

SCHOOL FACILITIES

Potlatch School District #285
130 6th Street Potlatch, ID 83855
Phone: (208) 875-0327 FAX: (208) 875-1028

RENTAL AGREEMENT

Please mark with an "X" the school you wish to rent.

____ Potlatch Elementary School

____ Potlatch Junior/Senior High School

Name of individual or group _____

Address _____ Phone Number _____

Contact Person _____ Phone Number _____

Non-profit Organization? ____yes ____no

(Non-profit organizations may request waivers of some or all of the rental and/or fees. Such requests shall be submitted in writing to the district, and will be considered by the board of trustees or their appointee on a case-by case basis. See attached waiver application.)

Date(s) of Use: _____ Time _____ to _____ Number of People
Attending _____

(If multiple dates are needed, please list them on the back of this sheet)

Purpose of Rental: _____

Area being Rented:

Potlatch Elementary School

____ classroom ____ music room ____ kitchen ____ lunchroom ____ computer lab ____ gym
____ library

Potlatch Junior/Senior High School

____ multipurpose room ____ classroom ____ gym ____ kitchen ____ computer lab ____ music
room ____ library

(See attached Rental Fee Chart for the cost of the different areas)

Number of Hours in Building _____

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To be completed by Principal or Designee

Cost of Supervision (If Required) \$ _____

Refundable \$50.00 cleaning deposit _____ Date Received _____ by _____ Check _____ Cash _____

Total Rental Fee _____ Date Received _____ by Check _____ Cash _____

Other Associated Fees: _____

Principal's Signature/Date: _____ or Superintendent Signature/Date:

Approval Yes _____ No _____ Approval Yes _____ No _____
(Notification of Approval to be Given Within Two Business Days)

Cleaning Deposit

A refundable cleaning deposit of \$50 is required at the signing of all agreements for use of district facilities. Any individual or organization which rents or uses a district facility and leaves it, upon completion of rental or use for any particular day, in need of cleanup shall be assessed a cleaning fee commensurate with the amount of cleanup required. The minimum fee in such cases shall be \$50.

Responsibilities of Renting Party

Each school will provide the renter with a list of responsibilities.

Building supervisors are district authorized supervisors who must be on hand at all times to take care of building problems or emergencies. The district will provide supervision at each school on weekdays during the following times:

Elementary	3:00PM – 5:00PM
JR/SR High	3:00PM – 5:00PM

Regularly scheduled and authorized events and programs outside of school hours in the public interest are encouraged. For each such event or program, a sponsor must accept responsibility for the cleanup and security of the building used.

Organizational supervisors are adult supervisors provided by the sponsoring individual or organization and are required of all entities who use or rent district facilities.

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Signature of Agreement

I have read, understand and agree to the terms and conditions for rental of a school district facility. School standards of no smoking or drinking of alcoholic beverages in the building or on grounds must be maintained. There shall be no abuse of school property in any way. The school district shall be held harmless against any and all claims, liabilities, damages, losses, actions or causes of action that may be sustained to persons or property resulting from the occupancy and use of school district facilities. The part of the building to be used, time desired and rental charges should be clearly understood by all parties. The undersigned affirms that he/she has the authority to bind the organization requesting said use.

Tenant's Signature _____ Date _____

BUILDING RENTAL FEES*

Building	Room	Event
All Schools	Classrooms	10.00
	Music rooms	10.00
	School libraries	10.00
	Computer Rooms (tech required @\$25.00/hr)	
	Kitchen (food service personnel required @ current pay rate, plus overtime)	
	Lunch room/Multi use rooms	15.00
	Gyms	15.00

***Personnel must fill out time sheet**

Cleaning deposit. A refundable cleaning deposit of \$50 is required at the signing of all agreements for use of district facilities.

* Nonprofit organizations may request waivers of some or all of the rental and/or fees. Such requests, shall be submitted in writing to the district, and will be considered by the board of trustees or their appointee on a case-by-case basis. (See attached waiver application)

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BUILDING RENTAL WAIVER REQUEST FORM FOR NONPROFIT ORGANIZATIONS

Nonprofit organizations may request waivers of some or all of the rental and/or fees. Such requests, shall be submitted in writing to the district, and will be considered by the board of trustees or their appointee on a case-by-case basis.

Name of Organization _____ Today's Date _____

We are considered a nonprofit organization because:

Date(s) of Use: _____ Time _____ to _____ Number of People Attending _____

Purpose of Rental: _____

Area being rented:

Potlatch Elementary School

___ classroom ___ music room ___ kitchen ___ lunchroom ___ computer lab ___ gym
___ library

Potlatch Junior/Senior High School

___ multipurpose room ___ classroom ___ gym ___ kitchen ___ computer lab ___ music room ___ library

We are respectfully requesting one or the entire following rental/or associated fees to be waived.

To be completed by the organization:

Please list fees the organization wishes to have waived: _____

Signature of Organization's Designee

SCHOOL FACILITIES

(To be filled out by school board or designee)

Fee(s) Waived _____

Authorized Signature/Date: _____

SCHOOL FACILITIES

Additional Dates Requested

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

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Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Date(s) of Use: _____ Time _____ to _____

Intermediate Playground Restroom Key agreement:

I agree to make sure that the restrooms are checked after use. The trash shall be picked up, the lights turned off, toilets flushed, and the restroom will be locked before leaving, also, if any supplies are needed that Bob Lambert will be notified as to what is needed. Bob's cell phone is 208-596-3780; email robert.lambert@psd285.org.

I also agree that I will not make any duplicates of the key to the restrooms, and will return the key to the District Office immediately following the end of the event or program that is needing use of the facilities.

I understand that if the key is lost or not returned within the agreed time frame that I will be responsible for the cost of new padlocks and keys.

Date: _____

Starting Date of event: _____

Ending Date of event: _____

Key return Date: _____

Group or Organization: _____

Name of person that key is issued to: _____

(Signature)

\$50.00 key deposit required

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KEY CHECK—OUT For Building Usage

Date: _____

I _____ will take responsibility for the school
(Name)

Key/keys that are being checked out to _____, for use
(Group or Organization)

of _____
(Facility/Building/s to be used)

I understand that the key/keys must be returned to the school the next day after my group or organization has completed their event. _____ (Please initial)

Starting date of event: _____—Ending date of event: _____

I understand the key cannot be used at other times, other than the day/s of the dates requested.

If I/we do, the key will be taken away from us. _____ (Please initial)

I understand that if the key is lost, or not returned within the agreed time frame, I will be responsible for the cost of re-keying (**this is very costly!!!**) the building. _____ (Please initial)
(Elementary & H.S. Gym re-keying cost will be \$1,500.00; Individual locks, Library, H.S. Kitchen etc., will be \$500.00 per lock plus \$50.00 per key that will be need to be replaced)

I agree that I/we will not duplicate the key/keys issued to us in any manner _____ (Please initial)

I understand that failure to comply to this agreement may jeopardize any future use of school facilities. _____ (Please initial)

Signature: _____

Key/s Issued By: _____/Date: _____

Key/s Returned-Date: _____: _____ (Please initial)

(\$50.00 deposit is required for each key requested.)

(Form to be returned with keys to maintenance supervisor)

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KEYLESS ENTRY CODE ASSIGNMENT For Building Usage

Date: _____

I _____ will take responsibility for the
(Name)

School's keyless entry code being assigned to _____.
(Group or Organization)

I understand that the entry code will be deleted and no longer useable the next day after my group or organization has completed their event. _____ (Please initial)

Starting date of event: _____—Ending date of event: _____

I understand that the entry code cannot be used at other times, or given out to someone other than to whom the code was assigned, and other than the day/s of the dates requested.

If I/We do, the entry code will be deleted. _____ (Please initial)

I understand that failure to comply with this agreement may jeopardize any future use of these facilities. _____ (Please initial)

Signature: _____

Key Code Issued By: _____/Date: _____

(Form to be returned to maintenance supervisor)