

OFFICE OF THE SUPERINTENDENT

Millburn Public Schools

INFORMATION ITEM

December 6, 2010

To: Board of Education Members

From: Ellen E. Mauer, PhD

Subject: Rental Fees

It is that time of year in which we review rental fees. Attached please find a copy of our current structure. The \$35 per custodial hour fee still covers our most expensive overtime custodian's hourly rates. I would recommend keeping the rental the same for the next year. The rental fees are also not recommended to increase for entities renting before and after school.

A member would like us to consider a fixed rate increase for any entity using the building during the school day. This should also be a part of our discussion.

It was also requested by our administration and PE staff that we consider a rental fee for equipment, particularly, the volleyball net, platform, padding for platform and pads for poles. Usually, when we rent the building, there is not an equipment fee, but for this item in particular, we would like to charge an additional \$10 per use. We will have to replace it more frequently since it is used so much for rentals.



Application for Facilities Use

MILLBURN C. C. SCHOOL DISTRICT 24 • www.millburn24.net

- Millburn Central • 18550 Millburn Road • Wadsworth, IL 60083 • PH 847-356-8331 • FAX 847- 356-9722
- Millburn West • 640 Freedom Way • Lindenhurst, IL 60046 • PH 847-245-1600 • FAX 847-265-8198

FACILITIES CHARGES District 24 is charging rental fees in an attempt to cover the costs incurred for overtime, custodial, supplies, and utilities as approved by BOE, 11/23/09.

Category:	Rental Charge	Custodial Fee
District Sponsored, PTO and Foundation	Waived	Waived
Charitable and Non-Profit (requires tax-exempt status)	\$5 per classroom \$25 per gym or cafeteria	\$35 per hour*
Colleges and Universities	\$50 per hour	\$35 per hour*
Commercial	Whichever is greater: 8.5% of gross revenue realized through location OR \$5 per classroom/\$25 per gym or cafeteria	\$35 per hour*
Field Use	\$10 per event**	

*This additional fee will be charged only at times we have to schedule a custodian during non-working hours regardless of the number of rooms rented by a group.
 **Lindenhurst Park District is exempt.

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Contact Person:	Email
Mailing Address, City, State, Zip	Phone

GROUP INFORMATION

Name of Requesting Group: (Scout groups must include troop/den number and grade level)
Check one: <input type="checkbox"/> District Organization <input type="checkbox"/> Colleges and Universities <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Profit
Purpose and Nature of Activity (briefly)
Anticipated Number of Participants:
Activity will be open for <input type="checkbox"/> General Public <input type="checkbox"/> Group Members Only <input type="checkbox"/> Restricted to:

DATE and TIME REQUESTED

Check one: <input type="checkbox"/> Single Meeting Date <input type="checkbox"/> Series of Meetings	
Date(s) Requested:	Day of Week:
Start time of activity: AM or PM	End time of activity: AM or PM

FACILITIES REQUESTED

<input type="checkbox"/> East Gym	<input type="checkbox"/> Classroom
<input type="checkbox"/> West Gym	<input type="checkbox"/> Soccer Field <input type="checkbox"/> North <input type="checkbox"/> Center <input type="checkbox"/> South
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other

OTHER NEEDS

<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Sound System
<input type="checkbox"/> Tables	<input type="checkbox"/> Bleachers
<input type="checkbox"/> Chairs	<input type="checkbox"/> Other

➔ NOTE: A Certification of Liability Insurance and check for the full amount according to the Facilities Charge chart above must be submitted with this application. Checks are made payable to "Millburn District 24." Dates will only be approved when school is in session.

The undersigned, who is to be in charge of the activities, is 21 years of age or older. He/She agrees to be responsible to the Board of Education for the use and care of the school property. He/She further agrees to be personally responsible for any damage to property other than ordinary wear and tear due to such facilities use.

Signature of Responsible Person _____ Date _____

For Office Use Only
 Facilities Use APPROVED DENIED Other Needs APPROVED DENIED Principal Approval _____

Room Assignment Dates that are NOT included with this application