



FACILITIES USE & EVENT SERVICES
 Santa Rosa Junior College
 1501 Mendocino Avenue, Santa Rosa, CA 95401
 (707) 535-3776
 E-mail: districtfacilitiesuse@santarosa.edu

This signed form must be attached to the Use of Facility Application when submitted to Facilities Use Department.

DEPARTMENT CO-SPONSORSHIP APPLICATION FOR USE OF FACILITIES

Department may not co-sponsor a fundraising event for an outside organization without the fundraising benefitting SRJC in some way.

Event Name: _____

Date of Event: _____ Time: _____

District Facility (or Facilities) being used: _____

Purpose of Event: _____

Name of non-profit organization co-sponsor: _____

Is money being accepted at this event: Yes No Representative: _____

If so, a significant portion of net income must benefit SRJC. Please attach a completed Fund Raising Activity form detailing income, expenditures, and what account net income will be deposited to.

How will this event benefit the college/department: _____

Departmental co-sponsorship of events, which allows a reduction in rental rates for the co-sponsoring nonprofit organization, requires a significant commitment on behalf of the department and its faculty/staff, including the following:

1. A department representative (a full time regular employee) who has the authority to act on behalf of the department, must be present at the entire event, from setup through cleanup, and must be responsible for ensuring that the facility is secured after everyone has left.
2. If organization being co-sponsored does not pay applicable processing/personnel fees, department is responsible for payment. Please list your appropriate departmental budget codes below.
3. If money is being accepted at this event, the department is required to submit a Fund Raising Activity form to Business Services. The permit for use of facilities will **NOT** be processed until this form, signed and approved by Business Services, is received by Facilities Operations.
4. The department is required to arrange for special services for the event (example: media equipment/ services, furniture setup, etc.).

Department Name: _____

Department Representative: _____ Phone: _____

Position: _____

Budget Code (2000s): _____

Budget Code (5000s): _____

This form must be received and processed by the Facilities Operations Office before the facility may be reserved for this event. Therefore, please return the appropriate paperwork as soon as possible to ensure your reservation of the facility.

Signatures below indicate persons have read, understand, and agree to above requirements and responsibilities.

 Signature of Department Chair

 Date

 Signature of Cluster Dean

 Date