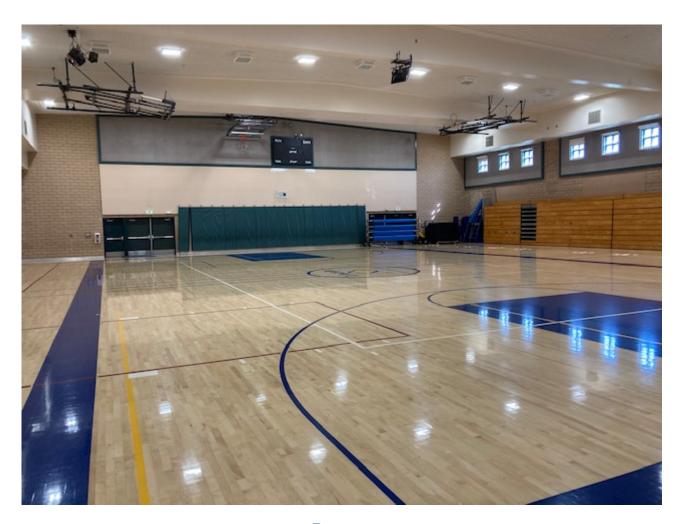
# CITY OF LINCOLN FACILITY USE PACKET

#### **LINCOLN COMMUNITY CENTER GYM**





## CITY OF LINCOLN PUBLIC SERVICES DEPARTMENT RECREATION DIVISION

2010 FIRST STREET LINCOLN, CA 95648 916-434-3220 Included you will find the paperwork necessary to reserve the City of Lincoln Community Center Gym. Thank you in advance for taking the time to read through the packet and complete the required paperwork. The community center gym features 9,000 square feet of hardwood court surfacing with one basketball or one volleyball court running north & south, or two basketball or two volleyball courts running east & west. The gym also features LED lighting, LED scoreboards on the north & south ends, a stage, and bleacher seating for approximately 350. We look forwarding to you hosting your next team practice or event at the Lincoln Community Center.





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#### **ALLOCATION PRIORITIES**

#### Organization/Team Priority:

- 1) City sponsored or co-sponsored events; City youth/adult athletic programs and/or leagues; WPUSD programs and leagues.
- 2) Non-profit youth organizations with more than 100 participants and at least 90% Lincoln residents.
- 3) Non-profit youth organizations that are ongoing/recurring users from the previous year.
- 4) Non-profit youth organizations with 50% or more Lincoln residents.
- 5) Non-profit youth organizations with less than 50% Lincoln residents.
- 6) Adult users.

#### **FEE SCHEDULE**

Fees Subject to Change

Damage Deposit (refundable) - \$400

**ATHLETIC EVENTS** 

Activity Type	Rate	
Court Use - Resident Youth	\$40 / hour	
Court Use – Non-Resident Youth / Adult / For Profit	\$50 / hour	
Court Setup	\$25 per court	
Volleyball Equipment Rental	\$25 per court / per day	
Scoreboard \$50 per day		
Scorekeepers \$20 / hour		

#### **NON-ATHLETIC EVENTS**

User Type	Hourly Rate
Gym / Stage Use	\$75 / hour
Refuse & Gym Floor Cleaning w/o Food	\$100
Refuse & Gym Floor Cleaning Fee w/ Food	\$200

#### Resident

- Organization/Team with a player roster of 50% or more Lincoln residents. If applying for resident status a roster is required.

#### • Non-Resident

- Organization/Team with a player roster of less than 50% Lincoln residents

#### Lincoln Resident

- Individual who resides within the City of Lincoln's Sphere of Influence

#### **FACILITY USE GUIDELINES, RULES & REGULATIONS**

- All users must adhere to all current state & county guidelines and protocols related to COVID-19 as published by the California Department of Public Health and the Placer County Department of Health & Human Services.
- All users are expected to leave the facility clean and orderly by removing all trash, debris, personal belongings, etc. from all areas of the facility after each use. If the facility is found damaged or left in disarray, the City will retain a portion of the damage deposit and bill the renter any additional fees necessary to cover all city incurred costs associated with the facility repairs and/or extra cleaning.
- Smoking is prohibited.
- Glass or any other drinking containers without a sealed lid s are prohibited.
- Shelled seeds, nuts, and chewing gum are prohibited.
- The sale of, possession of, and/or consumption of alcohol is by permit only.
- Renter is responsible for all guest behavior. Violence, vulgarity, behavior deemed inappropriate and unsupervised children are not permitted.
- City staff reserves the right to deny applications or cancel existing reservations based on facility maintenance needs.
- Any false information regarding details of your rental may lead to immediate termination of your rental, the possible loss of fees, and denial of your request for future use.

#### **FACILITY MAINTENANCE PROTOCOL**

Please report any damage or unsafe conditions to the City of Lincoln by following the Facility Maintenance Protocol below.

- Facility Maintenance Needs "DURING" working hours (M-F, 8am 5pm)
  - If you have a concern &/or need regarding maintenance of a facility/park/field during regular work hours, please direct your call to the Public Services office at **916-434-2450** or email to <a href="mailto:public.services@lincolnca.gov">public.services@lincolnca.gov</a>. If emailing your request, please allow the next regular business day for response.
- Facility Maintenance Needs "AFTER" working hours (M-F, 5pm 8am, and weekends)
  - If you have an immediate need regarding maintenance or repair at a facility/park/field after regular work hours, please direct your call to the Lincoln Police Department at **916-645-4040** to have the appropriate on-call staff person dispatched. If your need is not immediate, you may Email Public Services at <a href="mailto:public.services@lincolnca.gov">public.services@lincolnca.gov</a>. If emailing your request, please allow the next regular business day for a response.

#### **CITY CONTACTS**

#### **FACILITY RESERVATIONS / SCHEDULING**

Doug Brown, Recreation Manager

- Office: 916-434-3222 - Cell: 916-826-5659

- Email: douglas.brown@lincolnca.gov

#### **FACILITY MAINTENANCE**

• Scott Boynton, Facility Maintenance Supervisor

- Office: 916-434-3245 - Cell: 916-871-4309

- Email: scott.boynton@lincolnca.gov

FAILURE TO COMPLY WITH THE GUIDELINES OF ANY POLICY, RULE, REGULATION OR PROCEDURE HEREIN MAY RESULT IN FORFEITURE OF YOUR DAMAGE DEPOSIT, AN ADDITIONAL FINE TO COVER COSTS, CANCELLATION OF YOUR EXISTING PERMIT(S), AND/OR LOSS OF ALL FUTURE RENTAL/ALLOCATION PRIVILEDGES.

IT IS THE RESPONSIBILITY OFF EACH USER GROUP TO ENSURE THAT ALL COACHES/PARENTS/PARTICIPANTS UNDERSTAND, ABIDE BY, AND ENFORCE THESE POLICIES & PROCEDURES.

#### **FORMS**

**Organization Information From:** We ask that you take this time to update your organization information with us by completing the attached Organization Information Form. The information you provide will help us pass on correct information regarding your organization to the public and will also help us when we need to contact you ourselves.

**Facility Use Application & Agreement:** Please complete the attached Facility Use Application & Agreement Form. If use is recurring, this form needs to include the date your organization will begin using facilities and the date your need for facilities will end. Please complete one form for each facility your organization is requesting use of and whenever a gap in use exists beyond two weeks. This also may be accomplished by providing as an attachment a detailed list of facilities with dates & times you are requesting.

If your organization needs use of a facility on an unscheduled day after schedules have been distributed, please complete a separate Facility Use Application for each event at each facility you are requesting use of. Because most days and times will already be scheduled, it may be best to contact the Recreation Department in advance to check availability. To avoid any confusion, we will only accept requests from one or two authorized individuals in each organization as listed on the Organization Information Form.

**Team Roster Form:** The Team Roster Form will be used to validate residency and only needs to be completed if your team/organization has a residency percentage of 50% or more. Teams/Organizations with less than 50% residency do not need to turn this in.

#### **To Return Forms**

- Email to douglas.brown@lincolnca.gov
- Fax to 916-434-8057
- Drop off or mail to:

**City of Lincoln Recreation** 

Attn: Field Rentals 2010 First Street Lincoln, CA 95648



#### **ORGANIZATION INFORMATION FORM**

Organization Name:	Web Address:			
Mailing Address:				
Primary Contact:	Title:			
Cell Phone:	Email:			
If applicable, list up to two other in	dividuals who are authorized to submit	facility requests for the organization		
NAME	PHONE	EMAIL		
Sport/Activity Type:		<del></del> .		
Governing Body Affiliations (ASA, USSS	SA, All World, US Soccer, etc):			
Number of participants from previou	us year: Number of	Lincoln Residents:		
<b>NOTE:</b> In order to determine or verify the resident status of your organization, your organization may be asked, at any time, to provide such documentation requested by the City, including rosters, player addresses, picture ID, utility bill, etc.				
Insurance Provider:				
Expiration Date of Current Policy:				
Board Member Information (if applicable)				
TITLE	NAME	PHONE		
President				
Vice President				
Secretary				
Treasurer				

Forms may be dropped off or mailed to the address above, faxed, or emailed to <a href="mailed-to-douglas.brown@lincolnca.gov">douglas.brown@lincolnca.gov</a>



### **FACILITY USE APPLICATION & AGREEMENT**

APPLICANT INFORMATION						
Organization N	ame:			Web Address:		
				_		
· ·				Title:		
		EVE	NT INFORMAT	TION		
Facility Reques	ting:					
Nature of Even	t / Title:					
Start Date:			End Dat	te:		
	ļ	LIST FACILITY USE TIM				
MON	TUE	WED	THU	FRI	SAT	SUN
* If you	r use request exte	ends beyond one wee	ek and days and tin	 ne vary, please atta	ch a list of dates &	times *
		APPLIC	CATION AGREI	EMENT		
RULES / REGULAT	ions / Covid-19					
My signature belounderstand ALL thassume the responsion agree California Department INSURANCE The applicant shall arising from its rewith single limit. State(s) of the city's HOLD HARMLESS. The applicant agree losses, costs, experincluding but not be	w, as a representa e rules and regula nsibility of ensuring es to adhere to an ment of Public Hea I procure and mai ntal and use of the Such insurance sha is facilities. ees to indemnify, of nses, claims, liabi imited to persona	ative of the organizations as outlined in the grant the entire organizations as outlined in the grant the entire organization of the entire organization of the entire of	the City of Lincoln Far anization I represent county guidelines a unty Department of ansurance against and art to persons or pro- agents, officers and alless the City of Lincolnges arising out of the cluding death, expo	acility Request & All- t abides by ALL con- nd protocols related f Health & Human S ly loss or liability for perty, of \$1,000,000 employees as addit coln, its agents, office he applicant's rental osure to communica	ocation Packet. Fur ditions outlined. Fi d to COVID-19 as pur services. damage which mig 0.00 (one million do cional insurers prior cers and employees all and use of the Cit able disease, and pr	rthermore, I nally, the ablished by the ght result from or ollars) combined to the rental s, from any and all y's facilities,
Organ	ization Representi	ative		Title		Date

#### **TEAM ROSTER FORM**

Team Name	Governing Body Affiliations	

Head Coach	Phone Number		

Assistant Coach	Phone Number	

#### **PLAYER ROSTER**

Player Name	Guardian Name	City of Residence	School
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