

John Smith Supervisor of Operations Office Phone (901) 873-5680

To: Outside Organizations Requesting Use of Millington Municipal Schools Facilities

From: Operations Department 5020 Second Avenue Millington, TN 38053

RE: 2018-2019 Requirements for Use of Millington Municipal Schools Facilities

The Millington Municipal Schools Board of Education recognizes that public schools are public property and should be used for activities which will enhance the cultural, educational and recreational opportunities in the community. As protection against undue liability, insurance requirements must be met by outside organizations using public schools. Requests for use of school property shall be made in writing at least 30 days prior to the proposed date of your event. No pets are allowed when renting any MMSD facility. Additional information is needed to comply with these requirements before we can act on your request. Please provide the following:

Request Form - Please be sure you have the current year's form - signed by the requestor

- Hold Harmless Agreement -You must provide a signed copy with each request; not applicable to Government entities.
- Copy of Certificate of Insurance (name on insurance must match name of organization on request form).
- Internal Revenue Status Letter indicating your status. For-profit entities are not allowed to reserve space in a Millington Municipal Schools facility.

All organizations, with the exception of school or City of Millington affiliated organizations, who are requesting the use of Millington Municipal Schools facilities shall file a Certificate of Insurance. **The policy must name Millington Municipal Schools and the City of Millington, TN as additional insured** for no less than One Million Dollars (\$1,000,000) for the duration of the organization's use of the facility. **Please mark "PUBLIC SCHOOL USE" on the certificate.** A photocopy of the certificate of insurance must be attached to the Request for Use of Millington Municipal Schools Facilities form.

Return the request form, the signed hold harmless agreement, and the certificate of insurance directly to the school you are requesting to use for initial processing. All communication will be done via email if additional information is required.

Once you have received your approval, you will be asked to submit your rental deposit to the facility coordinator. Please make checks out to Millington Municipal Schools. Invoices for recurring events are due every 30 days and failure to pay will subject group to be prohibited from further use of the premises and invoices turned over to a Collection Agency for payments.

If you have any additional questions, feel free to contact: **Operations Supervisor, Millington Municipal Schools,** 5020 Second Avenue, Millington, TN 38053.



MILLINGTON MUNICIPAL SCHOOLS

FACILITY REQUEST FORM

2018-2019 School Year

PHONE (901) 873-5680 FAX (901) 873-5699

Excellence in Education	PHONE (901) 07	3-3000 FAX (901) 073-3099	
Name of Organization	Purpose		
School Requested			
Contact Name		Phone	Fax
Billing Address			
City	State	Zip	
Email Address	Alternate Phone		
Requested Facility: Please check	k appropriate box.		
□ Large Gym \$200/day	H.S. Cafe. \$130/day	Conference Room \$30/day	Other:
Football Field \$200/day	M.S. Cafe. \$85/day	Outdoor Area (non-football): \$50/day	\$329.00 for Custodial
Auditorium \$175/day	Elem. Cafe. \$85/day	Classroom(s) \$50/day # of rooms	(Only fee)
Track \$50/day	Library \$50/day	Miles Park Ball Field \$50/day	
If your event includes multiple d	ates, you must attach a complete	tes shown above apply to a single usage. e listing of your proposed dates to this form. Troj arge. All requests for MMSD facility usage are	•

Date of Event	Beginning Time	Ending Time		
A school system employee must be present for the entire Assigned facility coordinator Assigned employee		(\$30.00/hr.)		
A \$100.00 refundable damage deposit is required up				
School and organization representative will conduct	a joint inspection of the facility befor	e and after use.		
Will Cafeteria be used? □ Yes □ No Will Cafeteria worker be needed? □ Yes □ No	Will kitchen/equipment be used?			
*Please Note: If kitchen/equipment use is requested, the cafe By signing below, I agree that I have read, understand, ar also understand that a \$17/hr fee per custodian is charge	nd will abide by Millington Municipal Sch	ools Facility Use Policy and Procedures. I		
Signature of Requestor		Date		
Signature of Cafeteria Manager		Date		
(ONLY if kitchen/equipment is being used).				
Principal Approved	Denied	Date		
For initial approval, please take completed request fo Do <u>NOT</u> deliver directly to Facility Use Office. The request				
OFFICE USE ONLY				
Approved by Operations	Denied: S	ch. Rep. fee @ \$30.00/hr		
COI: Hold Harmle	ess: Dep	osit Amount:		
Custodial @ \$17.00/hr. \$	Cafeteria Staff @ \$3	Cafeteria Staff @ \$30.00/hr. \$		
Total Charges \$		Recurring School or City of Millington affiliated		

NOTE: Final Approval from the Office of Operations is REQUIRED prior to use of any facility. Please allow 14 days for processing. If you wish to make a donation to a school, please submit a donation form. Donations are <u>not accepted</u> in lieu of facility use payments.

HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is between

Name of Contractor

(hereinafter Contractor), and Millington Municipal Schools named in this bid. Contractor agrees that as a condition precedent to "Contractor" being awarded a contract from Millington Municipal Schools "Contractor" agrees to indemnify, protect, defend, and hold harmless Millington Municipal Schools, its Board Members, agents, and employees from all judgments, claims, demands for payment, suits or actions of every nature and description brought against Millington Municipal Schools, its Board Members, agents and employees alleging injuries or damages sustained by any person arising out of or in the course of "Contractor's" providing goods or services to Millington Municipal Schools.

(Name of Contractor) _	
BY:	

TITLE: ______

State of Tennessee County of Shelby

personally appeared before me, the undersigned, with whom I am personally acquainted and who, upon oath, acknowledged that he/she/it executed the within instrument for the purposes therein contained, and who further acknowledge that he/she/it is authorized to execute this interment on behalf of

Signature

Witness by hand and Notaries seal at office this _____ day of _____, year of

Notary Public

My Commission Expires: _____