

REQUEST FOR SHORT-TERM FACILITY USE

INSTRUCTIONS: USAFA/POC for the event fills out this form to request facility use license processing. Please complete and submit to 10 CES/CEIAP at least **30 DAYS BEFORE EVENT**. Mark N/A if question does not apply. **Proof of insurance is required**. For properly documented non-profit organizations, a waiver of facility use fees (item 5b) may be granted. Documentation may consist of a copy of current state **Tax Exempt Certificate** or a brief explanation of reason to grant waiver (item 5g).

TO 10 CES/CEIAP, USAF Academy CO 80840	DATE OF REQUEST	
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FUL INSTRUMENT NUMBER

1. REQUESTING ORGANIZATION

a. DATE OF EVENT	
b. REQUESTING ORGANIZATION/ COMPANY	
c. ADDRESS	
d. CITY, STATE, ZIP	
e. PHONE NUMBER	
f. NAME AND TITLE OF SIGNEE	
g. FAX NUMBER	
h. EMAIL ADDRESS	

2. USAFA POC/ORGANIZATION

a. USAFA POC	
b. NAME AND RANK/GRADE	
c. PHONE NUMBER	
d. FAX NUMBER	
e. EMAIL ADDRESS	
f. RECURRING EVENT	YES <input type="checkbox"/> NO <input type="checkbox"/>

3. SUPPORTING AGENCIES

ORGANIZATION	TYPE OF SUPPORT	COST IF ANY
a.		
b.		
c.		
d.		
e.		
f.		
g.		

4. EVENT DESCRIPTION AND DETAILS			
a. NUMBER OF HOURS			
b. NUMBER OF DAYS			
c. PERIOD OF USE OF FACILITY			
d. FACILITY NUMBER OR AREA			
e. PURPOSE OF EVENT			
f. NUMBER OF PEOPLE ATTENDING	# of Participants:	# of Spectators:	
g. PROVIDE MAP OF AREA & SQUARE FOOTAGE IF AVAILABLE			
5. APPROPRIATED FUND SUPPORT REQUESTED			
TYPE	YES	NO	REMARKS
a. CUSTODIAL SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	Quantity: _____ Hours Each: _____
b. FACILITY USAGE	<input type="checkbox"/>	<input type="checkbox"/>	
c. UTILITIES SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	Total Hours: _____
d. REFUSE (<i>estimates</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Quantity of Containers: _____ Frequency of Pick-up: _____
e. OTHER SERVICES (i.e. Logistics, Communications, Security Forces, Fire etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
f. PROOF OF INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	COPY MUST BE ATTACHED!
g. NON-PROFIT DOCUMENT OR WRITTEN JUSTIFICATION FOR WAIVER	<input type="checkbox"/>	<input type="checkbox"/>	COPY MUST BE ATTACHED! IF YOU WISH TO HAVE FACILITY USAGE FEES WAIVED YOU MUST SUBMIT JUSTIFICATION FOR APPROVAL.
6. NONAPPROPRIATED FUND SUPPORT REQUESTED			
WHO	WHAT	COST	
a.			
b.			
c.			
d.			
e.			
f.			
g.			
Remarks			
NAME/TITLE OF USAFA POC/ORGANIZATION		SIGNATURE OF USAFA POC/ORGANIZATION	DATE