

THE TRUSTEES OF CALIFORNIA STATE UNIVERSITY

SAN JOSE STATE UNIVERSITY

FACILITY USE FOR SJSU ENTITY

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

UNIVERSITY USER:

Name of Department / Entity: _____

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.

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:

MARK LOFTUS
University Risk Manager
Phone: (408) 924-2159
E-Mail: Mark.Loftus@sjsu.edu

FACILITY USE RATE:

(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

OTHER Cost(s): \$ _____

Gymnasium Facility Cost: \$ _____

- SPX 44A
- SPX 44B
- SPX 79 (indoor pool)
- YUH 6

Gymnasium Department Cost

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

PROPOSED FEE AND FACILITY USE APPROVED :

_____ Date : _____
Assoc. 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: State of CA Treasury Dept.
129 S. 10th Street
San Jose, CA 95192
United States