

External Facility Use – Processing Checklist

Internal Use Only: To be processed by Facilities Operations and Maintenance.

Organization Information

Organization Name:	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/>
Primary Contact Name:	Phone:
Email:	
Mailing Address: <i>Street</i>	<i>City, State Zip</i>

Event Information

Event Name:	
Description of Event/Activity:	
Date(s) Requested:	
Event Start Time	End Time:
Setup Start Time:	Breakdown End Time:
Estimated Attendance:	Age Group of Participants
Event Type: <input type="checkbox"/> Open to the Public <input type="checkbox"/> Private/Invitation Only	
Alcohol Service: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please complete the Request for Alcoholic Beverage form.)</i>	

Request Submission

- Written request submitted through the college's online reservation system
- Request submitted at least **20 business days** before the event
- Event date is **within 5 months** of request date
- Event does **not** fall on the following blackout dates:
 - Two weeks before each semester through census day (except orientations)
 - Finals Week
 - College Holidays
 - Graduation Weekends
 - Weekends (Friday 12 p.m. – Sunday)

Eligibility & Use Type	<input type="checkbox"/> Organization identified as Nonprofit <input type="checkbox"/> Nonprofit use does not conflict with district operations <input type="checkbox"/> Organization identified as For-Profit <input type="checkbox"/> For-profit use complies with policy (no financial gain; no admission fees) <input type="checkbox"/> No campaign-related or electioneering activity (unless polling place) <input type="checkbox"/> Event is not commercial, prohibited speech, or harassment/antisemitism
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Review & Approval Criteria	<i>Confirm none of the following apply:</i> <input type="checkbox"/> Space is unavailable, inadequate, or inappropriate <input type="checkbox"/> Applicant is under sanction <input type="checkbox"/> Applicant has a delinquent debt <input type="checkbox"/> Event disrupts academic programs <input type="checkbox"/> Event poses an immediate safety risk <input type="checkbox"/> Prior damage to district property <input type="checkbox"/> Proposed activity risks property damage <input type="checkbox"/> Activity includes prohibited harassment or antisemitism
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Fees	<input type="checkbox"/> Fee category determined by FOM <input type="checkbox"/> For-profit fees applied <input type="checkbox"/> Nonprofit fees applied as applicable Fee Total: _____ Cost Breakdown: Facility rental: _____ Custodial: _____ ET Technician: _____ Security: _____ Other: _____
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Sponsorship	<input type="checkbox"/> Joint sponsorship approved by VP <input type="checkbox"/> Academic Affairs and Economic Development <input type="checkbox"/> Finance and Administrative Services <input type="checkbox"/> Technology, Information & Planning Services <input type="checkbox"/> Institutional Advancement and External Affairs <input type="checkbox"/> Student Affairs and Enrollment Management
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Insurance	<input type="checkbox"/> General Liability coverage verified <input type="checkbox"/> South Texas College named as Additional Insured
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Event Logistics	<input type="checkbox"/> Educational Technologies request submitted (5 business days prior) <input type="checkbox"/> Guest account request submitted (2 weeks prior) <input type="checkbox"/> Parking request submitted to STC PD (1 week prior) <input type="checkbox"/> Security request submitted (2 weeks prior) <input type="checkbox"/> CCS approval for advertising/marketing <input type="checkbox"/> No alcohol policy acknowledged <input type="checkbox"/> Decorating rules acknowledged <input type="checkbox"/> Post-event cleanup responsibility acknowledged
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Required Documents

- Facility Use Acknowledgement
- Signed Facility Use Agreement
- Certificate of Insurance (if applicable)
- Guest Account Request Form (if applicable)
- Any required permits or approvals
- All documents submitted for processing
- Fees approved and acknowledged

Requests are **not processed** until all required documents are received.

Acknowledgment & Authorization

By signing below, the Requestor confirms that all information submitted is accurate and that all College District policies, procedures, and requirements have been read, understood, and will be followed.

Requestor

Name (Printed): _____

Signature: _____

Organization/Department: _____

Date: _____

To be processed by the Office of the President**College President Authorization**

I authorize the use of College District facilities in accordance with all applicable policies and procedures.

Signature: _____ Date: _____

Dr. Ricardo J. Solis

- Fee waiver approved by President
- Insurance waiver
- Request for Alcohol Beverage Service waiver