



Facility Use Prioritization Certification Form
Community Services Department
 3900 Broadway, Everett, WA 98201
 Phone: 425-385-4045 Fax: 425-385-4012

Priority	Description	Initials
Group I School Affiliated Nonprofit Groups	Nonprofit groups affiliated with the district whose purpose is to support the mission of the district, i.e., PTAs, EPS Foundation, Booster Clubs, Blue and Gold Club, etc.	_____
Group II Inter-Local Agreement Groups	Groups that have an Inter-Local Agreement with the district.	_____
Group III Nonprofit In-District Youth Groups/ Select Nonprofit In-District Youth Groups	<p>Nonprofit groups/events that are exclusively for youth twenty (20) years of age or younger with open enrollment and open participation of all ability levels <u>or whose participants are selected on a competitive or tryout basis and whose activities are not open to youth of all ability levels</u> with at least 80% of the youth living within the boundaries of the district, i.e., scouting organizations, soccer leagues, little leagues, etc./select/premier and club soccer teams. First priority will be given to open enrollment programs. Special events (beyond regular meetings/league play) asking for donations, charging entry fees or admission fees, etc., may be charged an hourly fee at the discretion of the district. This does not apply to the sale of concessions.</p> <p>I hereby certify that 80% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. _____ Initial to certify</p> <p>Total number of youth group members _____ (Participant addresses required)</p>	_____
Group IV Nonprofit Partial In-district Youth Groups	<p>Nonprofit groups/events that are exclusively for youth twenty (20) years of age or under with more than 50% and less than 80% of the youth living within the boundaries of the district whose participants are provided activities for a season, i.e., scouting organizations, soccer leagues, little leagues, etc. Special events (beyond regular league play) asking for donations, charging entry fees or admission fees, etc., may be charged an hourly fee at the discretion of the district. This does not apply to the sale of concessions.</p> <p>I hereby certify that between 50% and 79% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. _____ Initial to certify</p> <p>Total number of youth group members _____ (Participant addresses required)</p>	_____
Group V Other Youth Groups	Youth groups or youth organizational activities which do not qualify under Groups III or IV.	_____
Group VI Nonprofit In-district Adult Groups	<p>Not-for-profit local adult groups with 80% of the adults living within the boundaries of the district which have as their prime focus the interest and needs of the adults of the local community, which includes adult organizations with a nonprofit status, and adult activities sponsored by government agencies, i.e., adult recreational sports, homeowners' associations, government agencies, and organized community groups. Any Group VI activity that charges a participation fee or tuition shall be classified as a Group VII.</p> <p>I hereby certify that 80% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. _____ Initial to certify</p> <p>Total number of group members _____ (Participant addresses required)</p>	_____
Group VII Other Adult Groups/For-Profit Groups	Adult groups or organizational activities which do not qualify under Group VI/all commercial and/or promotional activities such as for-profit presentations, i.e., insurance TSA informational meetings, wedding receptions and private parties.	_____

The certify the prioritization classification designation on this form is correct. I understand that if my prioritization designation does or has changed, I must resubmit this form with updated information. I also understand that EPS may require me to update this form for the purposes of accurate billing for facilities use.

Organization Name: _____ **Phone:** _____ **Email:** _____

Your Name: _____ **Date:** _____ **Signature:** _____