

APPLICATION FOR USE OF SCHOOL FACILITIES
Omaha Public Schools - DEPARTMENT OF DISTRICT OPERATIONAL SERVICES
3215 Cuming Street Omaha, Nebraska 68131-2024
Phone: 402-557-2202 FAX: 402-557-2269

APPLICATIONS WILL BE APPROVED OR DENIED AND NOTICE SENT TO APPLICANT AND SCHOOL PRINCIPAL. APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT OF DISTRICT OPERATIONAL SERVICES AT LEAST FIVE (5) WORKING DAYS PRIOR TO PROPOSED BUILDING USE DATE. SCHOOL DISTRICT RESERVES THE RIGHT TO APPROVE OR DENY THIS APPLICATION IN ACCORDANCE WITH APPLICABLE SCHOOL DISTRICT POLICY, REGULATIONS, PRACTICES AND PROCEDURES.

INSTRUCTIONS:

- A. Fill out blanks completely or XX blanks which do not apply to your request. An incomplete form may be rejected.
- B. Obtain building principal's approval for use of the facility on specified date(s).
- C. Send completed application to Department of District Operational Services (address listed above).
- D. Questions regarding the application should be directed to the address and phone extension listed at the top of this page.

******* PERMIT IS GOOD FOR CURRENT SCHOOL YEAR ONLY ***** NO SMOKING OR ALCOHOL PERMITTED *******

1. Official Name of Organization Douglas County Juvenile Probation Youth _____ Adult Both _____
 2. Proposed Use Cognitive Group Date of Application April 25, 2019
 3. School to be Used Omaha South Magnet Hours of Day 12 am/pm (to) 1:30 am/pm
(Includes Setup and Takedown Time)

NOTE: Custodial pay is based on 1/2 hour before and after time shown above plus any additional time needed for setup and clean up.

4. Space to be Used CLASSROOM 345 Size of Group 12 TO 15
 5. Date(s) to be Used Every Monday, Tuesday, + Thursday EXCLUDE
from June 3, 2019 through July 25, 2019 THU, 7/4/19
(Day(s) of week and date(s))
(In case of series of meetings, specify all dates.)

6. Price of Admission: No Yes _____ If yes \$ _____
 7a. Special Equipment (Audio Visual): No Yes _____
 If Yes, explain _____
 7b. Room Set Up Required: No Yes _____
 If Yes, explain _____
 8. Refreshments to be served: No Yes _____
 If Yes, explain _____

(There will be a fee if kitchen facilities are needed.)

Commercial General Liability Policy

Insuring Company N/A Policy Number _____

A certificate of insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 must be provided to the Department of District Operational Services before use of the facility. Omaha Public Schools must be named as the Additional Insured for General Liability.

NOTE: Additional terms and conditions of the Application are printed on the reverse side of this application. You should read these carefully. Your signature on this Application signifies that you have read all instructions and will guarantee adherence to the rules and regulations for the above group.

Applicant Authorized Representative (Print Name) Nichole Curry (Signature) Nichole Curry
 Applicant Address 319 S. 17th St. Zip Code 68102 Phone No. 402-250-7216
 Applicant Email nichole.curry@nebraska.gov Building Principal's Signature _____

DO NOT WRITE IN THIS SPACE. FOR DEPARTMENT OF DISTRICT OPERATIONAL SERVICES USE ONLY

CHARGES:
 Rental - Performance _____ Custodial Services _____
 - Rehearsal _____ Stage Manager _____
 Security Services _____ Other _____
TOTAL _____ **APPROVED:** _____
 Department of District Operational Services

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 Fund Code: _____ Program: _____ Department: _____
 Class Field: _____ Account: _____ Project/Grant: _____