Community Colleges of Spokane

Community Colleges of Spokane
COLLEGE FACILITY USE WAIVER/REDUCTION FORM

Name of Facility User: _____ E-mail _____

Date of event: _____ from _____ to _____

Campus ☐ SCC ☐ SFCC ☐ IEL ☐ Dist Location of event _____

Purpose of event: _____

Administrative procedure 6.10.02-A, 3.0, Fee Reduction/Waiver, authorizes the appointing authority to grant a facility use fee reduction or waiver. The fee reduction or waiver applies only to facility use fees and does not apply to actual direct labor cost, which will be charged at full cost recovery without exception. Indicate by check mark below what qualifies the organization for the fee reduction or waiver.

☐ The organization or event qualifies for the CCS community service use fee.

☐ The organization or event does not charge a participant fee.

☐ The event relates in some way to the district's or college/unit's mission.

☐ The event has a direct educational or professional development benefit to district students and/or faculty/staff.

☐ The event has more than incidental CCS student/faculty/staff participation.

☐ The licensee is a Washington state agency or institution of higher education.

I approve a facility use fee reduction/waiver for the facility use agreement number _____ for $_____ (please attach facility use agreement to this form).

Building Administrator signature _____ Date _____

Print name _____

Appointing authority's signature _____ Date _____

Print name _____