



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## Charter Schools

### REQUEST FOR AFTER-HOURS USE OF FACILITIES

Please use this form to request the utilization of District facilities for events/programs/activities held outside of the District school's instructional days and hours ("After-Hours Use") throughout the school year. Examples of After-Hours Use include, but are not limited to, Back to School Night, Spring break, prom, student dances, culmination/graduation, After School and Enrichment Programs, child care, use of District facilities on Admission Day or other District-observed holidays, Saturday school, etc. **A separate form must be submitted for each After-Hours Use, via email to [prop39afterhours@lausd.net](mailto:prop39afterhours@lausd.net) and copy [prop39@lausd.net](mailto:prop39@lausd.net).**

Note: The cost for After-Hours Use during District-observed holidays, weekends, and/or Summer break may be greater than the costs for After-Hours Use during District instructional days during the regular school year.

**The District requires charter schools to disclose all known anticipated After-Hours Use events/ programs/activities for the entire school year, by no later than May 15 of the previous school year.** Please use this form to disclose all After-Hours Use events/programs/activities known to and anticipated by Charter School for the school year (one form for each After-Hours Use). These disclosures will not preclude Charter School from submitting additional requests for After-Hours Use throughout the school year.

**For any additional requests for After-Hours Use during the school year not already disclosed to the District by May 1 of the previous school year: This form must be submitted at least forty-five (45) days before the intended After-Hours Use. Failure to timely submit this form may result in the denial of Charter School's request for After-Hours Use or the assessment of additional fees/costs for Charter School's After-Hours Use.**

**IMPORTANT: PLEASE BE ADVISED THAT COMPLETION OF THIS FORM AND/OR ACKNOWLEDGMENT OF RECEIPT OF THIS REQUEST FOR AFTER-HOURS USE DOES NOT CONSTITUTE APPROVAL OR PERMISSION TO PROCEED WITH CHARTER SCHOOL'S PROPOSED USE OF AN LAUSD FACILITY.**

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

I. APPLICANT INFORMATION

Charter School Name: \_\_\_\_\_ District School Name: \_\_\_\_\_

Charter School Address: \_\_\_\_\_  
Street Address, City, State and Zip Code

Charter Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Charter School Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact Name Phone: (\_\_\_\_\_) \_\_\_\_\_

II. EVENT/PROGRAM/ACTIVITY DETAILS

A. Please select the appropriate box to indicate your responses to the questions below.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Will products be sold and/or will services be provided for a fee at the event/program/activity?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will any fees or admissions be charged and/or donations be collected at/for this event/program/activity?           | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, how much? \$ _____ How often (if applicable)? _____ (per month, week, etc.)                                   |                          |                          |
| How will the collected funds be used? _____   |                          |                          |
| 3. Will Charter School contract with any third parties for services and/or products for the event/program/activity? * | <input type="checkbox"/> | <input type="checkbox"/> |

\* If Charter School will be contracting with any third party vendors, companies, and/or organizations, please specify the type(s) of services and/or products they will be providing in the space below (attach additional pages, if necessary).

Additional insurance/documentation may be requested depending on the type of event/program/activity that Charter School intends to host, per applicable District policies and procedures. All vendor certificates must be submitted to the Division of Risk Management and Insurance Services at least two (2) weeks prior to intended event/program/activity.

B. Describe Charter School’s intended event/program/activity in detail (attach additional pages, if necessary) and attach supporting documentation, if any (e.g. a program calendar/schedule, event flyer or advertisement, list of activities, detailed agenda, or event program).

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C. Will any of the activities below be a part of the intended After-Hours Use? Check all activities applicable to your event.

- |  |   |
|--|---|
| <input type="checkbox"/> Before/After School Program<br>(License/Unlicensed) | <input type="checkbox"/> Beautification Event (e.g. gardening, murals, painting, campus clean up) |
| <input type="checkbox"/> Informative Session/Meeting                         | <input type="checkbox"/> Concert/Performances   |
| <input type="checkbox"/> Instructional Use during District Shutdown          | <input type="checkbox"/> Festival/Fair/Carnival   |
| <input type="checkbox"/> Professional Development/Training                   | <input type="checkbox"/> Fireworks  |
| <input type="checkbox"/> Summer Occupancy **                                 | <input type="checkbox"/> Fundraising  |
| ** If submitting for summer occupancy,<br>please complete Attachment A.      | <input type="checkbox"/> Inflatables  |
|  | <input type="checkbox"/> Recreational Sports  |
|  | <input type="checkbox"/> Summer/Winter/Spring Campus  |
|  | <input type="checkbox"/> Other: _____   |

D. Will there be food/concessions at the event/program/activity?  YES  NO

If YES, please specify:  Pre-packaged meals  Food Trucks  Catering  Other: \_\_\_\_\_

III. **EVENT/PROGRAM/ACTIVITY ATTENDANCE**

A. Will the event/program/activity be open to the general public? Please check ONE.

- Open to the Public  Closed to the Public or by Invitation Only

B. Number of participants: \_\_\_\_\_ C. Participants’ grade level(s), if applicable: \_\_\_\_\_

Requested Facility ***	Qty. (if applicable)	Date		Time (includes setup/teardown, if applicable)		Day(s) of the Week (e.g. Sundays ONLY; Monday-Friday)
		Start Date:	End Date:	Start Time:	End Time:	

Requested Restroom(s)	Qty. (if applicable)	Restroom(s) Location: Building Name/Floor Number/Room Number, if applicable
Boys Restroom(s)		
Girls Restroom(s)		
Faculty (Men) Restroom(s)		
Faculty (Women) Restroom(s)		

(Note: Facilities vary by District school site)

\*\*\* Available facilities may include, but are not limited to, the following:

- |                   |                             |                    |                                |
|-------------------|-----------------------------|--------------------|--------------------------------|
| • Tennis Courts   | • Blacktop/Playground       | • Soccer Field     | • Classroom                    |
| • Swimming Pool   | • Quad Area                 | • Football Field   | • Library                      |
| • Small Gymnasium | • Outdoor Basketball Courts | • Track Field      | • Multipurpose Room            |
| • Large Gymnasium | • Outdoor Lunch Area        | • Baseball Diamond | • Auditorium                   |
|                   |                             | • Soccer Diamond   | • Cafeteria – Dining Area ONLY |

IV. EVENT/PROGRAM/ACTIVITY PARKING

NOTE: Availability of parking during Charter School’s event/program/activity is NOT guaranteed and is at the discretion of the school or District office.

- A. Check all areas to be used for parking:
  - Street Parking     Parking Lot     Playground/Blacktop
  - i. Type of parking:     Self parking (no parking operator)     Parking Operator/Valet Company
  - ii. If Charter School intends to use a parking operator, please provide the name of the company that will be providing services: \_\_\_\_\_ (NOTE: Parking operator will also be required to provide insurance.)
  - iii. Will shuttle services be provided?     YES     NO    Operator Name (if different from section ii): \_\_\_\_\_
- B. Will a fee be charged to park?     YES     NO    C. Number of cars anticipated? \_\_\_\_\_
- i. If YES, how much per vehicle?    \$ \_\_\_\_\_     Hourly     Daily

V. EVENT/PROGRAM EQUIPMENT

Will Charter School require use of any District equipment for the proposed After-Hours Use?     YES     NO

*If YES, please specify the type(s) of equipment and desired quantity of each item. (e.g.. Audio/visual devices, lighting, tables, chairs, etc.)*

NOTE: Charter School must request the use of furniture and equipment with the District school administrator. Additional fees may be required to be paid for the rental of equipment, labor, and/or technical services.

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VI. INSURANCE REQUIREMENTS

The Division of Risk Management and Insurance Services reviews insurance and indemnification requirements for all activities held on District property. All vendors or other third parties need to comply with insurance and indemnification requirements. Standard insurance requirements are subject to change. Actual insurance requirements will be determined by the nature and scope of Charter School’s proposed After-Hours Use.

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## DISTRICT SCHOOL AUTHORIZED REPRESENTATIVE

**\*\*THE SIGNATURE OF THE DISTRICT SCHOOL PRINCIPAL/ADMINISTRATOR BELOW DOES NOT CONSTITUTE APPROVAL OR PERMISSION FOR CHARTER SCHOOL TO PROCEED WITH ITS PROPOSED AFTER-HOURS USE OF AN LAUSD FACILITY\*\***

### **REQUIRED: TO BE COMPLETED BY DISTRICT SCHOOL PRINCIPAL / ADMINISTRATOR**

Important: The following questions will help determine whether the District school needs or does not need to request additional custodial cleaning time.

- Is the after-hours use during time that custodial staff is assigned to work? If yes, then an hour for hour charge is not necessary.
- Does the after-hours use impact the custodial cleaning schedule? For example, are the room(s) requested supposed to be cleaned during the requested occupancy time and can the schedule not be adjusted to clean the room(s) later? Is there time to clean the identified restroom(s) after the requested occupancy time? Can the schedule be adjusted to clean the restroom(s) later? If a schedule adjustment is not possible, please provide the additional time [minutes or hour(s)] below needed to prepare the space(s) for the next day's instruction. Otherwise, if a schedule adjustment is possible and custodial overtime is not required, you may put "0" in the boxes below.

Requested number of custodian(s) (per day):	
Requested number of custodial overtime (per day):	

**By signing below, the District school principal, or other administrator, confirms that he/she has been informed of this request and has no objection to the proposed After-Hours Use.**

\_\_\_\_\_  
Signature of District School Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
First and Last Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of District School

## CHARTER SCHOOL AUTHORIZED REPRESENTATIVE

By signing below, the authorized representative Charter School represents that the information provided in this form is true and correct. Misstatements, misrepresentations, or omissions may cause cancellation, delay, or refusal of this request.

\_\_\_\_\_  
Signature of Charter School Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
First and Last Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Charter School

**Please return the completed request via email to [prop39afterhours@lausd.net](mailto:prop39afterhours@lausd.net) and copy [prop39@lausd.net](mailto:prop39@lausd.net)**