

CONTRA COSTA COMMUNITY COLLEGE DISTRICT

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500 Court Street, Martinez California 94553
(925) 229-1000

CONTRA COSTA COLLEGE

2600 Mission Bell Drive
San Pablo, CA 94806
(510) 235-7800
www.contracosta.edu

DIABLO VALLEY COLLEGE

321 Golf Club Road
Pleasant Hill, CA 94523
(925) 685-1230
www.dvc.edu

LOS MEDANOS COLLEGE

2700 East Leland Road
Pittsburg, CA 94565
(925) 798-3500, (925) 439-2181
www.losmedanos.edu

APPLICATION FOR USE OF COLLEGE FACILITIES

I hereby make application for use of District facilities on behalf of the below named organization.

TYPE OF ORGANIZATION

Name of Organization _____

Religious

Address of Authorized Agent _____

Community Non-profit

Telephone Number/Email _____

Community Serv. Contractor

Person in charge (if different from above) _____

Private

Purpose of Meeting _____

Will an admission charge or collection of funds of any type be made as prerequisite to participation? Yes No

Amount per person \$ _____

If "Yes", what will the proceeds be used for? _____

DATES DESIRED	HOURS		FACILITIES REQUESTED LOCATION/BUILDING	ROOM
	FROM	TO		

Number of Chairs _____ Number of Tables _____ Expected Attendance _____

SPECIAL SERVICES OR EQUIPMENT. Complete the schedule of fees form (Business Procedure 6.03 Exhibit A or B) if special services and/or equipment are needed. If special services and/or equipment are needed for persons with disabilities, please attach requests to the schedule of fees on a separate piece of paper.

I understand that the use of college facilities must be in accordance with the rules and regulations of the Governing Board of the Contra Costa Community College District including possibility of cancellation should the facilities be needed for the educational program. I further understand that in connection with the use of the facilities the organization named above is to pay the contra Costa Community College District as stipulated.

The above named organization and its members shall be held responsible for any and all loss, accident, neglect, injury or damage to person, life or property which may be the result of, or may be caused by the organization's occupancy of the facilities or premises, and for which the District might be held liable. The organization shall defend, save harmless and indemnify the District and its officers, agents and employees against all liabilities and claims for damages for death, sickness or injury to persons or property, including without limitation, all consequential damages, from any cause whatsoever arising from or connected with the organization's use of District facilities or equipment provided under this agreement resulting from the conduct, negligent or otherwise, of the organization, its agents or employees or their guests.

The County Assessor of Contra Costa County has invoked a possessory interest tax on all rentals of and other possessory interests in DISTRICT and other publicly -owned properties. This tax is mandatory by law and is levied on the Organization and not the property. (California Revenue and Taxation Code § 107 et seq.)

ORGANIZATION recognizes and understands that in accepting this rental agreement that his or her interest may be subject to a possible possessory interest tax that the County Assessor may legally impose on such possessory interest held by the ORGANIZATION, that such tax payment shall not reduce any rent due the DISTRICT, and that such tax shall be the liability of and be paid by the ORGANIZATION.

Signature of Authorized Agent

Date

An approved application is the permit to use the named facilities. The organization's representative in charge should bring the permit to each scheduled use.

FOR COLLEGE USE ONLY

Charges as indicated on the attached listing

Cancellation of approved applications should be made at least 48 hours prior to the scheduled use. Use of facilities charges will be invoiced if this notice is not provided.

___ Payment: ___ in advance by (date) _____ Or within seven (7) days of receipt of invoice

___ Certificate of insurance naming the District as an additional insured in the _____ Certificate of insurance waived
amount of (at least) **\$1,000,000.00** is on file with the college.

APPROVED DISAPPROVED

Signature of college President or Authorized Representative

Date