



**Grant or Partnership Related Program Use of Facilities Form**

This form is required for any grant applicable event or partnership related program. Rates are set at Non-Profit/Partners.

Name of Event: \_\_\_\_\_ Grant Coordinator's Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Grant /Partnership Name: \_\_\_\_\_

<input type="checkbox"/> SLOCOE Board RM Cap. 40 (\$30 per HR)	<input type="checkbox"/> SLOCOE Human Resources Conference RM Cap 6 (\$15 per HR)
<input type="checkbox"/> SLOCOE Training RM Cap. 20 (\$20 per HR)	<input type="checkbox"/> SLOCOE Superintendent's Conference RM Cap. 12 (\$15 per HR)
<input type="checkbox"/> SLOCOE ESS Conference RM Cap. 15 (\$15 per HR)	<input type="checkbox"/> Rancho El Chorro Conference RM Cap. 12 (\$15 per HR)
<input type="checkbox"/> Morro Road ED CTR RM 107 Cap. 25 / 50-Theater Style Seating (\$20 per HR)	<input type="checkbox"/> Rancho El Chorro Auditorium Cap. 150 (\$30 per HR) <i>(Theater seating)</i>
<input type="checkbox"/> Yurt Village II Cap. 20 per yurt (\$250 per yurt)	
<b>MOT Conference</b> <input type="checkbox"/> Conference RM 1 (Capacity 10) (\$15 per HR) <input type="checkbox"/> Conference RM 2 (Capacity 15) (\$15 per HR) <input type="checkbox"/> Open Conference RM (Cap 75/110-Theater) (\$25 p/h) <input type="checkbox"/> Downstairs Classroom (CTE use only) (\$15 per HR) <input type="checkbox"/> Studio (\$35 per HR)	<b>Loma Vista Community School</b> <input type="checkbox"/> Gym Capacity 100 (\$35 per HR) <input type="checkbox"/> Kitchen (\$20 per hr) <input type="checkbox"/> RM 107 <input type="checkbox"/> RM 108 <input type="checkbox"/> RM 109 Capacity per classroom 30 / \$15 per HR per RM

Date(s): \_\_\_\_\_ Hour(s): \_\_\_\_\_ to \_\_\_\_\_ Number of anticipated participants: \_\_\_\_\_

SLOCOE Employee will be present:  Yes  No **Additional Comments/Information:** \_\_\_\_\_

I understand that if I need to cancel or change my reservation, that I will contact SLOCOE Operations **immediately** at [ops@slocoe.org](mailto:ops@slocoe.org) or (805) 782-7250. I also understand that if I need a room set up, for applicable locations, that I must also submit a "Room Set Up" request to [emartinez@slocoe.org](mailto:emartinez@slocoe.org). Room Set Up Request Forms are available on our website at [www.slocoe.org](http://www.slocoe.org) under "Forms, Manuals, and Policies" and then "Reservations and Requests".

**EXPENSE TO BUDGET CODE(S):**

\_\_\_\_\_ ( %) \_\_\_\_\_ ( %)

**Printed Authorizing Name:** \_\_\_\_\_ **Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Room Used: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ COST: \_\_\_\_\_

Room Used: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ COST: \_\_\_\_\_

Room Used: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ COST: \_\_\_\_\_

**REVENUE ACCOUNT: 01-9693-0-8650-0000-0000-000-6000-0000: \$ \_\_\_\_\_ (85%)**

**REVENUE ACCOUNT: 01-0000-0-8650-0000-0000-000-6000-0000: \$ \_\_\_\_\_ (15%)**

**After hours custodial service will incur a \$40 per hour fee. Number of hours: \_\_\_\_\_ x \$40=\$ \_\_\_\_\_**

Fees waived by Superintendent verified [ ] / Custodial Fees still apply