

THE TRUSTEES OF CALIFORNIA STATE UNIVERSITY

SAN JOSE STATE UNIVERSITY

FACILITY USE FOR SJSU ENTITY

Authorization No. _____ Date Submitted: _____
(FD&O Use Only)

UNIVERSITY USER:

Name of Event: _____

Name of Department/Entity: _____

Address: _____

Contact: _____ Telephone: _____

A. University Department; Student, Staff, and Faculty Group; other affiliation, etc.
(Additional Description and/or Affiliation: provide evidence of registration with Student Involvement)

B. Describe the mission of the department, purpose of use of the facility and how the use advances the SJSU academic mission:

C. How is this event directly related to your unit's core mission?

D. Is this event funded by a SJSU grant or research project. (Yes/No). If yes, list project name. Attach a copy of the scope of the grant or research project.

INTENDED USE: *(Describe the intended use of the facilities and a planned activities)*

DATE/TERM(s) of Event: (submit additional list as needed)

Date: _____ Day of Week _____ Time: _____ TO _____

Date: _____ Day of Week _____ Time: _____ TO _____

Date: _____ Day of Week _____ Time: _____ TO _____

Date: _____ Day of Week _____ Time: _____ TO _____

Date: _____ Day of Week _____ Time: _____ TO _____

APPROXIMATE NUMBER AND AGE OF PERSONS USING THE FACILITIES

Percentage of current SJSU Students, Faculty and Staff using the facilities: _____ %

APPROXIMATE NUMBER AND AGE OF PERSONS OBSERVING THE ACTIVITIES

Percentage of current SJSU Students, Faculty and Staff observing the activities: _____ %

FACILITY Requested:

(Include building names, rooms and outside areas being requested, including State owned fixtures/equipment.)

UNIVERSITY RESTROOM (Port-a-Toilets permissible at South Campus and for large events, i.e. Blues Festival must be pumped and cleaned daily and removed immediately at end of event):

EXTERIOR DOORS UNLOCKED

(Times/Dates): _____

Buildings Requested: _____

(Note: The unlocking of all interior doors of all rooms not scheduled by Academic Scheduling need to be coordinated with the individual departments by the requestor.)

FOOD/DRINK: YES (Contact Spartan Catering) NO

NO food or drinks are permitted in SJSU Lecture Rooms, Auditoriums, Gymnasiums, and Indoor Swimming Pools. A separate permit is required for all food/drinks brought on Campus. An approved copy of this request should be submitted with this application. If outside catering is being used for event, please follow the university policy regarding catering per the link referenced:

http://www.sjsu.edu/finance/policies_guidelines/catering/

FILMING OR PHOTOGRAPHY: Any event that involves these functions must be approved in advance by Public Affairs and approval needs to be included with this request.

ELECTRICAL NEEDS: (other than normal interior and exterior lighting, i.e. stadium, stage, spotlight, exterior power)

PARTICIPANT/ADMISSION FEE (will one be charged?) Yes No

If yes: Purpose: _____ Amount _____

UNIVERSITY POLICE: (required for assemblies over 300) UPD may have a separate charge for security services. Submit Special Event request for their services at the link referenced: <https://www.sjsu.edu/police/forms-requests/events-on-off-campus/index.php>. Confirmation of this should be referenced with this application.

SUPERVISION: (Contact information for persons supervising the activities at day of event)

Name: _____ Cell Phone: _____
Print Name

Signature: _____ E-Mail: _____

Name: _____ Cell Phone: _____
Print Name

Signature: _____ E-Mail: _____

Dean, Vice President or Authorized MPP signature approving of event:

Signature: _____ Date: _____

Print Name and Title: _____

INSURANCE REQUIREMENTS

University Guidelines:

- SJSU is self-insured for General Liability under the CSU Risk Pool.
- Faculty, Staff, and Students who undertake ACADEMICALLY related activities that require proof of general liability insurance from the University shall obtain a Certificate of Insurance from Risk Management.
- Resource Speakers, Alumni, UC/CSU Guests, invited by University Faculty for academic related activities shall be covered for general liability by the CSU Risk Pool.
- All events SPONSORED by the Department involving outside people / students coming to the University shall obtain proper insurance coverage from an approved outside source or Risk Management.
- A higher limit and/or additional insurance may be required by Risk Management, depending on the intended use of the facility.
- No Facility Use Authorization shall be released without the required proof of insurance coverage.

Education Code Section 89031:

- Failure (upon notification) or refusal to obtain proper reservation of campus facilities is a misdemeanor pursuant to this provision.

University Risk Management:

Karen Vogler
Associate University Risk Manager
Phone: (408) 924-2159
Email: karen.vogler@sjsu.edu

FACILITY USE RATE:

(To be completed by FD&O, Rates shall be in accordance with approved Schedule of Fees)

Facilities Cost:

UTILITIES: \$ _____
 Lights:
 Interior / Exterior
 (Other than normal exterior lighting)
 Heating/Cooling (When available):

CUSTODIANS: \$ _____
 Restrooms
 Cleanup

GROUNDS: \$ _____
 Trash / Recycling
 Irrigation:
 Shut off / Other

SPACE/FACILITY Cost(s): \$ _____

Gymnasium Facility Cost: \$ _____
 SPX 107A
 SPX 107 B
 YUH 6

<p><i>Use of Department Owned Equipment</i></p> <p>Yes <input type="checkbox"/> No</p> <p>Type _____</p>	<p><i>Technician Oversight (needs to be determined by Department)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date/Hours Needed _____</p> <p>Assigned Staff: _____</p> <p>Contact #: _____</p>
<p>Cost: _____</p>	<p>Cost: _____</p>

TOTAL Facilities USE Cost: _____

PROPOSED FEE AND FACILITY USE APPROVED:

_____ Date: _____
Sr. AVP of Facilities Development and Operations

ACCEPTED FEE and PAYMENT INFORMATION FOR PROPOSED FACILITY USE:

_____ Date: _____
Requester/Lessee (Authorized Signature)

PAYMENT:

Date of Payment: _____

Amount of Payment for Facility Use: _____

Make Check(s) Payable to: SAN JOSE STATE UNIVERSITY
Notation: Facility Use Lease Authorization #: _____

OR

SJSU Account # _____

Send Check(s) to: San Jose State University
One Washington Square
San Jose, CA 95192-0010
United States