

**BUILDING USE FORM  
MILFORD PUBLIC SCHOOLS  
MILFORD, CONNECTICUT**

APPLICATION # \_\_\_\_\_

APPLICATION FOR USE OF PUBLIC SCHOOL BUILDINGS, GROUNDS AND EQUIPMENT

Organization requesting use of facility is \_\_\_\_\_.

It is understood the above organization requesting the facilities are in accordance with Administrative Policy 1330, Administrative Procedures 1330 A-E, and the general conditions attached to this form.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Name and Address of person responsible for all fees (if different than the above):

\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Facility requested:

\_\_\_\_\_

Purpose:

\_\_\_\_\_

Estimate of Attendance: \_\_\_\_\_

Auditorium \_\_\_ Gymnasium \_\_\_ Multi-Purpose Room \_\_\_ Cafeteria \_\_\_ Classroom(s) \_\_\_

Athletic Field: Baseball \_\_\_ Softball \_\_\_ Track \_\_\_ Football/Soccer \_\_\_ Synthetic Turf Field \_\_\_

\*Field House: \_\_\_ \*Are field house kitchen facilities required for food distribution?  Yes  No

Other \_\_\_\_\_

Dates(s) facility will be used:

Day of Week	Month	Date(s)	Year
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Time desired: From \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m. From \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.

Time of Performance From: \_\_\_\_\_ to \_\_\_\_\_

Persons applying for Facility Use will complete and submit this application to the appropriate person (internal school programs to school principal outside groups/programs to Supervisor of Administrative Services/Parsons Building).

Applicants will be notified within 48 hours of availability.

The fee for the facility requested will be in the amount scheduled by the Board of Education.

# BUILDING USE FORM

**Facility Use Fee**

<b>Facility</b>	Milford Residents	Non-Milford Residents
High School Auditorium	\$ 440.00	\$ 880.00
High School Gymnasium	\$ 440.00	\$ 880.00
Synthetic Turf Field **	\$ 660.00	\$1,320.00
High School Athletic Field	\$ 55.00	\$ 110.00
High School Cafeteria	\$ 82.50	\$ 165.00
Multi-Purpose Room	\$ 82.50	\$ 165.00
Classroom for 2 hrs. Or less	\$ 33.00	\$ 66.00
Classroom for up to 4 hours	\$ 55.00	\$ 110.00

**Facility Use Fee**

\$ \_\_\_\_\_

**Capacity**

Jonathan Law High School:	Auditorium: 749	Gymnasium: 1191	Cafeteria: 678
Joseph A. Foran High School:	Auditorium: 777	Gymnasium: 1181	Cafeteria: 837

**Additional Fees:**

**Custodial /Technicians services:**

**Custodian Services (Four Hour minimum)** \_\_\_\_\_

\*\*Overtime Custodial Service \$35.00 per hour per person

\*\*Sunday & Holiday Custodial Service \$45.00 per hour per person

**Sub Total \$** \_\_\_\_\_

**Technician**

Electronic Equipment (all except athletic scoreboards and public address systems)	\$25.00 per hour
Athletic Scoreboard Operator (if available)	\$25.00 per hour
Athletic Public Address System (if available)	\$25.00 per hour

**Sub Total \$** \_\_\_\_\_

**Deposit**

A refundable deposit is required in lieu of supervision or custodial services

**Sub Total \$** \_\_\_\_\_

\*Any additional charges will be billed.

**TOTAL CHARGE**

\$ \_\_\_\_\_

**Fees for Facility, Supervision/Custodial/Technician services, and/or deposit MUST BE PAID TO THE BOARD OF EDUCATION BY THE ORGANIZATION ONE BUSINESS DAY PRIOR TO THE EVENT OR FACILITY WILL NOT BE AVAILABLE.**

**Insurance**

At the time of application, a certificate of insurance must be submitted naming the Board of Education of the City of Milford as an insured interest.

**Police/Fire/Health**

If checked, the applicant is required to contact the persons listed below to arrange for and confirm the following services:

- Police Dept. 878-6551     
  Fire Dept. 874-6321     
  Milford Health Dept. 783-3285

**Approval**

The following signatures are required. Failure to secure written authorization will result in denial of facility use:

	Signature	N/A	Approved	Denied	Comment
Building Principal					
Athletic Director					
Director of Facilities					

# BUILDING USE FORM

## BOARD OF EDUCATION – MILFORD, CONNECTICUT GENERAL CONDITIONS FOR RENTAL OF FACILITIES OF SCHOOLS

1. No intoxicating beverages are allowed on school premises at any time.
2. NO SMOKING is permitted in any area.
3. The renting organization is liable for any or all damage that may occur during the use of the facilities by said organization. A deposit may be required depending on facilities used or extent of activity. The deposit will be determined by the Superintendent or his/her designee.
4. The aforesigned understand and agree that (we/I) will be fully responsible for any and all personal injury claims and damage done to any property owned by or under the control of the Board of Education of the City of Milford or others while the facility described herein is being used by us. (We/I) hereby specifically agree to hold the Board of Education of the City of Milford harmless from any and all claims and to furnish to the Board of Education of the City of Milford a certificate of insurance naming the Board of Education of the City of Milford as an insured interest. The amount of such insurance to be determined by the Board of Education. All certificates of insurance shall be delivered to, and be in the possession of, the Maintenance office at Parsons at least one (1) week prior to the use of the facility (see attached sample).
5. Under certain conditions uniformed fire personnel and/or police personnel must be in attendance at public meetings, assemblies and places of entertainment. Each organization using a facility shall be responsible for hiring and paying public safety personnel required by law.
6. If special services are needed, the organization will be required to pay for qualified maintenance staff.
7. Under certain conditions a site supervisor will be required.
8. Heat, light and power will be provided by the Board of Education.
9. Stage equipment, cafeteria equipment, tables and chairs will be provided by the Board of Education.
10. Special approval must be obtained whenever audio-visual equipment is to be used.
11. Special approval must be obtained whenever athletic scoreboards or public address systems is to be used.
12. The custodian will assist in setting up tables and chairs for meetings: however, the custodian will not be required to move scenery, load and unload vehicles, pack and unpack equipment or move musical instruments. Cleaning, sweeping and other routine housekeeping chores will be performed by the custodian(s).
13. No organization will be permitted to schedule the use of a school facility to a degree, which will exclude other community agencies from using the facility.
14. All checks for building use and custodial charges must be payable to the Board of Education c/o Business Office, 70 West River Street, Milford CT 06460. Checks must be received by last business day prior to scheduled event or facility will not be available.
15. When kitchen facilities are used, a cafeteria supervisor must be on duty. The pay rate for the cafeteria supervisor will be one and one-half their regular pay rate and billed by the Food Service Department, Milford Board of Education, phone #783-3490.
16. In cases when athletic fields are rented, the organization will be responsible for the cleaning and maintenance of the area following the activity. Failure to comply with this requirement will necessitate the Board of Education personnel cleaning the area and assessing the organization for the time involved in so doing.
17. Organizations requesting the use of Milford Public School Facilities must be based in the City of Milford.
18. The Building Use application may be denied if in the judgment of the administration the activity poses an undo risk or liability to the Milford Board of Education.
19. Adult supervision and leadership must be provided by the organization throughout rental period whenever conducting activities involving children. Supervisory plan must be submitted and approval may be required depending on facilities used or extent of activity. This will be determined by the Superintendent or his/her designee.
20. There will be a 10:00 pm curfew in all school grounds. All programs should be terminated in sufficient time to clear building of all personnel by 10:00 pm.
21. There will be no motorized wheeled-vehicles, in-line skates or skateboards permitted on school grounds.
22. In the event of inclement weather, power outages or other fortuitous events that causes the building to be closed, the Board of Education shall have the right to cancel any and all activities at or in the schools.
23. Sports and activities sponsored by Milford Public Schools will have first consideration of use in all school buildings, on all school fields (ie: football, soccer, softball, baseball, etc.) and with all school equipment. This includes, but is not limited to, re-scheduled games/activities due to any cancellations/postponements. Outside groups would then need to be rescheduled. Every effort will be made to give advance notice to all parties regarding rescheduling of events.
24. If field house kitchen facilities are used, a local Health Department permit must be obtained. This requires that a certified safe-food handler be present.

# BUILDING USE FORM

## CERTIFICATE OF INSURANCE REQUIREMENTS FOR BUILDING USE

Any group that (**other than PTA/PTO**) needs to meet the following requirements for their Certificate of Insurance:

- 1) Certificate Holder: Identify the City of Milford as a Certificate Holder (*not the name of your group*).
- 2) Name the city of Milford and Milford Board of Education, its Governing Board, Official, Agents and Employees as additional insured.
- 3) In the Description of Operations/Locations/Vehicles/Special Items:  
  
(City of Milford and Milford BOE) and all other parties as required by contract are named as additional insured on a primary, non-contributory basis. Waiver of Subrogation applies in favor of the City of Milford and the Milford BOE and all other required parties. (Attach ISO Additional Insured Endorsement CG 20 10 11 85 or CG 2010 (10/93) AND CG 20 37 or CG2033 AND CG2037 or an endorsement providing equivalent coverage to the addition insured).
- 4) Amounts:

General Liability:	\$1,000,000.00	per occurrence
General Aggregate:	\$2,000,000.00	
Excess:	\$2,000,000.00	
- 5) It has to cover the current school year.
- 6) If the Certificate of Insurance is not correct, it will be returned to be redone and your group cannot use your building.

Please forward this insurance rider with your Building Use Form to the Maintenance Dept.

**BUILDING USE FORM**

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**City of Milford, Connecticut**

Founded 1639



January 2009

**RE: Notice to User of City of Milford Facilities**

Dear:

You are receiving this notice as you and/or your organization have previously requested the use of City facilities. Please be advised that the City's insurance requirements for the use of City facilities have changed effective January 1, 2009. The City now requires limits in the amount of:

General Liability:	\$1,000,000.00 per occurrence
General Aggregate:	\$2,000,000.00
Excess:	\$2,000,000.00

Certificates of Insurance are required to be submitted to the City of Milford for approval at least one (1) week prior to the date of use and **must**:

- 1) Identify the City of Milford/Milford Public Schools as a certificate holder
- 2) Name the City of Milford and Milford Board Education, its Governing Board, Official, Agents and Employees as additional insured.
- 3) Include the language "on a primary, non-contributory basis" and "waiver of subrogation applies in favor of the City of Milford and Milford Board of Education and all other required parties".

The City of Milford reserves the right in its sole discretion to require additional insurance.

If you have any questions, please contact. \_\_\_\_\_

**CITY OF MILFORD**

# BUILDING USE FORM

## Exhibit A

### Insurance Requirements

- ◆ You must provide us with a Certificate of Insurance with the required coverage and wording (see below and attached sample Certificate of Insurance Exhibit B).
- ◆ "City of Milford and Milford BOE" and all other required parties are to be named as "Additional Insured" on CGL using ISO Additional Insured Endorsement CG 20 10 11 85 or CG 2010 (10/93) **AND** 2037 or CG 2033 **AND** CG 2037 or an endorsement providing equivalent coverage to the Additional Insureds. Coverage is to be provided on a primary, non-contributory basis. The General Liability coverage shall be written on ISO Occurrence form CG00 001 1093 or a substitute form providing equivalent coverage. "City of Milford and Milford BOE" are also to be named Additional Insured on the Automobile Liability and Umbrella/Excess Liability policies.
- ◆ A 30 day written notice of cancellation is required for all policies. The subcontractor and its insurance companies shall provide a Waiver of Subrogation in favor of "The City of Milford and Milford BOE" and all other required parties.
- ◆ The bidder shall maintain CGL coverage for itself and all Additional Insured for the duration of the project.

#### Minimums must be met

<b>Gen. Liability</b>	<b>Minimum Requirements</b>
Fire Damage	50,000
Medical Expenses	5,000
Personal & Adv. Injury	1,000,000
General Aggregate	2,000,000
Products-Completed Ops. Aggregate	2,000,000

<b>Automobile Liability</b>	
Combined Single Limit	1,000,000

<b>Excess Liability/Umbrella</b>	
Each Occurrence	2,000,000
Aggregate	2,000,000

**\*Where Appropriate (depending on the project) other insurance will apply; i.e., Professional Liability, Higher Umbrella Limits, etc.**

# BUILDING USE FORM

CERTIFICATE OF INSURANCE				DATE (MM/DD/YY)	
<b>ACORD</b>					
PRODUCER <i>SAMPLE CERTIFICATE</i>  <b>Insurance Agency Name &amp; Address</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
		COMPANIES AFFORDING COVERAGE			
		COMPANY A <b>A Insurance Company</b>			
		COMPANY B <b>B Insurance Company</b>			
		COMPANY C			
		COMPANY D			
INSURED <i>SAMPLE CERTIFICATE</i>  <b>Group name &amp; complete address</b>					
<b>COVERAGES</b>					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED TO PAY CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <small>CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/></small> <input checked="" type="checkbox"/> Blk't Additional Insured <input checked="" type="checkbox"/> Waiver of Subrogation Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> LOC	123456	01/01/06	01/01/2007	EACH OCCURRENCE    \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES    \$ <b>50,000</b> MED EXP (ANY ONE PERSON)    \$ <b>5,000</b> PERSONAL & ADV INJURY    \$ <b>1,000,000</b> GENERAL AGGREGATE    \$ <b>2,000,000</b> PRODUCTS-COMPPOP AGG    \$ <b>2,000,000</b>
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTO	246810	01/01/06	01/01/2007	CONJUNED SINGLE LIMIT (EACH ACCIDENT)    \$ <b>1,000,000</b> BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE    \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY/EA ACCIDENT    \$ OTHER THAN AUTO ONLY    \$ EACH ACCIDENT    \$ AGGREGATE    \$
A	EXCESS UMBRELLA/ LIABILITY <input checked="" type="checkbox"/> OCCUR RETENTION \$ 10,000	1234567	01/01/06	01/01/2007	EACH OCCURRENCE <b>2,000,000</b> AGGREGATE <b>2,000,000</b>
B	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETARY PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS    \$ EACH ACCIDENT DISEASE - EACH EMPLOYEE DISEASE - POLICY LIMIT
X					
DESCRIPTION OF OPERATIONS/LOCATIONS/HAZARDOUS/SPECIAL ITEMS <b>City of Milford and Milford BOE), and all other parties as required by contract are named as additional insured on a primary, non-contributory basis. (Attach a copy of ISO Additional Insured Endorsement CG 2010 1185 or CG 2010 (10/93) AND CG 2037 or an endorsement providing equivalent coverage to the additional insured)</b>					
CERTIFICATE HOLDER City of Milford/Milford Public Schools 70 West River St Milford CT 06460			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE		

# Sample