

EXHIBIT A

SPECIAL PROVISIONS

PARTIES

The TRUSTEES, through the President of San Jose State University, known as The UNIVERSITY and _____, LESSEE / ENTITY

_____ A governmental agency.

_____ A nonprofit, charitable, educational, or character building organization.

_____ A group or individuals who will use the facility for educational or non-commercial use.

Others Specify _____

LESSEE:

(Describe the mission and purpose of the LESSEE / ENTITY)

INTENDED USE:

(Describe the intended use of the facilities)

APPROXIMATE NUMBER AND AGE OF PERSONS USING THE FACILITIES

APPROXIMATE NUMBER AND AGE OF PERSONS OBSERVING THE ACTIVITIES

FACILITY:

(Descriptive name of premises/specify if State-owned fixtures/equipment are included.)

LIGHTS:

With _____

Without _____

TERM / PERIOD:

Date: _____

Time: (From) _____ (To) _____

Date: _____

Time: (From) _____ (To) _____

If blanket coverage:

From: _____ To: _____ Time: _____

LESSEE SUPERVISION:

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

(1) Name: _____
Print Name

Cell Phone: _____

E-Mail: _____

(2) Name: _____
Print Name

Cell Phone: _____

E-Mail: _____

If Working with SJSU DEPARTMENT CHAIR / AUTHORIZED OFFICER:

Signature: _____

Date: _____

E-Mail: _____

Print Name: _____

Phone: _____

INSURANCE REQUIREMENTS

University Guidelines:

- All events involving non-university entities leasing University space shall obtain proper insurance coverage from an **approved outside source** or from the University Risk and Compliance. (Contact persons below)
- A higher limit and/or additional insurance may be required by University Risk and Compliance group, depending on the intended use of the facility.
- No authorization shall be released without the required proof of insurance coverage as mentioned under Article 20, A, B, C of the Lease of Facility by Presidential Authority.

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 and Compliance Group:

- SUZANNE SUNDHOLM
Risk Analyst
Phone: (408) 924-2283
E-Mail: Suzanne.Sundholm@sjsu.edu
- MARK LOFTUS
University Risk Manager
University Risk & Compliance
Phone: (408) 924-2159
E-Mail: Mark.Loftus@sjsu.edu

ADDITIONAL INSTRUCTIONS:

- Contact events coordinator for your TENTATIVE Room/Facility Reservation
 - For **Classroom Reservations**, contact: Michelle Liu from Academic Budgets & Planning at 408-924-2448;
 - For **Spartan Complex**, contact: Carol Bare Kinesiology at 408-924-3046;
 - For **South Campus Facilities**, contact: Jody Smith from Athletics at 408-924-1239.
- Fill out this form; if sponsored, have Dept Chair sign for approval;
- Send back to Sylvia Sosa, Fax, 408-924-7243, FD&O or mail at address below
- Secure Insurance Liability coverage from approved outside source or contact:
 - Suzanne Sundholm at 408-924-2283 Risk & Compliance Group
- Allow at least 30 days to process including authorized approvals.
- A copy of the Authorization will be sent to the Entity when approved.

FACILITY USE RATE:

(Rates shall be in accordance with the approved Schedule of Fees)

LIGHTS: \$ _____

HEATING/COOLING: \$ _____
(When available)

CLEANUP: \$ _____

JANITOR: \$ _____

SPX: \$ _____

OTHER (s): \$ _____

TOTAL FEES: \$ _____

PAYMENT:

Date of Payment: _____

Make Check Payable to: SAN JOSE STATE UNIVERSITY

Send Check to: State of CA Treasury Dept.
129 S. 10th Street
San Jose, CA 95192
United States