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

Type of User:

Public School Related:
_____PTA or HSA
_____DCPS Program or Activity
_____Other _____

Non-Public School Related:
_____Religious Organization
_____Other _____

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.

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.

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 Schedule B	$.024 .007			

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