



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day,
Whatever it Takes

To Whom it May Concern:

District 65 requires that all individuals will provide us with proof of insurance. To accomplish this, individuals shall provide District 65 with a **Certificate of Insurance** naming Evanston/Skokie CC School District 65 Board of Education and the members thereof individually, its employees, officers, and agents as certificate holder and additional insured on all insurance policies on a primary and non-contributory basis. Insurance requirements are:

Each Occurrence	\$1,000,000.00
Fire Damage (any one fire)	\$ 300,000.00
Med Exp (any one person)	\$ 10,000.00
Personal & ADV Injury	\$ 1,000,000.00
General Aggregate	\$ 3,000,000.00
Products-Comp/OP AGG	\$ 1,000,000.00

Coverage must be included for sexual abuse & molestation

The Certificate of Insurance should be for a period of one year, renewable annually.

The Certificate of Insurance should be proved with the signed agreement.

Thank you for your cooperation in this matter. If you have any questions regarding this request, please contact me at 847-859-8047.

Sincerely,

Bonnie Kent, CPPM
Purchasing

Bonnie Kent, CPP, CPPM
Purchasing, Business Office

1500 McDaniel Avenue
Evanston, Illinois 60201

P 847.859.8047
F 847.866.7294

Evanston/Skokie SD 65
www.district65.net



APPLICATION FOR USE OF DISTRICT 65 FACILITIES

Please submit completed form(s) and a copy of the city's Food Event Permit (if applicable)

Permittee shall comply with all applicable requirements of State, Federal and local regulatory authorities and Board policies with respect to the use of the premises. Smoking and the use of alcoholic beverages are prohibited.

DOCUMENTS REQUIRED FOR ISSUANCE OF PERMIT

Documents	Public	PTA Sponsored		School Sponsored		District Functions
		High-Risk*	All Other	High Risk*	All Other	
1. Application for Use of School Facilities Completed and Signed	Required	Required		Required		Required
2. Certificate of Insurance for One Million Dollars naming D65 as Additional Insured	Required	Required from High Risk* Providers	—	Required from High Risk* Providers	—	—
3. Hold Harmless and Non-Discrimination Clause - Completed & Signed	Required	Required		Required		—
4. If food will be served to general public – Permit from the City of Evanston (see below)	Required	Required		Required		Required

*High risk activities include but are not limited to physical activities, martial arts, fun fairs or the use of water, fire, ladders or scaffolding.

Name		Date	
Address		City	Zip
Phone number of meeting contact person (required)			
Purpose of Meeting			
PTA Sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, printed name and signature of PTA representative	
School Sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, signature of Principal	
School Requested		Area or Room(s)	Number of People
JEH Board Room only <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Board Room A & B <input type="checkbox"/> Board Room A (North Side) <input type="checkbox"/> Board Room B (South Side)	
Date(s) of Use and Day(s) of Week		Beginning Time(s) and Ending Time(s)	
Will food be served to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, a Temporary Food Event Permit must be obtained from the City of Evanston http://www.cityofevanston.org/assets/temporary_event_food_permit_app.pdf and must accompany this application. A ten-day notice prior to event is required.	
Will kitchen equipment be used? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, a licensed Nutrition Services employee is required at a cost of \$40 per hour. You will be contacted by the Nutrition Services to make arrangements. A ten-day notice prior to event is required.	
<i>More information about temporary food events is available on the web or by calling the Nutrition Services @ 847/859-8130.</i>			
Special Requests (check all that apply) <input type="checkbox"/> PA System <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Screen <input type="checkbox"/> Podium <input type="checkbox"/> Piano <input type="checkbox"/> Dressing Room			
Approval of School Principal is REQUIRED except for JEH Board Room use:			
Principal's Signature:		Date:	
The undersigned applicant agrees to abide by all rules and regulations adopted by Evanston/Skokie School Board governing the use of the facility and to see that the same are carried out and obeyed by others; to assume responsibility for and to make good any damage to facility or equipment during the period of rental or use.			
Name (please print): _____		Date: _____	
Signature: _____		Email: _____	

For Office Use Only: PERMIT NUMBER: _____ DATE ISSUED: _____

Copies Sent To: Requestor, Head Custodian, School Secretary, and Nutrition Services



Evanston/Skokie School District 65
www.district65.net
Forward to Excellence

Buildings & Grounds
 2017 Greenleaf Street
 Evanston, IL 60201
 847/424-2420 (Office) 847/869-4685 (Fax)

INDEMNIFICATION AND HOLD HARMLESS

IN CONSIDERATION of the Board of Education of Evanston-Skokie School District No. 65, Cook County, Illinois (hereinafter "School District 65"), permitting _____ (hereinafter "Permittee"), to utilize the School District's _____ (hereinafter the "Premises") for a _____ (hereinafter "Permitted Activity") according to the attached schedule on the following date or dates:

Permittee does hereby agree to indemnify, defend and save harmless School District 65, its Board of Education and the members thereof individually, its employees, officers and agents (hereinafter collectively the "Indemnitees"), from and against any and all claims, damages, liability and expense in connection with personal injury or damage to property arising from or out of any occurrence, in, upon or at said Premises in connection with said Permitted Activity occasioned wholly or in part by an act or omission of any person on the Premises in connection with said Permitted Activity. In case the Indemnitees shall be a party to any litigation in which a claim is made arising out of the aforesaid use of the Premises, then Permittee shall protect, defend and hold harmless and pay all expenses and reasonable attorneys' fees incurred by the Indemnitees in connection with such litigation.

It is hereby represented that the person(s) executing this document is duly authorized to act on behalf of Permittee.

 Signature of Authorized Agent for Group (Permittee) Date

 Name of Group

 Address City State Phone



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Evanston, IL 60201
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NON-DISCRIMINATION CLAUSE

The undersigned hereby submits assurance that

Name of Organization / Group

Shall not discriminate or deny equal access to any individual on the basis of sexual orientation or any protected status, including race, color, national origin, sex, religious belief, physical and mental handicap or disability, status as homeless, or actual or potential marital or parental status, including pregnancy, be denied equal access to programs, activities, services or benefits or be limited in the exercise of any right, privilege, advantage, or denied equal access to educational and extracurricular programs and activities.

Signature of Authorized Agent for Group

Date

Name of Group

Address

City

State

Phone