

# Manhasset Public Schools

**Attention: Armand Markarian**  
**Director of Facilities**  
**200 Memorial Place**  
**Manhasset, NY 11030**  
**Phone: (516) 267-7720**

**FOR DISTRICT USE ONLY:**

Permit Issued: Yes  No   
 Date Entered in Schooldude: \_\_\_\_\_  
 Entered into system by: \_\_\_\_\_  
 Schooldude Reference #: \_\_\_\_\_  
  
 Application requires Supplemental Agreement:  
 Yes  No

## Application for Use of Facilities

Please complete this form no later than 30 (thirty) days and no sooner than six (6) months prior to date(s) requested and submit to address above. Approved permit must be produced upon request to school personnel during the course of the event.

Date Application Submitted: \_\_\_\_\_

### A. ORGANIZATION INFORMATION

- Name of Organization(s): \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_  
 Event Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_
- Is organization a non-profit? Yes  No   
 If yes, the IRS form 5099(a) or 501(c)(3) and IRS letter must be attached  
 Attach a copy of organization's constitution or statement of purposes.
- Will there be a sponsor or another organization involved with this event? Yes  No   
 If yes, please indicate which organization: \_\_\_\_\_  
 Is this other sponsor or organization a non-profit entity? Yes No

### B. EVENT INFORMATION

- Facility being requested \_\_\_\_\_
- Date(s): \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_ Set up Begin Time: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_ Breakdown End Time: \_\_\_\_\_
- Purpose of Event /Title of Event/Activity: \_\_\_\_\_

4. Is the event exclusive or is it open to all Manhasset residents?

Exclusive  Open to all Manhasset residents

Explanation: \_\_\_\_\_

Is event open to Non-Manhasset residents? Yes  No

Please indicate % of non-Manhasset residents participating: \_\_\_\_\_

5. A copy of the roster of event participants with addresses must be provided.

Attached: Yes  No  Please explain if not attached: \_\_\_\_\_

6. A copy of all marketing materials used to advertise this event, including but not limited to letters, emails, advertisements, must be attached to this application. Attached: Yes  No

7. Will the activity / event involve hiring third parties, such as vendors, contractors, subcontractors or coaches? Yes  No

If yes, please identify: \_\_\_\_\_

*Please Note:* In the event that Applicant's proposed use of fields or facilities involves the participation or sponsorship of third parties, such parties shall be required to submit acceptable insurance certificates and/or separate third-party facilities use applications. No use of District fields or facilities will be permitted in the absence of said insurance certificates and/or signed third-party applications. Notwithstanding the foregoing, Applicant shall remain jointly and severally liable for all obligations under this Application.

**C. EVENT FINANCIAL INFORMATION - Note: The information provided on these forms is subject to audit. By submitting this Application, you agree to permit the District to inspect your organization's books and ledgers as reasonable and necessary to verify the proceeds generated and the use thereof.**

1. A **Form of Projected Receipts and Expenses, Form 1500-2**, indicating details of the anticipated amount of revenues, expenses, net proceeds and distribution of proceeds from this event **must be attached to this form.** Attached: Yes  No

2. If any proceeds are derived, for what purpose will they be used? \_\_\_\_\_

Will proceeds be expended for an educational or charitable purpose? Yes  No

Please describe the purpose and distribution of proceeds, including the name, address, and identity of any individual or entity that will be receiving any part of the proceeds: \_\_\_\_\_

3. Will an admission, enrollment, registration or other fee be charged? Yes  No

Describe: \_\_\_\_\_ Amount per person: \_\_\_\_\_

4. Will concessions, food or beverages be sold or consumed? Yes  No

If yes, list nature of refreshments: \_\_\_\_\_

5. Will merchandise be sold? Yes  No

If yes, list nature of merchandise: \_\_\_\_\_

6. Will this activity involve the solicitation or collection of any donations or contributions, including a journal or commemorative booklet? Yes  No

If yes, please specify: \_\_\_\_\_

*Please Note:* Fees may not conflict with District Policy or State Law. Applicant shall be solely responsible for and shall pay any or all taxes payable in connection with the event or activity as required by State or Federal law or by other governmental authorities. All costs and expenses incurred in connection with the use of District premises shall be the sole responsibility of Applicant.

7. The attached **Form of Actual Receipts and Expenses, Form 1500-3** indicating details of the actual amount of revenues, expenses, net proceeds and distribution of proceeds from this event must be submitted to the Director of Facilities at the address at the top of this form within ten (10) days after the event.

Date Due to Manhasset School District: \_\_\_\_\_

8. If other than the applicant, please indicate the person responsible for completing the **Form of Projected Receipts and Expenses, Form 1500-2** and the **Form of Actual Receipts and Expenses, Form 1500-3**.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: (H / O / M) : \_\_\_\_\_

**D. SPECIAL REQUIREMENTS**

1. Will special equipment be needed (public address, lighting, projector, etc.)? Yes  No

If yes, list type of equipment: \_\_\_\_\_

2. Will storage of equipment belonging to organization be necessary? Yes  No

If yes, list nature and amount of equipment to be stored and length of time storage needed:

3. Will kitchen facilities or use of the field house concession building be needed? Yes  No

4. Will temporary restroom facilities (i.e., port-a-johns) be required? Yes  No

5. Number of parking spaces needed: \_\_\_\_\_

**E. SUPERVISION**

1. Approximate attendance anticipated: # Residents \_\_\_\_\_ # Non-residents \_\_\_\_\_

2. Approximate number of Adults and Minors. Each ten (10) minors must be supervised by one (1) adult at least 18 years old. Adults: \_\_\_\_\_ Minors: \_\_\_\_\_

Please list those individuals who will have supervisory responsibility. Attach additional sheets if needed.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please note:** Applicant shall be responsible for the organization and operation of all activities conducted under this Application and shall provide adequate supervision of all participants and activities conducted on school grounds in connection with this Application. It is your organization’s responsibility to perform and/or comply with any applicable or required background checks on adults who will be supervising the activity.

**F. INSURANCE**

Attached: Yes  No

Organizations must present proof of adequate Commercial General Liability Insurance, including Occurrence Form, Premises Operations, Products Completed Operations, Contractual, Personal Injury, Owner-Contractor Protective, and Fire Damage Legal Liability Insurance. Attach a Certificate of Insurance in the amount of \$1,000,000 per occurrence, \$2,000,000 aggregate, along with an ISO endorsement CG 2026 1185, naming the Manhasset School District and the Board of Education as an additional insured. Insurance must be approved by the Deputy Superintendent for Business and the district’s insurance carrier.

**Please Note:** In the event that the Application involves a third party vendor or other parties in addition to Applicant, such parties must also submit acceptable insurance certificates as set forth above, which in the sole discretion of the District may be accepted in lieu of an insurance certificate from Applicant.

**G. EVENT REQUIRING BOARD APPROVAL**

Applicants whose proposed activity or event involves fees, sales or the solicitation of contributions, and/or is open to non-residents, and/or is sponsored by a non-Manhasset organization require Board approval and/or may be subject to additional fees, terms and requirements.

**H. NON-COMMERCIAL PURPOSE**

Applicant confirms and warrants that all proceeds from the proposed event or activity will be used solely for educational, charitable or philanthropic purposes, and/or for reasonable expenses related thereto, and that the organization’s principals will neither receive any salary (other than reasonable compensation for services actually rendered in connection with the activity) nor collect any profits, commissions or the like from the event or activity. In no event may District facilities be used in furtherance or for the operation of a business or commercial activity.

**I. CERTIFICATION**

The undersigned, as applicant, hereby makes an application on behalf of {entity}:

I certify that I am a Manhasset School District resident.

In advance of the event, I agree to pay any required fees on behalf of the organization which I represent, subject to a final accounting and determination of fees based on the actual event and usage. All applicable deposits associated with the proposed event or activity will be paid in full prior to the date of the event.

I have read and am familiar with Public Use of School Facilities, Policy # 1500 and Regulation #1500-R, and, Public Conduct on School Property, Policy #1520, and agree that our organization will abide by them. All activities to be conducted under the Application will be limited to the approved uses set forth herein and all such activities shall be in compliance with the permissible uses of school property as set forth under Board policies. While on school grounds, Applicant and its employees, agents and/or assigns shall obey all District rules and regulations, including applicable restrictions on the use, distribution or display of commercial or promotional advertising or media, and must follow all reasonable directives of the District's administrators and employees, and shall not deny to any person participation in the use of school facilities on the grounds of race, religion, ethnic origin, or sexual orientation.

I understand that forty-eight (48) hour notice of cancellation must be given if the group is unable to appear. Failure to do so will incur custodial expenses as scheduled. Applicant shall not assign or otherwise transfer, delegate or subcontract any of its rights or obligations hereunder, without the District's prior written consent.

Whether or not admission fees are charged, no donations or contributions may be solicited or collected on school premises, unless specific permission is requested and granted in the permit.

I understand that in the event that schools are closed, the permit will be deemed cancelled.

I understand that the approved permit must be made available for inspection by the District for the entire duration of the approved event or activity. Failure to produce the permit upon request may result in a forfeiture of Applicant's use.

By signing and submitting this application, I confirm that all information submitted is true and accurate to the best of my knowledge and belief. I acknowledge that it is a crime to make false statements on a government document, file a false instrument or steal government services. The District reserves the right to initiate civil or criminal action where appropriate, including but not limited to, fraud and/or perjury, in the event of such falsification.

**To the extent permitted by law, Applicant agrees to release, indemnify, defend and hold harmless the District, its officers, agents and employees, each in their official and individual capacities, against any and all causes of actions, claims, liabilities, losses or damages (including costs and attorneys' fees), including but not limited to bodily injury, property damage and/or third-party claims, arising out of or in connection with the requested use of District fields or facilities, and agrees to reimburse the District for any damage to or loss of school property arising from the Applicant's occupancy or use thereof.**

**The District reserves the right to audit any aspect of the information provided on this application, the related Form of Projected Receipts and Expenses, and the related Form of Actual Receipts and Expenses. Should the District determine that the permit holder is in default of the letter or the spirit of the policy or regulations governing this permit, the permit application and/or any related agreement, the permit may be revoked at any time and future permits will not be issued to the organization.**

Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FOR DISTRICT USE ONLY:**

Date Permit Issued: \_\_\_\_\_

Manhasset Board of Education:

\_\_\_\_\_  
Signature of Director of Facilities

***I. ESTIMATED FEES – Pre-event***

Facility Fee per Day \_\_\_\_\_ Number of Days \_\_\_\_\_ Amount \_\_\_\_\_

Custodial Fee per Hour \_\_\_\_\_ Number of Hours \_\_\_\_\_ Amount \_\_\_\_\_

Other Fees (e.g., kitchen attendant, technical support) \_\_\_\_\_

**TOTAL ESTIMATED FEES:** \$ \_\_\_\_\_

**REQUIRED DEPOSIT:** \$ \_\_\_\_\_

***II. ACTUAL FEES – Post-event***

Facility Fee per Day \_\_\_\_\_ Number of Days \_\_\_\_\_ Amount \_\_\_\_\_

Custodial Fee per Hour \_\_\_\_\_ Number of Hours \_\_\_\_\_ Amount \_\_\_\_\_

Other Fees (e.g., kitchen attendant, technical support) \_\_\_\_\_

**Total Actual Fees Due to Manhasset School District:** \$ \_\_\_\_\_

**(Less) Deposit Received:** \$ \_\_\_\_\_

**Balance Due to / (from) District** \$ \_\_\_\_\_