

NOV 13 2017

REQUEST FOR AGENDA PLACEMENT FORM

Approved

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Randy Gillespie **TODAY'S DATE:** October 27, 2017

DEPARTMENT: Personnel

SIGNATURE OF DEPARTMENT HEAD:

REQUESTED AGENDA DATE: November 13, 2017

SPECIFIC AGENDA WORDING: Request for approval of Facilities Rental Contract w/Cleburne ISD to hold Johnson County Christmas Party at Cleburne High School cafeteria and authorization for County Judge's signature.

PERSON(S) TO PRESENT ITEM: Randy Gillespie

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 5 minutes

ACTION ITEM: X

WORKSHOP: _____

(Anticipated number of minutes needed to discuss item) **CONSENT:** _____

EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: X **IT DEPARTMENT:** _____

AUDITOR: _____ **PURCHASING DEPARTMENT:** _____

PERSONNEL: _____ **PUBLIC WORKS:** _____

BUDGET COORDINATOR: _____ **OTHER:** _____

*****This Section to be Completed by County Judge's Office*****

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____

**CLEBURNE INDEPENDENT SCHOOL DISTRICT
FACILITIES RENTAL CONTRACT**

This Cleburne Independent School District ("District") Lease Agreement (hereinafter "Lease" or "Lease Agreement") is executed this the ___ day of _____, 20__, by and between the District (hereinafter "Lessor") and _____ (hereinafter "Lessee") pursuant to District Board policies GKD(LEGAL), GKD(LOCAL) and the terms and conditions contained herein.

District Facility to be rented: CHS Cafeteria

Address: 1501 Harlin Dr., Cleburne Tx

Purpose: Johnson County Employee Christmas Party

Date(s) to be used: 12-9-2017

Time: 5pm - 8pm Approximate # of Participants: 400

Practice Time(s): _____ Set-up Time: 10am - 11am

ESTIMATED COSTS:

Facility: \$ 60.00 first 3 hours and \$ 25.00 per hour thereafter
Custodian: \$ 30.00 per hour per custodian
Cafeteria: \$ _____
Sound/Lights: \$ _____ per hour

Total Estimate: \$ 295.00 (This estimate is based on tables not being moved)
Deposit Required: \$ _____

School Sponsoring Authorization: _____

Name of Organization: Johnson County

Party Responsible for Rental of Facilities: Randy Gillespie / HR Director

Address: 2 Main St. Rm. 215, Cleburne TX 76033

Phone: 817 556-6350

E-Mail Address: randyg@johnsoncountytx.org

Verification of Insurance: _____

Notes:

INDEMNIFICATION AND INSURANCE TERMS:

RA
Subject to Texas Tort Claims Act,
state statutes, and the Texas
Constitution.

Lessee covenants and agrees to indemnify, defend and hold harmless Lessor, its trustees, agents, servants and employees, from and against any and all: (i) claims for damages or injuries to persons or property arising out of or incident to the leasing of the District facilities named herein; and (ii) injuries, claims or suit damages, including attorney's fees, to persons of whatsoever kind or character, whether real or asserted, occurring during the term of this Lease in connection with the use or occupancy of the District facilities by Lessee, his or its invitees, agents, servants, employees, contractors, or subcontractors.

RA
300,000
Lessee further covenants and agrees to obtain and keep in force during the term of this Lease an insurance policy providing for bodily injury and property damage insurance in amounts as follows: ~~\$500,000~~ combined single limits bodily injury and property damage liability insurance with an insurance company satisfactory to Lessor, and to furnish Lessor a copy of such policy of insurance or a certificate, validly executed by or on behalf of the insurance company, that such insurance is full force and effect according to the terms hereof. Lessee shall be required to provide proof of insurance prior to the execution of this Lease Agreement


SPECIAL TERMS:

1. School facilities may be used by organizations or individuals, as defined in District Policy GKD(LOCAL), when not in use by the regular school program.
2. A Lease Agreement must be executed between the District and the Lessee.
3. If a fee is charged, a deposit must be made at the time of signing the Lease Agreement. The remaining fee will be due at the close of the event.
4. All meetings and/or activities shall be under the supervision of an approved adult who shall be responsible for the care of the District facility.
5. If furniture and/or equipment must be moved, it shall be the responsibility of the Lessee to move, or cause to be moved, and return, or cause to be returned, the furniture and/or equipment to its original place.
6. The Lessee will be charged fees to cover the custodian(s) and/or cafeteria employee(s) cost, and one or more technicians for sound and lights at the Performing Arts Center. See attached fee schedule.
7. The Lessee will be responsible for any damages incurred to facilities or equipment during the agreed rental time period.
8. The Lessee agrees to prohibit smoking and any food or drink except in designated areas.

Signatures

Lessee:


I, Roger Harmon, have read the Lease Agreement and Board Policies GKD(LEGAL) and GKD (LOCAL) and the above Indemnification and Insurance Terms, and Special Terms, and agrees to all conditions of this Lease Agreement. If I am executing this Lease Agreement on behalf of an organization, by my signature I affirm that I have the authority to enter into this Lease Agreement on behalf of the organization and to bind the organization to the terms and conditions contained in this Lease Agreement.


Individually

On behalf of Johnson County

November 13, 2017
Date

Lessor:


Barry Hipp
Senior Director of Operations

10-20-2017
Date

**Cleburne Independent School District
Use of School Facilities (Policy GKD Local)**

In accordance with policy GKD local, individuals/organizations wanting to use CISD facilities will be categorized into one of four groups. Group I is the only group that is exempt from paying usage fees, as this group is defined as "sponsored by the District". The following information will be used in making the determination of the level of fees to be charged.

Link to CISD facility policy: [http://www.tasb.org/policy/pol/private/128803/pol.cfm?DisplayPage=GKD\(LOCAL\).pdf](http://www.tasb.org/policy/pol/private/128803/pol.cfm?DisplayPage=GKD(LOCAL).pdf)

Briefly describe the activity/event that school facilities will be used for:

Johnson County Employee Christmas Party

Name of group/individual in charge of event:	<u>Johnson County</u>	Will this be a competition the public can attend?	<u>NO</u>
	<u>Roger Harman/County Judge</u>		
If a group, name of individual coordinating event:	<u>Randy Gillespie/HR Dir.</u>	Will people be charged an entrance fee?	<u>NO</u>
Type of event:	<u>Christmas Party</u>	Length of time of event (in hours)	<u>3</u>
Will there be a charge for students to participate?	<u>NO</u>	Will concessions be sold?	<u>NO</u>
If yes, how much per student?	<u>N/A</u>	Estimate of number of people expected to attend:	<u>400</u>
Who are these payments made to?	<u>N/A</u>		
Are children that participate in this activity required to purchase supplies from the organizer?	<u>N/A</u>	Do you or your organization have an insurance policy providing for bodily injury and property damage insurance in the amounts of \$500,000?	<u>Yes</u>
Is any individual profiting from this activity?	<u>NO</u>		
If this is a CISD club activity, what co-curricular account is the money being deposited into?	<u>N/A</u>		

Subject to TX Tort Claims Act
300,000
office use only

Randy Gillespie
Signature of person submitting form

10/19/17
Date

817-556-6350 / randyg@johnson-county-tx.org
phone number/email address of contact person:

(If you believe your organization should be a school sponsored activity, please contact Gary Buckingham @ 817-202-1100.)