



# Jasper County Community Unit #1

609 S. Lafayette St. Newton, IL 62448

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## BUILDING USE FEES

| <u>Category</u> | <u>Definitions/Examples</u>  | <u>Charge</u>  |
|-----------------|--|--|
| 1               | School Connected Organizations<br>(e.g., Band Boosters, Athletic Boosters,<br>Alumni Associations)   | None   |
| 2               | Non-School, Non-Profit Organizations,<br><u>No Custodian Needed</u> (e.g., Newton Arts<br>Council, Local Service Organizations, Local<br>Charitable Organizations, Adult Basketball<br>Leagues)                | None   |
| 3               | Non-School, Non-Profit Organizations,<br><u>Custodian Required</u> (e.g., Newton Arts Council,<br>Cancer Society, Local Service Organizations,<br>Local Charitable Organizations, Adult<br>Basketball Leagues) | Actual Cost of<br>Custodian's<br>Wages   |
| 4               | Businesses and For Profit Organizations<br>(e.g., Norris Electric, Clyde & the Boys,<br>Country-Western Concerts)  | \$300/day or<br>\$150/half day<br>Plus Actual<br>Cost of<br>Custodian's<br>Wages plus<br>\$1,000,000<br>Liability Ins. |

Category 1 groups are encouraged to schedule their building use for times when custodians are on duty.

Proof of liability insurance coverage is requested from groups in Categories 2,3, and 4.

The use of Building Agents is authorized for groups in Category 2. That is, a member of the group may be issued a key and be responsible for caring for and securing the building. This will most typically be used in the outlying schools. Each principal is responsible for determining the eligibility of the Building Agent and the groups requesting use of the school.

Cafeteria use requires a \$25 deposit from groups in Categories 2,3, and 4.

6/21/99

# JASPER CO. COMM. UNIT DIST #1

## REQUEST FOR USE OF A BUILDING

\_\_\_\_\_ School

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ORGANIZATION MAKING REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ACTIVITY PLANNED: \_\_\_\_\_ ROOMS NEEDED: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_ HOURS OF ACTIVITY: \_\_\_\_\_

WILL EXTRA CUSTODIAL TIME BE NEEDED: ( ) YES ( ) NO

WHICH CUSTODIANS: \_\_\_\_\_ IF YES, WHAT HOURS? \_\_\_\_\_

PLEASE CHECK WHICH CATEGORY THIS ORGANIZATIONS FALLS INTO:

( ) CATEGORY #1 ( ) CATEGORY #2 ( ) CATEGORY #3 ( ) CATEGORY #4

CAFETERIA WILL BE USED: ( ) YES ( ) NO IF YES, \$25 REFUNDABLE DEPOSIT REQUIRED

A COPY OF \$1,000,000 LIABILITY INSURANCE POLICY IS ATTACHED: ( ) YES ( ) NO

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### PRINCIPAL

RECOMMEND APPROVAL ( ) YES ( ) NO

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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### UNIT OFFICE

#### COST ANALYSIS

|                   |       |       |             |       |
|-------------------|-------|-------|-------------|-------|
| CUSTODIAN HOURS   | _____ | _____ | _____       | _____ |
| HOURLY RATE       | _____ | _____ | _____       | _____ |
| BENEFITS (16.92%) | _____ | _____ | _____       | _____ |
| TOTAL             | _____ | _____ | _____       | _____ |
| MISC. COST        | _____ | _____ | GRAND TOTAL | _____ |
| CAFÉ. DEPOSIT     | _____ | _____ | _____       | _____ |

DATE: \_\_\_\_\_ APPROVED ( ) NOT APPROVED ( )

\_\_\_\_\_ OR \_\_\_\_\_

SUPERINTENDENT

DIR. OF BLDGS. & GRNDS.

