

USE OF FACILITIES APPLICATION
Lake County Board of DD/Deepwood

Organization: _____ Date Submitted: _____

Contact Person: _____

Address: _____ Phone Number: _____
Number Street City State Zip Code

Date(s) Requested: _____

Time/Scheduled Arrival: _____ Time/Scheduled Departure: _____

Area(s) Requested: _____

Type of Event: _____

Number of Persons Expected: _____

Special Services Requested: _____

Agency Programs only:

Will you be having refreshments? Yes No

(If yes, please review if individuals served by the Board are on "special diets.")

Will the Food Service Department be providing the refreshments? Yes No

(If yes, please complete "Food Service Special Events Order Form" and submit to Food Services.)

Will you use an announcement, invitation or flyer? Yes No

(If yes, please submit draft of flyer to Director of Marketing for review. All media contacts are arranged through- Director of Marketing)

Will you require Maintenance assistance? Yes No

(If yes, please submit a Maintenance Request Form.)

If no, please be sure to coordinate with building manager for necessary custodial coverage

Person Submitting the Application

Date

Program Manager (if applicable)

Date

If this application is being completed for Use of Facilities for non-Agency related purposes, please complete Page 2 and forward complete document to the Operations Department.

Superintendent's Use Only

Yes, I give my permission for the Use of Facility.

No, I do not give permission for the Use of Facility. Reason: _____

Waive Use of Facility Fee.

Superintendent

Date

Rules and Regulations Regarding Facility Usage

1. One half (50%) of the fees due for the use of the facility will be payable upon usage approval by the Superintendent. The remaining fees will be due one (1) week prior to the use of the facility. All checks are to be made payable to the Lake County Board of DD/Deepwood. Cancellation of the facility use request will result in the forfeiture of the initial fees paid.
2. Any organization, group of citizens, or individuals using LCBDD/DEEPWOOD facilities shall abide by all building procedures and be responsible for any and all damage done over and above ordinary wear and tear.
3. Organizations or individuals using facilities shall remain within the facilities specified in their written request and are expected to return the facilities to their original condition at the end of the function. Organizations must provide competent adult supervision for all activities.
4. No firearms, weapons, alcoholic beverages, or illegal drugs of any kind shall be permitted on premises.
5. No organization or individual shall, under any circumstances, tamper with any electrical or heating controls.
6. Violation of any pertinent rules and regulations by group or individual using LCBDD/DEEPWOOD facilities will result in forfeiture of any future privileges of using LCBDD/DEEPWOOD facilities.

HOLD HARMLESS STATEMENT

The below-named individual, for and on behalf of the individual(s), organization, association or community group (hereinafter referred to a “Applicant”) requesting use of the facilities of the Lake County Board of Developmental Disabilities/Deepwood, (hereinafter referred to as “Board”), does hereby agree to comply with the policies and procedures of the Board related to such use, a copy of which is attached hereto.

Applicant further agrees, as an express condition of such use, to indemnify and save harmless the Board, its members, officers, employees, agents, other persons acting under their supervision and control or in concert with them, or any combination thereof from any and all claims, demands, damages, actions or causes of action, together with any and all losses, costs or related expenses, including but not limited to attorney’s fees, asserted by any person or persons, agents, officers, members, independent contractors, servants, employees or licensees arising out of or as a result of Applicant’s use of Board Facilities.

Signature of Applicant

Date

Print Name of Applicant

Requesting Individual(s), Organization, Association or Community Group

Applicant’s Capacity (for Organization, Association or Community Group
--Applicant must be an Officer)

Signature of Authorized Representative: _____

(The above-signed agrees to abide by all applicable rules and regulations as a prerequisite to facility use.)

*****AGENCY USE ONLY*****

BILLING STATEMENT

BASIC FEE: _____ Willoughby Cafeteria @ \$ 75.00 = \$ _____
 (First hour) _____ VGC Cafeteria @ \$ 50.00 = \$ _____
 _____ VGC Kitchen @ \$ 50.00 = \$ _____
 _____ VGC Brown Room @ \$ 50.00 = \$ _____
 _____ Indoor Rec Site @ \$ 50.00 = \$ _____
 _____ Outdoor Rec Site @ \$ 50.00 = \$ _____
 _____ Broadmoor Gym @ \$ 50.00 = \$ _____
 _____ Broadmoor Cafeteria @ \$ 50.00 = \$ _____
 _____ Broadmoor Kitchen @ \$ 50.00 = \$ _____
 _____ Video Conferencing (Weekday) @ \$ 60.00 = \$ _____
 _____ Weekend (additional) @ \$100.00 = \$ _____

EACH _____ Willoughby Cafeteria @ \$ 37.50 = \$ _____
 ADD'L _____ VGC Cafeteria @ \$ 25.00 = \$ _____
 HOUR _____ VGC Kitchen @ \$ 25.00 = \$ _____
 _____ VGC Brown Room @ \$ 25.00 = \$ _____
 _____ Indoor Rec Site @ \$ 25.00 = \$ _____
 _____ Outdoor Rec Site @ \$ 25.00 = \$ _____
 _____ Broadmoor Gym @ \$ 25.00 = \$ _____
 _____ Broadmoor Cafeteria @ \$ 25.00 = \$ _____
 _____ Broadmoor Kitchen @ \$ 25.00 = \$ _____
 _____ Video Conferencing @ \$ 25.00 = \$ _____

Total Due _____

Amount Due at Time of Application (50%) _____ Date Paid _____
 Balance Due _____ Date Paid _____

Actual Arrival Time: _____
 Actual Departure Time: _____

Signed: _____
 Supervisor/Custodian

Signed: _____
 Contact Person

NOTIFICATIONS

_____ BUILDING/SITE COORDINATOR
 _____ SUPERINTENDENT
 _____ APPLICANT

_____ DIRECTOR OF MARKETING
 _____ FOOD SERVICE OPERATIONS MANAGER
 _____ BUILDING MANAGER