

## REQUEST FOR TEMPORARY USE OF SCHOOL FACILITIES

### SECTION I: TO BE COMPLETED BY ORGANIZATION REQUESTING TO USE FACILITIES

Pursuant to School Board Policies, application is hereby made and permission requested for the temporary use of school facilities.

Name of organization requesting use: Escambia Search and Rescue, K9 Unit

Name of School: Munson Elementary Facility to be used: Entire Compound

Date of use: Dec 13-14, 2014 Time of use: From: 0700 To: 6:00pm

Purpose of use: Dec 13, set up for training; Dec 14 K9 Training

Any organization or individual requesting to use school facilities or school property for any activity hereby agrees and acknowledges the following agreement:

The undersigned agent for the aforementioned organization (hereinafter collectively referred to as "Indemnitors"), for and in consideration of the undertaking of the school facilities agree to provide security and assistance while using the school facilities, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby acknowledged by Indemnitors, do hereby jointly and severally covenant, undertake and agree that they, and each of them, will indemnify and hold harmless (without limit as to amount) the Santa Rosa County School Board and its officials, officers, employees and servants in their official capacity (hereinafter collectively referred to as "Indemnitees"), and any of them from and against all loss, all risk of loss and all damage (including expense) sustained or incurred because of or by reason of any and all claims, demands, suits, actions, judgments and executions for damages of any and every kind and by whomever and whenever made or obtained, allegedly caused by, arising out of or relating in any manner to the facility and or activity, and to protect and defend Indemnitees, and any of them, with respect thereto. Indemnitors shall adhere to facility use regulations and procedures, School Board policy, and applicable state and federal laws regarding use of school facilities, equipment or property.

Indemnitors agree to provide proof of liability insurance coverage in at least the amount of \$1,000,000 per occurrence. Facilities use liability insurance may be purchased by the Indemnitors through a carrier with the Florida School Board Insurance Trust. Applications and fee schedules are available in the Risk Management office at the Administrative Complex on Canal Street in Milton.

#### NOTICE:

- School Board policy 9.30 prohibits the use of school facilities by individuals or groups for a commercial purpose or private gain except where a special service is rendered to pupils or a fee is paid as established by the School Board and the school and approval is granted by the School Board.
- School Board policy 3.42 prohibits the use of school facilities by any person or group sponsoring activities involving the consumption of alcoholic beverages or the use of drugs. The School Board also prohibits the use of school facilities for gambling activities.
- School Board policy 2.90 prohibits the use of tobacco products in any form in any district owned facility or property.

The person or group sponsoring activities shall arrange with the facility manager/principal for custodial clean-up and such person or group shall be responsible for the cost.

Signature of Authorized Representative of Organization: JJ Bachant Brown

Printed Name: JJ Bachant Brown Title: LT

Phone Number: 850-889-5776 Email Address: jbachant@dogsmith.com Date: 7 Nov 2014

### SECTION II: TO BE COMPLETED BY FACILITY MANAGER/PRINCIPAL

- A. ☒ I recommend the above organization be authorized to use the facilities as requested.  
☐ I do not recommend authorization to use the facilities as requested.
- B. ☒ Proof of liability insurance coverage attached (\$1,000,000 minimum).  
\*Liability coverage is available to purchase through an established vendor. Information on how to purchase coverage may be obtained from the Site Administrator or the Risk Management office.
- C. ☒ Daily facility use fee of \$75 attached (\$75 unless additional charges deemed necessary to defray costs).  
☒ Exempt from facility use fee for the following reason:  
☒ Request for use of exterior grounds only; no utilities required  
☒ Non-profit organization serving youth through programs that lead to positive youth growth and development (ie. Scouts, Youth Sport Associations, YMCA, etc.)  
☐ Non-profit community service organizations that help and serve members of the local community (ie. American Cancer Society, United Way, Optimist Club, etc.)  
☐ Tutoring Services by Title I Requirement

Signature of Facility Manager/Principal: [Signature] Date: 11-6-14

Return facilities use form to Risk Management to validate liability coverage requirements.

The above request and agreement approved by Santa Rosa County School Board on: \_\_\_\_\_



Escambia Search and Rescue  
9530 Nims Lane  
Pensacola, FL 32534  
850-474-1644  
<http://escambiasearchandrescue.com>

Lt. JJ Bachant-Brown, Training Coordinator  
ESAR/K-9 Unit  
6204 Foxhound Lane  
Milton, FL 32570  
(850) 889-5776 cell  
(850) 623-5591 home  
[jbachant@dogsmith.com](mailto:jbachant@dogsmith.com)

7 November 2014

Mr. Joey Harrell, Assistant Superintendent  
Administrative Services  
Santa Rosa School District  
6544 Firehouse Road  
Milton, FL 32570

Dear Mr. Harrell:

RE: Request for temporary use of Munson Elementary on December 14, 2014

On behalf of Sharon Sansom, K9 Commander for Escambia Search and Rescue (ESAR), and the rest of our K9 unit, I am requesting the use of the Munson Elementary facilities to hold a training session for our unit. As we encountered during our June 2013 training experience, the Munson facilities provide an excellent training opportunity for our K9s and their handlers to practice building and urban searches and modified disaster training. Currently in our unit we have close to 20 K9s and 10 handlers with a mixture of nationally certified K9s/handlers and those that are up-and-coming. It is important to both the dogs and the handlers to constantly be mixing up the training environments and situations; experienced and newbies alike. The Munson facilities provide just that opportunity.

Sharon and I are requesting to have access to the facilities on Saturday, December 13, 2014 in order to set up several search scenarios and then to conduct our training with the rest of the unit on Sunday, December 14, 2014.

Attached to this email is a copy of our State of Florida Consumer's Certificate of Exemption showing our 501(c)(3) status as well as a copy showing our liability insurance coverage with Santa Rosa County School Board shown as a Certificate Holder. Please let me know if you need additional documentation. Also, please direct communications through me as Sharon works as a nurse and is hard to get in touch with throughout the day. My contact information is listed above.

I'd be happy to answer any additional questions that you or the Santa Rosa County School Board might have with regards to our intentions.

Thank you for your consideration and I look forward to hearing from you.

Sincerely,

*JJ Bachant-Brown*

Lt. JJ Bachant-Brown  
Incl.



ESCSE-1

OP ID: SC

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/04/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiles-McLeod Insurance, Inc. PO Box 2747 Pensacola, FL 32513 Michael G Eddins	CONTACT NAME: Michael G Eddins	
	PHONE (A/C, No, Ext): 850-432-9912	FAX (A/C, No): 850-432-3875
	E-MAIL: meddins@hilesmcleod.com	
	ADDRESS: meddins@hilesmcleod.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Esc. Search & Rescue Inc. John 9530 Nims Lane Pensacola, FL 32534	INSURER A: Cincinnati Insurance Company	10677
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CAP5136453	09/25/2014	09/25/2015	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY			CAA5136453	09/25/2014	09/25/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CAA5136453	09/25/2014	09/25/2015	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SANTAS7

Santa Rosa County District  
School Board  
5086 Canal St.  
Milton, FL 32570

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## Consumer's Certificate of Exemption

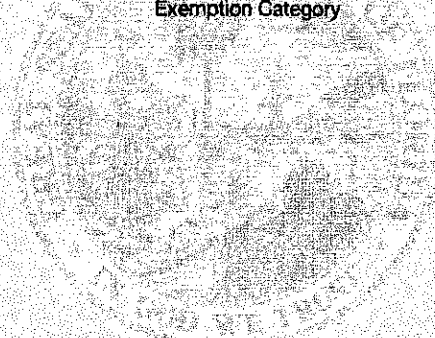
DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012528080C-9	07/31/2013	07/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ESCAMBIA SEARCH AND RESCUE INC  
9530 NIMS LN  
PENSACOLA FL 32534-1302



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.