

## Capped User Facility Application 24/25 Pg. 1/3

Organizations that qualify as a Capped User must complete the Capped User Facility Application annually. Community Ed will book facility rental once application is approved and **Certificate of Liability** is on file.

Date \_\_\_\_\_ Organization \_\_\_\_\_

### PRIMARY CONTACT

*Individual responsible for all communication between the organization and Comm. Ed.*

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

### BILLING CONTACT

*Individual responsible for receiving and processing billing. Community Ed. will provide quotes and invoices*

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

### FACILITY REQUEST

Please identify the anticipated start and end date for your facility use. If you facility use includes events that bring in additional people or groups please include anticipated details.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Identify facilities you anticipate to reserve

CLC      Elem. School      Middle School      High School      Fields

### ANTICIPATED EVENTS

Date \_\_\_\_\_ Times \_\_\_\_\_ Event \_\_\_\_\_

Date \_\_\_\_\_ Times \_\_\_\_\_ Event \_\_\_\_\_

Date \_\_\_\_\_ Times \_\_\_\_\_ Event \_\_\_\_\_

Date \_\_\_\_\_ Times \_\_\_\_\_ Event \_\_\_\_\_

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**Organization** \_\_\_\_\_

<b><u>Building, Fields &amp; Pool</u></b>					<b><u>Performing Arts Center</u></b>				
Annual Hours	Total Fee	Capital Improvement	User Fee		Annual Hours	Total Fee	Capital Improvement	User Fee	
Up to 150 hrs	\$1,150	\$805	\$345		Up to 150 hrs	\$1,275	\$890	\$385	
151-250 hrs	\$1,850	\$1,295	\$555		151-250 hrs	\$2,075	\$1,452	\$623	
251 - 500 hrs	\$3,600	\$2,520	\$1,080		251 - 500 hrs	\$4,075	\$2,850	\$1,225	
501-750 hrs	\$5,350	\$3,745	\$1,605		501-750 hrs	\$6,075	\$4,250	\$1,825	
751 hrs +	\$7,100	\$4,970	\$2,130		751 hrs +	\$7,250	\$5,075	\$2,175	

The school district understands Category 2 users are not able to fiscally rent facilities by the standard hourly rate. In order to support local non-profit community groups, the school district offers Category 2 users the option of a reduced facility rent charge. The annual usage hours will be calculated and depending on the total, the group will be able to make a donation to WM which will help improve the facilities and programs.

A maximum of 70% of the user fee can be applied toward approved capital improvements. If the user group is able to contribute more to defer facility cost, the school district is appreciative. **The school district year is defined as July 1 - June 30.**

User Fee \_\_\_\_\_ Capital Improvement \_\_\_\_\_ Total \_\_\_\_\_

**Request for Capital Improvement Purchase**

Items	WM ISD 111 (Sport or Location)	Dollar Value

*The school district does have the right to alter the request. Attach additional documentation if needed.*

**Total Capital Improvement Listed above** \_\_\_\_\_

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### Follow Up

All Information is included

I Will send follow up information to  
[amy.dimmler@wm.k12.mn.us](mailto:amy.dimmler@wm.k12.mn.us)

**Certification of Liability must be submitted prior to approval of ANY facility Requests**  
Concession Use Application must also be submitted if applicable

*It is the policy of this school district to grant equal access to school facilities for students who wish to conduct a meeting for religious, political, or philosophical discussion during non instruction time, pursuant to the Equal Access Act.*

*Provision of school facilities does not include consistent school district sponsorship of such meetings, and the views expressed therein may or may not reflect those of the school administration, staff, or board of education and are neither approved nor disapproved by them.*

*On behalf of my organization, I have read the Facility Contract Use Policy and will abide by it. Your facility request is complete when the complete and signed application is submitted. If you are requesting Capped User or Concession Stand the appropriate request or application must be included. Time permitting, a copy of this Facility Contract Use Application will be returned to you as confirmation of approval.*

### **ORGANIZATION/GROUP**

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

W-M Community Education Attn: Amy Dimmler  
313 Angel Avenue N.W. Watertown, MN 55388  
Telephone: 952-955-0280 Fax: 952-955-0201

### **OFFICE USE**

Permit granted by: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ CERTIFICATE OF LIABILITY INSURANCE
- ☐ CONCESSION APPLICATION