



2023-2024 Requirements for Use of Metropolitan Nashville Public Schools Facilities

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. Requests for use of school property shall be made in writing at least 14 days prior to the proposed use.

Please provide the following to the school that you are reserving:
Request Form - Please be sure you have the current year form and <u>signed by the requestor.</u>
Hold Harmless Agreement -You must provide a signed copy with each request; not applicable to Government entities.
Certificate of Insurance (name on insurance must match name of organization on request form). Certificate of Insurance must name Metro Nashville Public Schools Metropolitan Government of Nashville and Davidson County as an additional insurer 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 with the request form at submission.
Non-Profit Status Letter indicating your non-profit status. For-profit entities are not allowed to reserve space on a MNPS facility that is not considered school related.

Approval Process:

- 1. Return <u>all</u> of the documents listed above directly to the school you are requesting to use for initial processing. Forms submitted to the Office of Facility Use directly will not be processed. Allow the School up to 3 days for processing.
- 2. Once the request is received at the school, it is entered into our online processing program and sent to the Principal for authorization. Allow up to 3 days for processing.
- 3. The Principal's authorization notice is sent to the Office of Facility Use for final review and approval. Please allow 7 days for processing.
- 4. Once approved, an official approval notification will be sent to you via the email address on the request form. It is at this time that the event is APPROVED.
- 5. Once you have received your approval, you will be asked to submit your rental payment to the MNPS Office of Financial Operations. Please use the online payment processing portal for a timely processing or make checks out to MNPS. Invoices for recurring events are due every 30 days and failure to pay will subject group to be dismissed from the premises and turned over to a Collection Agency for payments.



FACILITY REQUEST FORM

July 1, 2023-June 30, 2024 School Year

PHONE (615) 259-8520

or initial authorization, please take completed request form, insurance document, status letter, and hold harmless agreement to the school. Do **NOT** deliver directly to Facility Use office, the forms must be entered at the school before any processing can take place. Organization Event Type ___ School requested Phone Fax Contact Name Billing address ___ Zip ______ State City Email address Alternate phone ___ Requested Facility: Please check appropriate box. ☐ Library \$55/day ☐ Elem. Fields \$50/day ☐ Aux. Gym \$160/day ☐ Large Gym \$250/day ☐ Flex Rm. \$90/day ☐ Elem. Cafe. \$75/day ☐ M.S.Cafe. \$95/day H.S. Cafe. \$145/day ☐ Classroom(s) \$25/day (# of rooms) ☐ P.E. Room \$95/day ☐ Auditorium \$220/day ☐ Football Field \$250/day ☐ Ball Fields(non-football): \$165/day ☐ Track \$220/day ☐ Parking Lot (varies) ☐ Other: Custodial fee has a 4-hour mininum for all after hour events. Start Date: End Date: ☐ One Time Only ☐ Weekly (complete details below) ☐ Monthly (complete details below) Please Note: There is a \$35.00 per hour fee for custodian for events outside normal business hours. There is a 4-hour mininum. Day(s) and Time of Use: Date of Event Time in Time out Monday Tuesday Wednesday Thursday Friday Saturday Sunday Will Cafeteria be used? □Yes □ No Will kitchen/equipment be used? □ No ☐ Yes Will Cafeteria worker be needed? ☐ Yes □ No By signing below, I agree that I have read, understand, and will abide by Metro Nashville Public School Facility Use Policy and Procedures. I also understand that a \$35.00 per hour fee is charged for custodial services outside normal hours. Date _____ Signature of Requestor ____ Signature of Cafeteria Manager _____ Date ____ (ONLY if kitchen/equipment is being used). OFFICE USE ONLY Invoice # Approved by FU Office Schedule #: Hold Harmless: Deposit Amount: Custodial @ \$35.00/hr \$ ☐ One Time Total Charges \$ □ Reccuring ☐ School-related

HOLD HARMLESS AGREEMENT

FACILITY USE

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 one year from the date that the contract is executed.

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

- a) Any claim, damages, costs, and attorney fees for injuries or damages arising, in part or in whole, from the organization's use of the facility; 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 Metropolitan Nashville Public Schools and the Metropolitan Government of Nashville and Davidson County make no warranties about the safety, maintenance, or inspection of the facility before, during, or after it is being used by the requesting organization.

I/WE UNDERSTAND THAT A CUSTODIAL AND/OR CAFETERIA MANAGER FEE OF \$35 PER HOUR WILL BE CHARGED IF NEEDED FOR BUILDING SUPERVISION AND/OR CLEAN-UP, AND/OR FOR THE 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: