



LOS ANGELES UNIFIED SCHOOL DISTRICT
REQUEST FOR FACILITIES USE

For Office Use Only
Date rec'd
Reviewer
Date forwarded
CC LASU RM

Requests must be received no later than 15 Business days before the first day of your requested use.

I. APPLICANT INFORMATION

Date: _____

Please indicate your organization type below and fill in the required applicant information.

FOR LAUSD SCHOOLS OR OFFICES, PROP 39 /CO-LOCATED CHARTERS (only):

- LAUSD School or Affiliated Charter
LAUSD Board Member or District Offices
Prop 39 / Co-Located Charter School

School/Office Name: _____

Mailing Address: _____
Street Address, City, State and Zip Code

LAUSD Contact Person: _____ E-mail: _____

Phone: () _____ Fax: () _____

Will this event/activity be co-sponsored by other organizations? YES NO

Please list additional sponsors here: _____

OTHER APPLICANTS:

- Civic or Service Group or one of the following groups: i.e. Boy Scouts, Girl Scouts, Camp Fire Girls, Good News Club or School Advisory Councils
Other Schools or Private Schools
Public or Governmental Agency
Neighborhood Council
Off-Season Coach
PTA / PTO / Booster
Religious Organization
Non-profit with 501(c)(3)
Other (describe)

Organization Name or Applicant: _____

Mailing Address: _____
Street Address, City, State and Zip Code

Contact Person: _____ Website: _____

Driver License or ID# _____ State where license/ID was issued? _____

Phone: () _____ Fax: () _____

Cell: () _____ Email: _____

II. SCHOOL WHERE EVENT/ACTIVITY WILL TAKE PLACE:

a. 1st choice _____ School Contact & Title: _____

b. 2nd choice* _____ School Contact & Title: _____
(*2nd choice required only if applying for a recreational permit.)

III. EVENT/ACTIVITY DESCRIPTION

(a) Please mark an "X" in the columns to the right to indicate your responses to the questions

- Will this event occur during school hours?
Will any District or Student Body funds be used?
Will you charge for the sale of products or fees for services?
If YES, how much per person? \$ _____ Per day \$ _____ Per week \$ _____
Will any fees, admissions or donations be charged or collected for this event/activity?
If YES, how much per person? \$ _____
What are funds used for? _____

Table with 2 columns: YES, NO. Rows for questions 1, 2, 3, and 4.

Describe intended event, program or use in detail (Use separate sheet if necessary.) Please attach corroborating information such as copy of flyer or advertising, list activities, detailed agenda or schedule and event itinerary.

- (b) Will any of the items or categories below be a part of the intended event? (Check all activities applicable to your event.)
- Animals BBQ Fireworks Fundraiser Festival/Fair/Carnival Inflatables/Jumpers
 Childcare/Enrichment Cultural activities Religious services Concert/performance
 Recreational sports Recreational camp/clinic Summer/winter/spring camp
 Beautification Event (i.e. gardening, tree planting, murals or painting, campus clean-up)
 Meetings - Check One: _____ Open to the Public _____ Closed to the Public or by invitation only
 Topic to be covered: _____

- (c) Will there be food / food concessions at event? YES NO
- If YES, Pre-packaged food Catering Food Trucks
 Other (explain) _____

IV. **REQUESTED DATE(S) / TIME(S):** You may attach additional sheets if necessary.

	Event/Program Dates		Times		Specify days of use (i.e. daily, only Mondays)
	From:	To:	From:	To:	
Date(s):					
Date(s):					
Date(s):					
Rehearsal					
Set-up					
Tear-down					

V. **ATTENDANCE: Participants/Spectators:**

- (a) Number of participants _____ (b) Number of spectators _____
- (c) Will minors (individuals under the age of 18 years old) be participating in this event? YES NO
- (d) What percentage of participants live within boundaries of LAUSD? _____

Youth Group Applicants Only:

- (a) Has the applicant submitted, along with this application, a list of the group's representatives who will be on site during meetings, on this campus(es)? YES NO
- (b) The Applicant understands and agrees that the youth group and its representatives are authorized to access the facility noted in this application but not authorized to access any other areas of the campus. YES NO

VI. **REQUESTED FACILITIES:**

Check all facilities to be used:

• **Indoor Facilities:**

- Auditorium Classrooms, number of classrooms _____
 Cafeteria Dining Area only Library Multipurpose Room
 Other (please specify) _____

• **Recreational Facilities:**

- Gymnasium Middle School Gym
 (Check appropriate school/gym size if applicable) High School Gym: Small Large
 Football Field Soccer Field Tennis Courts Track Field
 Swimming Pool Baseball/Softball Diamond Other _____

• **Outdoor or Other Facilities:**

- Outdoor Lunch Area Playground/Blacktop Quad
 Other _____

VII. Parking/Parking Operations:

NOTE: Availability of parking or sufficient parking to accommodate your use during any event is not guaranteed and is at the discretion of the school or District office.

- (a) Check all areas to be used for parking: Street Parking Parking Lot Playground / Blacktop
 - i. Parking will be (check one): **SELF PARKING (no parking operator)**
 PARKING OPERATOR/VALET COMPANY
 - ii. If the applicant is not a parking operator, please provide the name of the company providing services here: _____ (NOTE: Parking operator will also be required to provide insurance.)
 - iii. Will shuttle services be provided? **YES** **NO** Operator Name (if different from above): _____
- (b) Number of cars anticipated? _____
- (c) Will a fee be charged to park? **YES** **NO**
 If **YES**, how much per vehicle? \$ _____ Per day \$ _____ Per week \$ _____

VIII. Will District equipment be required? Describe below (Audio visual, lighting, tables, chairs, etc.) YES NO

(Applicant must request the use of furniture and equipment with the school administrator. Additional fees may be required to be paid for rental of equipment and technical services.)

IX. Insurance Requirements

See page 4 for Standard Insurance Requirements which are subject to change. Actual insurance requirements will be determined by the nature and scope of your event or activity.

By signing below, the Principal, Administrator or applicant represents that the information provided in this Request for Facilities Use is true and correct. Misstatements, misrepresentations or omissions may cause cancellation, delay or refusal of this facilities use request.

**FOR LAUSD School/Office/Prop 39/
Co-located Charters events**

PRINCIPAL / ADMINISTRATOR SIGNATURE:

FOR OTHER APPLICANT SIGNATURE:

Signature and Date

PRINT NAME and TITLE

Name of School or Office

Signature and Date

PRINT NAME and TITLE(if applicable)

Name of Organization

Forward your completed Request for Facilities Use form as follows:

Scan and email to: facilities-use@lausd.net

OR

Mail or walk-in application to:

Los Angeles Unified School District
 Permit Office
 333 S Beaudry Avenue, 1st Floor
 Los Angeles, CA 90017
 Business Hours: 7:00am to 4:00pm

Should you have any questions, please contact:

Los Angeles Unified School District Permit Office	213-241-6785 213-241-6900
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PLEASE BE ADVISED THAT COMPLETION OF THIS FORM AND/OR ACKNOWLEDGEMENT OF RECEIPT OF THIS REQUEST FOR FACILITIES USE DOES NOT CONSTITUTE APPROVAL OR PERMISSION TO MOVE FORWARD WITH YOUR USE.

After the initial review of this completed Request for Facilities Use form, your request will be forwarded to the Division of Risk Management or LAUSD Permit Office for further handling. Additional documents and fees may be required by these offices prior to formal approval of your request.



Los Angeles Unified School District

STANDARD INSURANCE REQUIREMENTS

The District requires that all vendors, contractors, professional service providers and other entities that associate with the District comply with requested insurance requirements and provide evidence of insurance certification. All applicants shall, at their own cost and expense, procure and maintain the following coverage during the entire period of use of the premises and / or facilities and all deductibles or Self-Insurance Retentions (SIR) shall be declared in writing and all deductibles and retentions above \$25,000 require District approval.

- ❖ **Commercial General Liability Insurance**, including both bodily injury and property damage, with limits as follows:

- \$1,000,000 per occurrence
- \$50,000 fire damage
- \$5,000 med expenses
- \$1,000,000 personal & advertising injury
- \$2,000,000 general aggregate
- \$2,000,000 products/completed operations aggregate

- ❖ **Business Auto Liability Insurance** for owned, scheduled, non-owned or hired automobiles with a combined single limit of no less than \$1,000,000 per occurrence. If no company or organization autos will be used, then an **Auto Liability Statement** must be completed.

- ❖ **Workers' Compensation and Employers Liability Insurance** in an amount covering full liability under the California Workers' Compensation Insurance and Safety Act and in accordance with applicable state and federal laws.

- Part A - Statutory Limits
- Part B - \$1,000,000/\$1,000,000/\$1,000,000 Employers Liability

Sole proprietors or organizations with no employees are exempt from providing Workers' Compensation and Employers Liability Insurance, but must provide a signed **Workers' Compensation Statement**.

- ❖ **Abuse and Sexual Molestation coverage** (applicable when youth are involved in any capacity)

- \$1,000,000 per occurrence/\$1,000,000 aggregate

The Certificate Holder portion of the insurance certificate must be listed as follows:

Los Angeles Unified School District & the Board of Education of the City of Los Angeles
333 South Beaudry Ave, 28th Floor
Los Angeles, CA 90017

Additional Insured Endorsement

The Commercial General Liability policy and the Commercial (Business) Automobile policy **must** contain an additional insured endorsement in favor of:

"Los Angeles Unified School District and the Board of Education of the City of Los Angeles"

THE ACTUAL INSURANCE REQUIREMENTS WILL BE DETERMINED BY THE NATURE AND SCOPE OF THE ACTIVITY AND IS SUBJECT TO CHANGE.

333 South Beaudry Avenue, 28th Floor, Los Angeles, CA 90017
riskfinance@lausd.net- Telephone (213) 241-0329 – Fax (213) 241-8956 – TTY (213) 241-6882