

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 Department / Entity: _____

Name of Event: _____

Address: _____

Telephone: _____

Fax #: _____

- 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)

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 Shops) NO

No food or drink is 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.

UNIVERSITY POLICE: (required for assemblies over 300): submit confirmation of this arrangement with this application. UPD may have a separate charge for security services.

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 _____

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

TERM: (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 _____

SUPERVISION:

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

Name: _____ Cell Phone: _____
Print Name

E-Mail: _____

Name: _____ Cell Phone: _____
Print Name

E-Mail: _____

Signature: _____ Date: _____

Print Name: _____ Phone: _____

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:

Marla Perez
Associate University Risk Manager
Phone: (408) 924-2159
Email: marla.perez@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 107 A
 SPX 107 B
 YUH 6

Gymnasium Department Cost

<p><i>Use of Department Owned Equipment</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></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. Director of Facilities Development and Operations

ACCEPTED FEE and PAYMENT INFORMATION FOR PROPOSED FACILITY USE:

_____ Date : _____
Requester

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
Facilities Development & Operations
129 S. 10th Street
San Jose, CA 95192
United States