

APPLICATION FOR USE OF SCHOOL BUILDING FACILITIES OF THE SCHOOL BOARD OF BREYARD COUNTY, FLORIDA

If approved, this application will be subject to the conditions of the use agreement on the back of this form and to the charges indicated by separate sheet. Read the conditions of this agreement carefully before signing the agreement.

Date Applied July 13, 2016 (Must be completed and submitted 10 days prior to use)

Name of School/Facility Gardendale Elementary Category of User (I, II, III, or IV see back for explanation) III

Name of Organization Making Application My Community Cares

Name of President Jarvis Wash Phone No. (321) 795-8419

Purpose and Description of Use After School Mentoring Program to address/enhance academic, social, physical and life skills among children grades 1st thru 11th. Our target population will be students residing within the communities surrounding Gardendale Elementary School.

Organization Website Address mycommunitycaresbrevard.org E-mail address mycommunitycaresinc@gmail.com

Please check Yes or No below:

Will there be an admission charge? Yes or No Anticipated Attendance 75 Are sole participants eligible to attend grades K-12? Yes or No Do some or all participants attend BPS schools? Yes or No

Does your organization have a certificate of not-for-profit status from the Internal Revenue Service (IRS)? Yes or No

Do you want to use the building without heating or air conditioning to reduce the cost of use? Yes or No

Dates of Use (Full Year)	Days of Week	Hours of Use by Applicant
	S M T W TH F S	From: 10 a.m. To: 6 p.m.
	S M T W TH F S	From: To:
	S M T W TH F S	From: To:
	S M T W TH F S	From: To:

CHECK SPACE NEEDED

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Classroom(s) _____ (qty) | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Cafeteria/Auditorium | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Stadium | <input type="checkbox"/> Track | <input checked="" type="checkbox"/> Ball Field | <input type="checkbox"/> Portable(s) _____ (qty) |
| <input type="checkbox"/> Performing Arts Theatre | <input type="checkbox"/> Teacher workroom | <input checked="" type="checkbox"/> Ball Field lights | <input type="checkbox"/> Multi-Purpose Room |
| <input checked="" type="checkbox"/> Other <u>Building 61, rooms 105 & 106</u> | | | |

In addition to the terms listed on the back of this form, the User shall:

- Indemnify and hold the School Board of Brevard County, its agents, servants, and employees harmless from all liability for any injury or damage which occurs on any property or in any facility made available to the User by the School Board pursuant to this agreement and which occurs during the course of any program or activity sponsored by the User. This agreement to indemnify and hold harmless includes an obligation to indemnify and hold the School Board of Brevard County harmless for liability for any negligence on the part of the School Board. The User's promise to indemnify and hold harmless also includes an obligation to assume full responsibility and expense of investigation, litigation, judgment, and or settlement of any complaint, claim, or legal action.
- If the user is a public entity as defined in Florida Statute (F.S.) and is protected by the State's Sovereign Immunity Laws as found in F.S. §768.28, the user shall indemnify the School Board for all exposures as described in (a) above as permitted by this statute.
- Furnish a Certificate of Insurance naming the School Board of Brevard County as certificate holder and additional insured with general liability limits of at least \$1,000,000 per occurrence. Public entities shall submit a certificate outlining their coverages and adjusting company policy numbers.**

I, Jarvis Wash, an officer and/or authorized representative of My Community Cares Inc., am empowered to enter into contracts and having read this agreement and conditions on the backside, do hereby agree to abide by said conditions.

Signature of Officer and/or Authorized Representative Jarvis Wash

Address: 1555 North Cocoa Blvd Cocoa, FL 32922

Authorized Representative's E-mail address PastorJarvisWash@gmail.com Phone No. 321 795 8419

Signature of Witness Anda V Graham Application must be fully completed, signed, and witnessed

ALL FACILITY USE AGREEMENTS EXPIRE JUNE 30 EACH YEAR

Note before this agreement becomes effective, it must bear the signature of all parties below.

Approved by Principal Designee

Approved by Risk Manager Designee



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

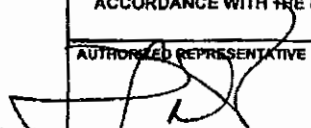
PRODUCER Florida East Coast Insurance Agency LLC 1037 Pathfinder Way Suite 120 Rockledge, FL 32955	CONTACT NAME: Tonya Dukes PHONE (A/C, No, Ext): (321) 848-0263 FAX (A/G, No): (321) 684-7294 E-MAIL ADDRESS: tonyadukes@fleastcoastagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Burlington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDC/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		1756624B	07/19/2016	07/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER School Board Of Brevard County 2700 Judge Fran Jamieson Way Viera, FL 32940	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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