

15 Sullivan Avenue, Suite 1W, Liberty, New York 12754 | Tel. (845) 295-4000 | Fax (845) 292-8694

# **FACILITIES USAGE REQUEST FORM**

For groups or organizations outside of Sullivan BOCES wishing to use Sullivan BOCES facilities. Must be filed prior to use but not more than three (3) months preceding use. ALL ORGANIZATIONS MUST PROVIDE A VALID Certificate of Insurance satisfying the minimum insurance requirements at least one (1) week prior to the event. NO SMOKING is permitted on Sullivan BOCES property.

Date of Application:	Contact Person:
Organization:	Telephone:
	Is the Certificate of Insurance Attached? ☐ Yes ☐ No
Sullivan BOCES Facility requested (State the location, room, and/or ar	ea to be used):
Date(s) of use:	Is this a Saturday or Sunday? ☐ Yes ☐ No
Hour(s) of use:	
Purpose of use:	
Technology Equipment Needed? ☐ Yes ☐ No	
If yes, list the equipment needed:	
Will refreshments/catering be needed? ☐ Yes ☐ No	
If yes, have arrangements been made with the BOO	CES Food Service/Culinary program?   Yes   No
The undersigned is over 21 years of age. I have read, understand, and will follow the the same condition in which it was found. If technology equipment is needed, I unders above, and my organization or I agree to pay for any loss or damage. He/she, on behal does covenant and agree to defend, indemnify and hold harmless Sullivan BOCES from attorney's fees) for bodily injury and/or property damage, to the extent permissible by BOCES property, facilities and/or services, including but not limited to bodily injury understands and agrees that its use of Sullivan but is not limited- to, all areas identifies stairs, and all other areas incidental to and/or connected with the use of the premises (h and insurance obligations extend to the areas identified in the application and/or permit	tand there will be a fee for a technician to be on site. All equipment to be used is listed f of
Name (Print):	Title:

Date:

Authorized Signature: \_\_\_

# BUILDING ADMINISTRATOR APPROVAL: Return this form to the Sullivan BOCES Administrator listed below.

Sullivan BOCES-Offices & Conference Center 15 Sullivan Ave, Suite 1W Liberty, NY 12754 Deputy Superintendent Susan Schmidt Susan.schmidt@scboces.org

Make copies as necessary. File original for two years.

Sullivan BOCES-Rubin Pollack Education Center 52 Ferndale-Loomis Rd Liberty, NY 12754 Director of Facilities Kurt Mall Kurt.mall@scboces.org

BOCES Contact: Name (Print) Title/Position Use Approved  $\square$ Use Unapproved Comments: Designated Administrator: \_\_\_\_\_ Date: \_\_\_\_ Signature FACILITIES APPROVAL: Forward approved request to Sullivan BOCES Facilities Dept Attached Insurance Certificate: On File Not Required ☐ Yes ☐ No Custodial coverage required: Facilities Approval: \_\_\_\_\_ Date:\_\_\_\_ GROUP/ORGANIZATION RECEIPT OF APPROVAL: Sullivan BOCES will return a completed copy of the form. Date Returned to Requesting Organization: \_\_\_\_\_\_ Returned by: \_\_\_\_\_

# REGULATIONS FOR USE OF Sullivan BOCES FACILITIES BY OUTSIDE ORGANIZATIONS

The facilities of the BOCES belong to the public. They should be used to the maximum extent possible for the benefit of the community, provided that this use furthers the mission of the BOCES and is legal under the laws of the State of New York.

The room usage fee will be waived for New York State agencies such as the State Education Department, the State University of New York, school districts, BOCES, and municipalities. All usage of BOCES facilities will be governed by this regulation and coordinated by the designated administrative contact person as identified on the Facilities Usage Request Form.

## Responsibilities of the organization permitted to use a BOCES facility

- 1. Organizations using BOCES facilities must provide adequate supervision for the size and nature of their group.
- Organizations using BOCES facilities will be responsible for the repair or replacement of any equipment damaged during use by anyone attending the organizational function. They will also be responsible for the repair costs of damage inflicted to the building or grounds while in use by the organization.
- 3. BOCES requires that outside groups or organizations hold it harmless for all activities and provide proof of insurance with a certificate of insurance (see paragraph below for requirements)
- 4. The person(s) supervising the use of BOCES facilities must restrict the admittance to, and use of, only that facility and space(s) for which permission has been granted. The organization permitted to use the facility must prohibit the following behavior by anyone under its supervision:
  - a. The use of alcoholic beverages;
  - b. Gambling (e.g., bingo, raffles, lotteries), and;
  - c. Smoking in the BOCES facilities and anywhere on the grounds of the BOCES
- 5. Organizations that use BOCES facilities may place temporary identification signs on BOCES grounds only during the hours the facility is in use by the organization. At the conclusion of the use, the organization must remove all signs.
- 6. The person(s) supervising the use of BOCES facilities must return the room(s) to the same condition as they were found upon arrival.
- 7. All food and beverages brought in by the Organization must be properly disposed of in accordance with BOCES recycling policies at the conclusion of an event. Any BOCES equipment or utensils utilized by the organization must be thoroughly washed and returned to its original location.

#### **Emergency Closings**

All use of facilities by outside organizations shall be automatically canceled when BOCES is closed due to inclement weather or other emergency conditions.

#### Fees

BOCES will provide standard fees used based on actual utilization requested, including but not limited to custodial fees, technology fees, and room use fees.

Payment for these charges must be remitted within thirty (30) days from the date of invoice.

#### Insurance

The user shall provide the following insurance prior to using the facilities:

- A. The user hereby agrees to name the BOCES as an unrestricted additional insured on the user's policy.
- B. The policy naming the BOCES as an additional insured shall:
  - be an insurance policy from an A.M. Best-rated "secured" New York State insurer, permitted to do business in New York State;
  - contain a 30-day notice of cancellation;
  - state that the organization's coverage shall be primary coverage for the BOCES, its Board, employees, and volunteers;
  - additional insured status shall be provided with ISO endorsement CG 20 26 11 85 or it's equivalent;
- C. The user agrees to indemnify the BOCES for any applicable deductibles;
- D. Required Insurance:
  - Commercial General Liability Insurance \$1,000,000 per occurrence/\$2,000,000 aggregate;

E. User acknowledges that failure to obtain such insurance on behalf of the BOCES constitutes a material breach of contract and subjects it to liability for damages, indemnification, and all other legal remedies available to the BOCES. The user is to provide the BOCES with a certificate of insurance, evidencing the above requirements have been met. The failure of the BOCES to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the BOCES.

### Refreshments

Groups outside of BOCES may not use BOCES kitchen facilities without the prior approval of the designated building administrator as identified on the Facilities Usage Request Form. BOCES does not provide any food or beverage (a water cooler is located in most conference rooms).

# Scheduling

The scheduling of the use of all BOCES facilities by an outside organization will be completed at the discretion of the BOCES. In all cases, BOCES will give top priority to BOCES functions and activities.

# **Facilities Usage Request Forms**

A Facilities Usage Request Form must be filed prior to the date of the requested use of the facility, but not more than three (3) months preceding the use. The form will identify what building is being requested for use, the date(s) requested, the hours requested, and the purpose for which the BOCES facility will be used. The completed form must be submitted to the designated BOCES administrator for review.