



State Center Community College District

1525 E. WELDON AVENUE • FRESNO, CA 93704
(559) 226-0720 • FAX (559) 221-1524

PURCHASE ORDER

SHIP TO

Willow/International Center
10309 N. Willow Avenue
Fresno CA 93730

DATE OF ORDER	07/28/14
P.O. NUMBER	P1151306

VENDOR

Clovis Unified Aquatics
Attn: Rebecca Atchley
1690 David E Cook Way
Clovis CA 93611

THIS NUMBER MUST APPEAR ON ALL PACKAGES,
PACKING LISTS, INVOICES, AND CORRESPONDENCE.



DELIVERY / INVOICING INSTRUCTIONS

- INVOICE IN DUPLICATE TO: ATTN: ACCOUNTS PAYABLE, 1525 E. WELDON, FRESNO, CA 93704 OR EMAIL INVOICES TO payables@scccd.edu
- A SEPARATE INVOICE MUST BE ISSUED FOR EACH P.O. NUMBER
- NO SHIPMENTS RECEIVED AFTER 3:30 P.M. OR ON WEEKEND
- ALL SHIPPING CHARGES MUST BE PREPAID UNLESS NOTED HEREON
- ENCLOSE PACKING SLIP WITH EACH SHIPMENT

VENDOR	VENDOR PHONE	BUDGET MANAGER	REQ #	FOB	DELIVERY DATE
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0611238	559-327-2965	Thomas C. Mester	0168263	Dest	
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QUANTITY	UNIT OF ISSUE	VENDOR PART NO.	DESCRIPTION	UNIT PRICE	TOTAL ACTUAL COST
1.00			FALL 2014: USE OF CLOVIS NORTH HIGH SCHOOL POOL FOR PE-12-81007 & PE-12B-81053, MW 7:00-8:30PM, 8/11-10/17/14; C. NORTH - 18 CLASS MEETINGS @ \$70 EACH 11_50_282510_95215_XX0 REQUESTED BY DEBBIE NIETO/T. MESTER	1,260.0000	1,260.00

Goods Received and Verified

Signature Date
Return to Accounts Payable

TOTAL CHARGES	1,260.00
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By _____
AUTHORIZED AND APPROVED / DIRECTOR OF PURCHASING

ALL TERMS, CONDITIONS AND INSTRUCTIONS
SHOWN ON FACE AND BACK HEREOF WILL BECOME
PART OF ANY ORDER ENTERED INTO.

RECEIVING

Additional Covered Party Endorsement

District: State Center Community College District

Endorsement No.
20636087

Additional Covered Party:

Description of Operations, Vehicle, or Property:

Clovis Unified School District

As respects use of the Clovis North HS swimming pool

its Board of Trustees and Each Member thereof, its officers, agents and employees

Coverage Period:

Effective:7/1/2014

Expires 12:01 a.m.:7/1/2015

The coverage provided to the Covered Party is hereby extended by this endorsement to the Additional Covered Party named above in accordance with the provisions contained in the Memorandum of Coverage (MOC). The coverage extended hereby applies only with respect to liability arising out of activities in the Description of Operations, Vehicle, or Property noted above. It is intended by ASCIP in issuing this endorsement to defend and/or indemnify the Additional Covered Party only if the District is solely negligent. In issuing this endorsement, ASCIP intends and agrees to extend coverage pursuant to the terms and conditions of the MOC to the Additional Covered Party named above only to the extent that the Additional Covered Party faces liability arising out of claims, demands, or lawsuits claiming money damages on account of bodily injury or property damage as defined and limited in the ASCIP MOC. The limits of liability extended to the Additional Covered Party listed above is \$5,000,000 per occurrence for liability.

Authorized Representative: 

Date Issued:6/24/2014

ASCIP is a joint powers authority pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code and Sections 39603 and 81603 of the Education Code.

Rev 5/97

REQUISITION

State Center Community College District

SCHOOL Willow	VENDOR No.	REQUESTED BY Debbie Nieto	REQUISITION No 168263
CLASSIFICATION 11 50 262610 95215 XX0		APPROVED / BUDGET MANAGER Tom Mester <i>T/M 17 Jun 2014</i>	DATE 3/27/2014
SUGGESTED VENDOR Clovis Unified School District Aquatics, 1690 David E Cook Way, Clovis, CA 93611; Attn: Rebecca Atchley; (559) 327-9237			

ITEM No.	QUAN.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
1			Fall 2014: Use of Clovis North High School Pool for PE-12-81007 & PE12B-81053, MW 7:00-8:30pm, 8/11-10/17/14; C. North - 18 class meetings @ \$70 each		\$ 1,260.00
				SubTotal	\$ 1,260.00
				Shipping	0.00
PURCHASE ORDER No.			SPECIAL INSTRUCTIONS	SALES TAX	0.00
				TOTAL	\$ 1,260.00

PR-1
7/98
REVISED
FCC Printshop

Note
Send only the original to the Business Office.
Retain yellow and pink copies at your office.

CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Title of Contract/Agreement/Grant: Facility Use CUSD - Clovis North High School pool

Contract/Agreement/Grant Type: Facility Agreement w/CUSD and WI

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> New
<small>(If yes, may require Board approval)</small> | <input type="checkbox"/> Continuing
<small>(no changes)</small> | <input type="checkbox"/> Continuing
<small>(with changes, note changes in description)</small> | <input type="checkbox"/> Addendum to existing |
| <input type="checkbox"/> SCCCD Generated | <input type="checkbox"/> Requires Legal Review | <input type="checkbox"/> Requires Insurance
<small>(If yes, complete insurance form)</small> | <input type="checkbox"/> Resolution Required
<small>Board approval required</small> |

Contract/Agreement/Grant: Application Final

Total Amount: \$1,260.00 Date final approved: _____

Yr 1: Fall 2014 Yr 2: _____ Yr 3: _____ Yr 4: _____ Yr 5: _____

Budget No. _____ Match: _____ Period: _____

Description/Notes:
 Please review, sign and return to Tom Mester, ~~Interim~~ Dean of Instruction at WI. Facility use request for use of CUSD - Clovis North High School pool for Fall 2014 semester for instruction (PE-12-81007).

 Certificate of Insurance naming CUSD as additional insured required.

Approval Signatures:

Initiator: *Home Hopper* _____

Title: VP Administrative Services Date: 6/18/14 Title: _____ Date: _____

 Title: Vice Chancellor Admin/Finance-SCCCD Date: _____ Title: _____ Date: _____

CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Insurance (If requested):

Certificate Holder: CUSD Aquatics Attention: Rebecca Atchley
Address: 1690 David E Cook Way Phone: _____
City/State/Zip: Clovis, CA 93611 Fax: _____

Endorsements: (If yes, choose which) Additional Insured Covered Loss Payee
Party

Name(s) of Additional Insured: Clovis Unified School District

Name(s) of Loss Payee: _____

Event Name: Pool use-Fall 2014 (PE-12-81007) Date(s) of Event: 8/11/14-10/17/14

Limits of General Liability: 1,000,000 Other Coverage Limits Requested: _____

Note: Signed copy of current agreement must accompany insurance request if additional insured is requested.

Additional Notes:

Insurance is for use of swimming pool at Clovis North High School for the Fall 2014 semester - 8/11/14-10/17/14. Please forward certificate to Tom Mester, Dean of Instruction, Willow International Community College Center.



REQUEST FOR THE USE OF FACILITIES OF THE CLOVIS UNIFIED SCHOOL DISTRICT

Form 9 OP

Table with 6 columns: Name of School Site/District Facility*, List All Facilities Desired, Beginning Date, Ending Date, Beginning Time (include set-up time), Ending Time (include clean-up time). Row 1: Clovis North, Swimming Pool, 8/11/14, 10/13/14, 7:00pm**, 8:30pm.

*Submit separate form for each site requested

**The class requests permission to meet outside the pool from 6:45-7:00pm to take roll and for class discussion, and then utilize the pool area from 7:00-8:30pm.

Actual Event Time: 6:45 pm to 8:20 pm

List All Equipment and Set-Up Needed: n/a

Purpose of meeting: Community College Classes

Admission charge: Yes No X Amount: Expected Attendance: 40

Proceeds to be used for: n/a

The application process should be started as early as possible, but no later than ten (10) working days prior to the first date a school district facility is being requested. (Administrative Regulation No. 5301)

A written notice of cancellation must be received by the Facility Services Department at least seven (7) days before the event. If not, a cancellation fee of \$50.00 plus any District expenses will be charged. (Administrative Regulation No. 5301)

District Policy requires that a district kitchen staff member be employed and on duty whenever kitchen equipment is to be used by any organization. Labor for school kitchen staff will be determined on basis of necessary labor provided by the organization and the number of meals to be served. A minimum of two hours labor will be charged.

We hereby certify that we shall be personally responsible on behalf of our organization for any damage sustained on the school premises or to furniture or equipment because of the occupancy of said premises by our organization. We agree to abide by and to enforce the rules, regulations and policies of Clovis Unified School District governing the use of school facilities (refer to Use of School Facilities Policy). A Certificate of Insurance for not less than \$1,000,000 of liability per occurrence that lists Clovis Unified School District as Additionally Insured will be required prior to approval.

Name of Organization : Willow International Community College Center Non Profit Tax ID

Agent or Representative: Lorrie Hopper, Vice President, Administrative Services

E-Mail Address: lorrie.hopper@sccd.edu; Mailing Address: 10309 N. Willow Ave., Fresno, CA 93730 Phone: 325-5319

Signature: [Handwritten Signature] Date: 17 June 2014

For questions regarding this request, please contact Dr. Tom Mester, Dean of Instruction at 325-5264 or tom.mester@sccd.edu

SITE USE ONLY

Custodial Overtime Hours Required: Kitchen Requested: Yes No
Grounds Overtime Hours Required: Stadium Snack Bar Requested: Yes No
Materials Fee Required: Yes No
Security Required: Yes No
Site Approval Signature Date

DISTRICT USE ONLY - ESTIMATED FEES

Facility Fee
Custodial Fee
Grounds Fee
Materials Fee
Security Fee
* Kitchen Fee
TOTAL
Certificate of Insurance Received:
District Approval Signature Date
Site: Please submit original to the District Office Facility Services Department

* Kitchen Fees will be billed by Campus Catering

Revised March 2007

FALL 2014 - SWIMMING CLASS AT CLOVIS NORTH HIGH SCHOOL

LOCATION: WI
TERM : 2014FA

Course Section/ Synonym	Title/ Faculty Members/ Comments	Room/ Instr Methods	Days	Start Time/Date End Time/Date	Room Cap	Credits/ CEU	Sect Min	Sect Cap	Used	Wait Avail
PE-12-81007 81007	SWIMMING Becky R. Allen	CNHS POOL LAB	MW	06:45PM 08/11/14 08:15PM 10/17/14	35	1.00		35	14	0 21
PE-12B-81053 81053	INT SWIM FOR FITNESS Becky R. Allen	CNHS POOL LAB	MW	06:45PM 08/11/14 08:15PM 10/17/14	35	1.00		35	14	0 21
				PRIMARY PE-12-81007 SECONDARY PE-12B-81053				20 15	11 3	0 0 9 12
				PRIMARY PE-12-81007 SECONDARY PE-12B-81053				20 15	11 3	0 0 9 12

Class meetings;

August:

11, 13, 18, 20, 25, 27 = 6 meetings

September:

**3, 8, 10, 15, 17, 22, 24, 29
(9/1 is the Labor Day holiday-**

8 meetings

October:

1, 6, 8, 13=

**(10/15 class will meet at the
Willow campus)**

4 meetings

18 total meeting

18 class meeting @ \$70 each = \$1,260.00