



# DISTRICT OF COLUMBIA PUBLIC SCHOOLS APPLICATION TO USE FACILITIES



This form must be received in the Department of General Services (DGS) Realty Office **at least twenty (20) working days prior to the proposed use**. For more information, call the DGS Realty Office on (202) 442-5199, or refer to [www.dcps.dc.gov](http://www.dcps.dc.gov) or [www.dgs.dc.gov](http://www.dgs.dc.gov). The Principal's approval is required prior to submitting this application to the DGS Realty Office.

DATE OF APPLICATION: \_\_\_\_\_ FACILITY REQUESTED: \_\_\_\_\_

NAME OF USER/ORGANIZATION: \_\_\_\_\_

AUTHORIZED CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE No. (1): \_\_\_\_\_

\_\_\_\_\_ TELEPHONE No. (2): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX No.: \_\_\_\_\_

DESCRIPTION OF PROPOSED USE: (Attach a brochure, flyer, etc. describing your activity.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many participants are expected to attend? \_\_\_\_\_ Will money be handled during the term of this use?  YES  NO

Specific Area Requested:  Auditorium  Gymnasium  Stadium  Armory  
 Cafeteria  Kitchen  No. of Classrooms \_\_\_\_\_ Other \_\_\_\_\_

Period of Requested Use:

Hours	Days	Dates
From...To	Sundays - Saturdays	Month/Day/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of User:

<b>Public School Related:</b> ____ PTA or HSA ____ DCPS Program or Activity ____ Other _____	<b>Non-Public School Related:</b> ____ Religious Organization ____ Other _____
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How is the program funded?  DCPS  DC Government  Grant  Other \_\_\_\_\_  
Is the Staff paid? \_\_\_\_\_ Volunteer? \_\_\_\_\_ Is there a charge to the participants? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby agree to be bound by the terms of the Application to Use Facilities and to abide by the pertinent rules of the Board of Education, Section 3500 thru 3508 and Superintendent Directives. Furthermore, I agree to make final arrangements and publicize this activity ONLY after written approval has been received from the DGS Realty Office.

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

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NOTE: All Users must immediately vacate the premises, as a result of inclement weather and court orders. In addition, this agreement may be cancelled, under reasonable circumstances, with a ten (10) day written notice in advance, for the convenience of the School System, delinquencies, construction projects, etc.

NAME OF USER/ORGANIZATION: \_\_\_\_\_

**INSURANCE INFORMATION:**

The following information must be accurate. (False information will be cause for immediate termination of the agreement.)

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage: \_\_\_\_\_

Name and Telephone no. of Insurance Agent: \_\_\_\_\_

All Users must sign an Assumption of Risk and Indemnification Form, after approval of this application is received from the DGS Realty Office. In addition, a copy of the User's Insurance Certificate must be submitted to the DGS Realty at least forty-eight (48) hours prior to entering the premises for the proposed use.

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**For DGS Realty Office Use Only**

REQUESTED USE	Fee	No. Rooms	Daily/Monthly	Days/Months	Total Cost
Auditorium	_____	_____	_____	_____	_____
Gymnasium	_____	_____	_____	_____	_____
Classroom(s)	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

PERSONNEL	Name/Grade	Hourly Rate	Hours	Daily Cost	No. of Days	Total Cost
Custodian-1	_____	_____	_____	_____	_____	_____
Custodian-2	_____	_____	_____	_____	_____	_____
Custodian-3	_____	_____	_____	_____	_____	_____
Engineer	_____	_____	_____	_____	_____	_____
Repairman	_____	_____	_____	_____	_____	_____
Security	_____	_____	_____	_____	_____	_____
Food Service	_____	_____	_____	_____	_____	_____

**CONTINUOUS USERS**

Pro-Rated Rental Fee	Cost/Sq. Ft. Per Day	No. Sq. Ft.	No. Days	Total Cost
Schedule A	\$.024			
Schedule B	.007			

DC Government Signatories	RECOMMEND	APPROVE	DISAPPROVE	DATE
PRINCIPAL/FACILITY ADMINISTRATOR				
DIRECTOR OF REALTY				
CHANCELLOR/DEPUTY/ASSISTANT				