
  5. Safety and Security
  6. Nutrition Director (If applicable)

| CLAYTON COUNTY PUBLIC SCHOOLS FACILITY USE CONTRACT   |  |   |  |
|---|--|---|--|
| School Related: <u>Yes</u> <u>No</u><br>Circle One  |  | Valid with District's Signature only<br>To be completed by Applicant  |  |
| School Facility Requested: <u>Maintenance H.S.</u>  |  | Contract No. _____  |  |
| Date(s) of Use Requested: <u>Nov 3, Dec. 15 &amp; Jan 2</u>   |  |   |  |
| Space Requested:<br><input checked="" type="checkbox"/> Gymnasium <input type="checkbox"/> PLC<br><input type="checkbox"/> Auditorium <input type="checkbox"/> Addendum<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Stadium<br><input type="checkbox"/> Grounds <input type="checkbox"/> Other |  | Time to Enter: <u>6:30 pm</u><br>Time to Leave: <u>9:30 pm</u>  |  |
| Admission/Participation Charged?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount: Adult \$ <u>8.00</u> Student \$ _____<br>Child \$ <u>4.00</u> Other \$ _____   |  |   |  |
| Name of Group or Organization: <u>Organization Name</u>   |  | Number in Group: <u>80</u>  |  |
| Address of Group or Organization: <u>1234 Rental Ave</u>  |  | Nature of Organization:<br><input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit<br><input type="checkbox"/> Religious Group <input type="checkbox"/> Civic Group<br><input type="checkbox"/> Profit <input type="checkbox"/> Other _____<br><input checked="" type="checkbox"/> Business  |  |
| City: <u>Jonesboro</u> State: <u>GA</u> Zip: <u>30234</u>   |  |   |  |
| Contact Person Name: <u>John Doe</u> Telephone Number: <u>770 ###-####</u>  |  | Type of Activity: <u>Dance Off/ Contest</u>   |  |
| Email: <u>JohnDoe@gmail.com</u>   |  |   |  |
| I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE TERMS/CONDITIONS FOR THE USE OF SCHOOL FACILITIES. I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.   |  |   |  |
| Date: <u>October 1, xxxx</u> Signature of Applicant: <u>John Doe</u>  |  |   |  |
| MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: CLAYTON COUNTY PUBLIC SCHOOLS   |  |   |  |
| Insurance Certificate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | Will kitchen be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Applicable Facility Charges   |  | Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate must reflect the Clayton County Public Schools as the certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice. |  |
|   |  | Principal's Recommendation for Fee Waiver<br>Partner with CCPS <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Provide explanation of partnership/services<br><input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (%)  |  |
| Facility Use Charge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>3</u> <u>\$150</u>   |  |   |  |
| Custodial Services <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>3</u> <u>\$35</u>   |  |   |  |
| Tech Support Charge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____   |  |   |  |
| Security Charge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>2</u> <u>3</u> <u>\$45</u>   |  |   |  |
| Equipment Charge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____  |  |   |  |
| Maint. Supt. Charge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____   |  |   |  |
| Cafeteria Worker(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____   |  |   |  |
| Director of Nutrition _____   |  |   |  |
| Total Due \$ <u>\$825.00</u>  |  |   |  |
| =====DO NOT SIGN BELOW THIS LINE FOR CCPS EXECUTIVE STAFF ONLY=====   |  |   |  |
| Principal Signature: <u>Principal Signature</u> Date: <u>10/6/xx</u>  |  | Name of CCPS Event Supervisor: <u>School Contact</u>  |  |
| Chief / Area Superintendent Signature: <u>Area Superintendent Signature</u> Date: <u>10/10/xx</u>   |  | & Phone Number  |  |
| Safety and Security Signature: <u>Safety and Security's Signature</u> Date: <u>10/14/xx</u>   |  |   |  |
| Application Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | Fee Waiver <input type="checkbox"/> No Fees <input type="checkbox"/> Reduced Fees (%) <input type="checkbox"/> Full Fees  |  |
| Circle Reason for Denial: (Time Conflict) (Proposed Use Incompatible with Building Design) (Unsatisfactory Experience with Group) (Other - _____)   |  |   |  |
| Superintendent/Designee/Maintenance Director /Signature: <u>Maintenance Director's Signature</u> Date: <u>10/20/xx</u>  |  |   |  |



# CCPS Facility Use Contract

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## Who to Contact:

### **Schools and Facilities**

**Performing Arts Center Rental (PAC)**

**Professional Learning Center (PLC)**

**School Field Rentals**

**Stadium Rentals**

### **Contact individual School or Facility**

**Contact PAC at 770-473-2875**

**Contact PLC at 770-473-2795**

**Contact individual School Athletic Director**

**Contact Athletic Director 770-473-2845**

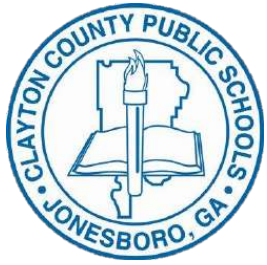


# CCPS Facility Use Contract

## Points to remember:

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- ✓ Allow at least 2 -3 weeks to process request.
- ✓ The most updated contract should always be used (Facilities/Maintenance website).
- ✓ To avoid delays, the certificate of insurance and insurance policy should be provided when the contract is submitted or no later than 48 hours prior to the event date.
- ✓ Clayton County Public Schools 1058 Fifth Avenue, Jonesboro 30236 (**as stated**) should be listed as the Certificate Holder.
- ✓ To avoid delays, payment must be received when the contract is submitted or no later than 48 hours prior to the event date.
- ✓ Payment must be made in the form of a Cashier's Check or Postal Money Order **no personal checks or cash will be accepted.**
- ✓ Payments should be made payable to Clayton County Public Schools with a copy of payment forwarded to Maintenance and applicable departments for record keeping (Custodial, Safety and Security, etc.). Please scan a copy of the payment and email it to the Maintenance Admin, or forward via Interoffice with the contract.



# Facility Use Contract

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**For any further assistance, please contact the Maintenance office:**

**770-473-2825, dial 9**

**Extension 160100**

**Thank you.**