

## Community Relations

### **Exhibit - Application and Procedures for Use of Cooperative Facilities**

*To be submitted to the Executive Director*

**This application must be approved before a non-school related group is allowed to use Cooperative facilities.**

### **Application and Procedures for Use of Cooperative Facilities**

<b>Organization name</b>	<b>Requested facility</b>
<b>Supervisor from organization</b> <i>(must be 21 years of age or older)</i>	<b>Phone/email address</b>
<b>Program/activity</b>	<b>Date(s) and start/end time(s)</b>
<b>Equipment needed</b>	<b>Materials to be brought into facility</b>
<b>Room arrangement, including decorations</b>	<b>Food service required</b>

1. **All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.**
  - The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
  - Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
  - Entering any room or area not approved for use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
  - No furniture or equipment may be moved without prior approval from the Executive Director or designee.
  - Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

\_\_\_\_\_ *Initial here if this is agreeable*
2. **All non-school related groups must agree to:**
  - Indemnify and hold harmless the Board and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of Cooperative property.
  - Pay any damages to school facilities, furniture, or equipment arising out of its use of Cooperative property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the Board's discretion.
  - Supply proof of insurance naming *North DuPage Special Education Cooperative* as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss: \_\_\_\_\_

Insurance provider name and contact number

\_\_\_\_\_ *Initial here if this is agreeable*

**3. All non-school related groups must pay the following fees:**

Area of Use	Space Usage Rate Per Hour	Custodian/Staff Rate Per Hour
Board Room (Administrative Office)	\$100.00	\$35.00
Gymnasium (Lincoln Academy)	\$100.00	\$35.00
Transition Learning Center	\$100.00	\$35.00
Field (Lincoln Academy)	\$100.00	\$35.00

\_\_\_\_\_ *Initial here if this is agreeable*

**4. Payment Method:** ☐ Check

Please make check payable to: North DuPage Special Education Cooperative

**5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an Automatic External Defibrillator (AED) is used.**

\_\_\_\_\_ *Initial here if this is agreeable*

**6. All non-school related groups must agree to follow the Cooperative's Plan for Responding to a Medical Emergency at a Physical Fitness Facility with an AED, 4:170-AP6.**

**Important:** The Cooperative will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

☐ Activity being proposed is not in a physical fitness facility.

\_\_\_\_\_ *Initial here if this is agreeable*

☐ Copy of the Cooperative's Plan for Responding to a Medical Emergency at a Physical Fitness Facility with an AED has been provided. 77 Ill.Admin.Code §§527.400(a) and 527.800(c). **Important:** State law encourages all non-Cooperative coaches, instructors, judges, referees, or other similarly situated non-Cooperative anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law. 410 ILCS 4/10; 77 Ill.Admin.Code §527.100.

\_\_\_\_\_ *Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.*

**7. If the request involves a physical fitness facility, the non-school related group must:**

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- Give a copy of the Cooperative's plan for responding to medical emergencies to each designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that each designated emergency responder knows the location of first aid equipment and any AED.
- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- Arrange for at least one emergency responder to have a tour of the facility before the activity.
- Ensure that if an AED is used, the Executive Director is informed and all appropriate forms are completed.

\_\_\_\_\_ *Initial here if this is agreeable*

**I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.**

**I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the facility.**

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Applicant name (please print)

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Telephone number

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Address

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Email address

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Applicant signature

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Date

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The Executive Director or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Executive Director or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the business office, and send a copy to the appropriate building supervisor.)*

☐ **Approved**☐ **Denied**

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Executive Director or designee

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Date

### **GROUPS THAT MAY USE THE SCHOOL FACILITIES FOR NO FEE DURING REGULARLY STAFFED HOURS:**

1. School Affiliated Groups: PTA, teachers associations, school committees, booster clubs, Cooperative-sponsored groups or councils, county or state school performances.
2. Park District, Groups and Organizations not affiliated with the Cooperative: Nonprofit organizations, Girl Scouts, Boy Scouts, provided that not less than 75% of the membership is composed of member district students, and is open for participation by any local citizen including those with disabilities.

### **Regulations:**

- 1) Full payment for building use is due one week before the date of usage. Checks are to be made payable to NDSEC.
- 2) There will be no smoking or alcoholic beverage of any kind brought to or consumed on the Cooperative premises.
- 3) No school facilities will be rented or made available on school holidays or holiday weekends.
- 4) Only that portion of the building covered by this application shall be used.
- 5) Insurance on the amount of \$1,000,000 with NDSEC named as a co-insured party may be required by the Executive Director of NDSEC.
- 6) All spaces being used will be left in the same condition as found.
- 7) No food or drink allowed (only water) on Cooperative premises unless you have prior approval by the building administrator.
- 8) A listed contact person must be present at all times with one additional responsible party to help supervise.
- 9) Any changes to dates and/or times must be requested in writing at the school office. \*See cancellation policy below.
- 10) Failure to follow any of the regulations can result in loss of privileges and/or fees.
- 11) The Cooperative has the right to close a facility due to repair, maintenance, or detrimental weather conditions at any time.

### **Cancellation Policy**

**\*Cancellations (not weather related) must notify the NDSEC Director of Business & Operations in writing via email within 72 hours or you may incur a fee of 50% of your scheduled rate.**

<b>OFFICE USE:</b>			
Principal's Signature (Calendar Clearance):		Date:	
Director of Business & Operations Signature:		Date:	

New: 1/2006

Revised: 8/2013

Rewritten: 11/14/2022