



METROPOLITAN
Nashville
PUBLIC SCHOOLS

2601 Bransford Ave. • Nashville, TN 37204 • 615/259-4636 • Fax: 615/214-8663

Mark Chamberlain
Manager
Customer Service Center

TO: Outside Organizations Using Metropolitan Nashville Public Schools Facilities

FROM: Mark Chamberlain, Manager
Customer Service Center
2601 Bransford Avenue
Nashville, TN 37204

RE: Requirements for Use of Metropolitan Nashville Public Schools Facilities by Outside Organizations

The Metropolitan Nashville Public Schools Board of Public 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.** If fees or admissions are involved, an IRS not-for-profit 501(c) (3) letter must be provided. Requests for use of school property shall be made in writing at least two weeks prior to the proposed use.

The MNPS Business Office will invoice organizations. DO NOT pay the local school or district personnel for use of services and facilities. 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 years form - signed by the principal
- _____ Hold Harmless Agreement (copy enclosed)
- _____ Copy of Certificate of Insurance (see requirements below)
- _____ Internal Revenue Service Letter 501(c) (3)

All organizations, with the exception of school-related organizations listed in the Facilities Use Policy (5114), requesting the use of Metropolitan Nashville Public Schools facilities shall file a Certificate of Insurance with the **Customer Service Center, 2601 Bransford Avenue, Nashville, TN 37204, 615-259-4636. The policy must name Metropolitan Government of Nashville and Davidson County as an 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 Metropolitan Nashville Public Schools Facilities form.

Return to the **CUSTOMER SERVICE CENTER, Metropolitan Nashville Public Schools, 2601 Bransford Avenue, Nashville, TN 37204.** If you have any questions, please call 615-259-4636. **Forms may be faxed to 615-214-8663.**

HOLD HARMLESS AGREEMENT

I/We agree to be responsible for the conduct of the audience in and about the building and for any damage incurred. I/We have reviewed the policy, rules and regulations of the Metropolitan Nashville Public Schools, and further agree that the school property will be used in accordance with the rules and regulations of the Metropolitan Nashville Public Schools. I/We understand that no contract shall extend beyond June 30 of the current fiscal year.

I/We agree to indemnify and hold harmless The Metropolitan Government of Nashville and Davidson County from:

- a) Any claim, damages, cost and attorney fees for injuries or damages arising, in part or in whole, from the organization's use of the facility described above; and
- b) Any claim, damages, penalties, costs and attorney fees arising from any failure of the organization, its officers, employees and/or agents, to observe applicable laws.

I/We further acknowledge that The Metropolitan Government of Nashville and Davidson County does not warrant that the facility requested is being currently maintained and will not be responsible for inspection and maintenance of the facility while it is being used by the requesting organization.

I/WE UNDERSTAND THAT A CUSTODIAL AND/OR CAFETERIA MANAGER FEE OF \$30 PER HOUR WILL BE CHARGED IF NEEDED FOR BUILDING SUPERVISION AND/OR CLEAN-UP, AND/OR FOR USE OF THE KITCHEN FACILITIES. I/WE AGREE TO PAY THE AMOUNT(S) BILLED AFTER USE OF THE FACILITY.

NAME OF INSURED ENTITY: _____

AUTHORIZED AGENT'S SIGNATURE: _____

AGENT'S PRINTED NAME AND TITLE: _____

DATE: _____

REQUEST FOR USE OF METROPOLITAN PUBLIC SCHOOL FACILITY 2008-2009

Organization

Purpose

School Used

BUILDING USAGE

- One Time Weekly
 Monthly Other _____

Starting Date: _____

Ending Date: _____

Starting Time: _____

Ending Time: _____

FOOD SERVICE

Will Cafeteria be used? Yes No

Will kitchen/equipment be used? Yes No

**An hourly fee will be charged for cafeteria worker
to be present**

Approved by: _____

Date: _____

Space Requested

- | | |
|--|--------------|
| <input type="checkbox"/> Classroom(s) | \$15.00/day |
| <input type="checkbox"/> Large Gym | \$181.00/day |
| <input type="checkbox"/> Aux. Gym | \$120.00/day |
| <input type="checkbox"/> Indoor Play Area | \$75.00/day |
| <input type="checkbox"/> Elementary Cafeteria | \$65.00/day |
| <input type="checkbox"/> Middle School Cafeteria | \$75.00/day |
| <input type="checkbox"/> High School Cafeteria | \$111.00/day |
| <input type="checkbox"/> Auditorium | \$150.00/day |
| <input type="checkbox"/> Stadium | \$200.00/day |
| <input type="checkbox"/> Other _____ | VARIES |

***** NOTES *****

*NO FUNDS ARE TO BE PAID DIRECTLY TO THE SCHOOL OR STAFF.

**IN ADDITION TO BUILDING USE FEE, YOU WILL BE BILLED \$30/HOUR FOR BUILDING SUPERVISION IF CUSTODIAN IS PRESENT PAST REGULAR HOURS.



**TO REQUEST THIS INFORMATION IN AN ALTERNATE FORMAT, PLEASE CONTACT YOUR BUILDING PRINCIPAL OR DEPARTMENT HEAD.



***INDIVIDUALS WHO NEED AUXILIARY AIDS AND SERVICES ARE TO MAKE THEIR REQUEST KNOWN TO THE BUILDING PRINCIPAL OR DEPARTMENT HEAD PRIOR TO THE DATE IT IS NEEDED. (INTERPRETERS FOR THE DEAF OR HARD OF HEARING MUST BE REQUESTED FORTY-EIGHT[48] HOURS PRIOR TO THE EVENT.)

REQUEST MADE BY:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

SIGNATURE _____

APPROVED BY PRINCIPAL

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

INSURANCE _____

HOLD HARMLESS _____

CUSTODIAL FEE _____

USE FEE _____

FINAL APPROVAL _____

DATE _____