



## COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: 9/10/2019 Meeting Date: 9/19/2019

Name: Jeff Crawford Department: Fire Department

Division Manager's Signature:

A handwritten signature in blue ink, appearing to be "Jeff Crawford", is written over a light blue horizontal line.

### 1. Nature and purpose of agenda item:

Agreement between Columbia County School Board and Columbia County Fire Rescue to sponsor Trunk or Treat held at the Fort White High School parking lot

### 2. Recommended Motion/Action:

Approve agreement between Columbia County Fire Rescue and Columbia County School Board to use Fort White High School parking lot to have Trunk or Treat

### 3. Fiscal impact on current budget.

This item has no effect on the current budget.



Fire Chief  
Jeffrey Crawford

## COLUMBIA COUNTY FIRE RESCUE

509 SW Bascom Norris Dr., Lake City, FL 32025  
Office (386) 754-7057 Fax (386) 754-7064

### MEMORANDUM

DATE: September 10, 2019

TO: Ben Scott

FR: Jeffery Crawford

RE: Trunk or Treat

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As you know, Columbia County Fire Rescue, with the help of Lt. David Bickel and a few other firefighters have sponsored and put on the Trunk or Treat in Fort White for many years. We would like to be able to help sponsor this event again this year. This is a very worthwhile event for the children of Columbia County. This gives the parents a safe place to take their children and enjoy trick or treating. All candy and supplies are donated by local vendors. The firemen sponsor and work at this event on their own time and aren't paid any extra. There is no cost to the county. I am asking that the county again this year, allow the Fire Dept. to sponsor this worthwhile event. The Trunk or Treat event will be held at Fort White High School parking lot. It will be on October 31 from 5:00pm to 9:00pm.

Use of Facility Agreement Number: \_\_\_\_\_

**DISTRICT School Board of Columbia County  
Use of Facilities Agreement**

This Agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the District School Board of Columbia County, Florida, hereinafter referred to as the DISTRICT, and \_\_\_\_\_, hereinafter referred to as the USER.

The parties to this agreement have agreed that the following terms and conditions shall be applicable to the use of any of the DISTRICT facilities described herein.

1. School Board Policy 9.04 shall be incorporated by reference into this agreement, and the parties agree to be bound by the terms and conditions found herein.

2. The following information is presented by the USER in order to obtain the requested facilities and the USER affirms that said facts are true and correct to the best of its knowledge and belief:

**Organization Information**

Organization Name: <i>Columbia County Fire Rescue</i>	Organization Address: <i>509 SW Bascom Norris Dr.</i>
Organization City, State, Zip: <i>Lake City, FL 32025</i>	Applicant Name:
Applicant Phone Number:	Applicant Email:
Is Applicant authorized to sign for organization:	Is Organization Not For Profit:

**Event Information:**

Name of School Requested: <i>Fort White High School Parking lot</i>	Purpose of Use (Event Description): <i>Trunk or Treat</i>
Calendar Dates Requested: ** <i>October 31, 2019</i>	Days of week requested (& total number of days): <i>Thursday 1</i>
Hours Requested (example 4PM to 6PM): <i>5pm - 9pm</i>	Is meeting free to the public (if no, what is the cost?): <i>yes</i>

Anticipated number of attendees: <u>3000</u>	Participation fee (please specify if fee is per person or per group, Include team/club registration & dues): <u>N/A</u>
Anticipated number of participants: <u>100</u>	Age range of participants: <u>18-65</u>
Special set up required: <u>no</u>	Other: <u>—</u>

\*\* If additional room is needed for dates requested, please submit schedule on separate page.

Please check (x) Facilities Needed:

- |                                                                                                                                      |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Classroom – number requested _____                                                                          | <input type="checkbox"/> Kitchen          |
| <input type="checkbox"/> Cafeteria/Multipurpose                                                                                      |                                           |
| <input type="checkbox"/> Media Center                                                                                                |                                           |
| <input type="checkbox"/> Music Room                                                                                                  |                                           |
| <input type="checkbox"/> Gym/Activity Center                                                                                         | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Stadium                                                                                                     |                                           |
| <input type="checkbox"/> Auditorium (PMS Only)                                                                                       |                                           |
| <input type="checkbox"/> Practice Field(s) – number needed _____                                                                     |                                           |
| <input type="checkbox"/> Game Field (s) - number needed _____                                                                        |                                           |
| <input checked="" type="checkbox"/> Court(s) or other outside area – specify type area or court and number needed <u>Parking lot</u> |                                           |
| <input checked="" type="checkbox"/> Restrooms open (when using outside court or practice fields)                                     |                                           |

USER is a corporation, association, or entity lawfully authorized to enter into this Use of Facilities Agreement. USER further agrees that it will use the premises in an appropriate manner consistent with applicable laws, State Board of Education Rules, the policies and procedures of the District School Board of Columbia County and the directions of the facilities administrator in charge of the facilities being used.

As provided for under common law, and to the extent specifically authorized by Section 768.28, Florida Statutes, USER hereby agrees to indemnify and hold the DISTRICT harmless from and against all damages for any nature whatsoever which are caused or materially contributed to by the negligent acts of any officer, employee, agent or other representative of the DISTRICT.

USER agrees that it will furnish to the DISTRICT, along with this Agreement, a CERTIFICATE OF INSURANCE showing proof of Commercial General Liability Insurance in the amount of a minimum of one million (\$1,000,000.00) dollars.

The USER agrees to pay charges in accordance with the DISTRICT fee schedule and abide by policies concerning use of DISTRICT facilities listed in Requests for Use of Facilities Procedures and to reimburse the District School Board of Columbia County for any property damage sustained. USER agrees to use only those facilities which have been specified on this agreement. USER agrees to leave facilities in the same or better condition than before use. This includes but is not limited to rearrangement of furnishings, trash pickup, and removal of tools and equipment brought in by the USER. Any damages arising from NOT leaving facilities in said condition will result in additional charges being levied.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: Is request approved? yes If No, please provide reason \_\_\_\_\_

Estimated custodial hours: 4 Estimated Cafeteria Worker Hours: 6

Principal Signature: \_\_\_\_\_ Date: 9-5-19

Superintendent or Designee: \_\_\_\_\_

Board Action (Approved/Rejected): \_\_\_\_\_ Date: \_\_\_\_\_

Send signed copy to Purchasing & Risk Management Office and Superintendent's Office

**DISTRICT Use Only**

Total Rental Fee	
Total Direct Cost	
Total Labor	
Total Sales Tax	
Grand Total	