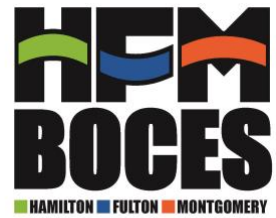


# HFM BOCES Use of Facilities Form



**Return this form to:**

HFM BOCES OPERATIONS DEPARTMENT  
(518) 736-4380 phone; (518) 736-4382 fax  
2755 State Highway 67, Johnstown, NY 12095

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Anticipated #of Participants: \_\_\_\_\_

Time (start/finish): \_\_\_\_\_ / \_\_\_\_\_ Set Up Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Affiliation (priority is given to groups in the following order):**

**Public Agency Use:**

- BOCES Sponsored Program or Service
- Component Public Pre-K-12 Program
- Collective Bargaining Unit Serving BOCES Employee
- Public Colleges in the HFM BOCES region as recognized by NYS SED Charter

**Private Educational Agencies and Not-For-Profit Agencies based within the HFM BOCES region as allowed under NYS Education Law section 414 (you must initial both statements below):**

- \_\_\_\_\_ Regional Private, Not-For-Profit School as recognized by NYS SED Charter
- \_\_\_\_\_ Not-For-Profit Agency based within the HFM BOCES region

**For-Profit organizations and other groups that do not meet one of the criteria listed above are NOT eligible to utilize HFM BOCES facilities.**

**PLEASE INITIAL ALL OF THE FOLLOWING:**

- \_\_\_\_\_ As an authorized representative of the applicant, I assure “non-exclusivity” of the events to be held at BOCES facilities under NYS Education Law section 414(c).
- \_\_\_\_\_ As an authorized representative of the applicant, I assure that fees will not be charged outside of limits stated in NYS Education Law section 414(d).
- \_\_\_\_\_ Proof of Liability Insurance with the HFM BOCES named for at least \$1,000,000 of coverage is attached.
- \_\_\_\_\_ As an authorized representative of the applicant, I assure that our organization will abide by the HFM BOCES Code of Conduct.

*Requests for use of space by other than a BOCES sponsored program or service cannot be considered earlier than 8 weeks or later than 2 weeks prior to the requested use date.*

ROOM CHARGES—Check Areas Requested (*charges do not apply to covered public agencies listed above*):

First Floor	Room	Full Day	Half Day
A101	Main Lobby	<input type="checkbox"/> \$250	<input type="checkbox"/> \$150
B108	Criminal Justice	<input type="checkbox"/> \$200	<input type="checkbox"/> \$120
C101	Conference Center Lobby	<input type="checkbox"/> \$100	<input type="checkbox"/> \$60
C109	Culinary CR	<input type="checkbox"/> \$150	<input type="checkbox"/> \$90
C112	Auditorium/Cafeteria (add each below for larger area)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$285
C112A	Training/Conference	<input type="checkbox"/> \$130	<input type="checkbox"/> \$78
C112B	Training/Conference	<input type="checkbox"/> \$130	<input type="checkbox"/> \$78
C114	Interchangeable Classroom (w/o computer lab function)	<input type="checkbox"/> \$120	<input type="checkbox"/> \$72
C114	Interchangeable Classroom (with computer lab function)	<input type="checkbox"/> \$170	<input type="checkbox"/> \$102
E103	Gymnasium	<input type="checkbox"/> \$450	<input type="checkbox"/> \$270
<b>Second Floor</b>			
A200	Balcony (main lobby upstairs)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$30
A203	Board Room	<input type="checkbox"/> \$120	<input type="checkbox"/> \$72
<b>Additional</b>	<b>Breakout Rooms must be booked in addition to a space above Qty:</b>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$45

Rates include "reasonable" setup and breakdown time

ANCILLARY CHARGES—Check Areas Requested:

Description	Charge
<b>Custodial Rate</b> is charged only for extended hours (beyond normal facilities hours (i.e. weekends and holidays). Extended hours rental over \$1000 may require two custodians.	<input type="checkbox"/> \$35/hour
<b>Technology</b> (internet connection, computer, projector, setup, etc.)*	<input type="checkbox"/> \$30 flat fee <i>per setup</i>
<b>Food Services</b> are not available from the HFM BOCES. Third party caterers may not use kitchen facilities or utensils. Third party vendors must provide proof of liability insurance or be covered under requesting agency's insurance.	<input type="checkbox"/> We will use a third party vendor for off-hours

\*technology charges do not apply to BOCES programs and departments

Inquiries regarding facilities use can be made by calling the HFM BOCES Operations Department at 736-4380. Formal request for facilities use must be made online at <http://www.myschoolbuilding.com>. Operations staff can assist with this process, and you will need to call to receive login information if needed. The Operations Department can also provide information and forms that you will need to reserve rooms as well as to request food services, computer connections and other ancillary services.

Facilities use requests are not considered approved until entered, approved and activated using the online request system and until the requesting organization provides complete paperwork and approval is granted.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_