



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 45 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: _____

LAUSD Contact Person: _____ E-mail: _____

Phone: () _____ Fax: () _____

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

Please list additional sponsors here: The L.A. Trust for Children's Health

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)

Applicant or Organization Name: _____

Address: _____ Contact: _____

Driver License or ID# _____ State where issued _____ Website _____

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 fees, admission or donations be charged or collected for this event/activity?

Table with 2 columns: YES, NO

If YES, how much per person? \$ _____ Per day \$ _____ Per week \$ _____

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.

Elementary schools have been matched with a local oral health provider based on location and vetting completed by District Nursing Services. Oral screening will be done and fluoride applied by a licensed dentist, or by a licensed or registered dental professional. All ETK, TK, Kinder and 1st Grade students who return a signed consent form will receive a brief oral health education presentation, an oral health screening exam, followed by a fluoride varnish application.

(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, Sports clinics/camps
Inflatables/Jumpers, Childcare/Enrichment, Cultural activities, Religious services
Concert/performances, 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 60-100 (b) Number of spectators 0
 (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? 100%

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) Available space indicated by school administration

• **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.)

Tables, chairs, waste baskets, photocopy machine

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.

PRINCIPAL / ADMINISTRATOR SIGNATURE:

Signature of Principal or Administrator required only for LAUSD school/Office/Prop 39/Co-located Charters events

Signature and Date

PRINT NAME and TITLE

Name of School or Office

OTHER APPLICANT SIGNATURE:

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
Civic Center Permit Office
333 S Beaudry Avenue, Suite B2-216
Los Angeles, CA 90017

Should you have any questions, please contact:

**Leasing and Space Utilization Office 213-241-6785
Civic Center Permit Office 213-241-6900**

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 REQUESTED USE.

After the initial review of this completed Request for Facilities Use, this form will be forwarded to one of the offices below for further handling.

- Division of Risk Management
- Civic Center Permits
- Leasing and Space Utilization

Additional documents 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 its 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 & adv. 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