



Office of Auxiliary Services
(225) 771-4856

FAX: (225) 771-5611

**Southern University
Baton Rouge Campus**

RE: Use of the F. G. Clark Activity Center

To Whom It May Concern:

Thank you for your interest in using the F. G. Clark Activity Center as a place to have your upcoming function. Enclosed you will find a copy of the Standard Fees charged for use of the facility in addition to an Activity Questionnaire that must be completed and returned as soon as possible. The information can be mailed to the address below, delivered to the Activity Center, Room A-127, or faxed to (225) 771-5611.

Upon receipt of the enclosed form: the event date will be issued; a review and approval process will occur; and a contract will be completed for the event. The person listed as the contact will be notified and informed of the process as it occurs. Please note that **ALL PAPERWORK AND FUNDS MUST BE SUBMITTED WITHIN THE DESIGNATED TIME OR THE EVENT WILL NOT OCCUR**. All ticketed events must be processed through the University's Ticket Office.

If you have any questions or need further information, please contact the office at (225) 771-4856. Thank you for your cooperation, and we look forward to working with you in the future.

Sincerely,

LaTonya Green-Jones, M. P. A.
Director of Auxiliary Services
Southern University
P.O. Box 9270
Baton Rouge, LA 70813



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F. G. Clark Activity Center

Harding Blvd. Baton Rouge, LA 70813

Schedule of Standard Fees

Item	Amount	Description
1. Building Rental & Facility Access**	\$ 2,500.00	Utilities & Other indirect costs
2. Custodial Services	\$ 1,500.00	Clean-up, Monitoring, and Special Assistance
3. Event Set-up & Supplies	\$ 600.00	
4. Mandated Fees	\$ 500.00	ADA and Safety Compliance
5. Ushers & Stagehands	\$	(To be Determined)
6. Box Office Access	\$ 450.00	(if applicable)
7. Miscellaneous	\$ 1,000.00	Stage, Microphone, Piano, Spot-lights, Tables, House System, etc.

Sub-total: \$ 6,550.00

PLUS:

8. Security	\$35/hr. per officer
9. Concession/Vendor Fee	\$500.00 per day
10. Rental – Chairs	\$1.75 per chair
11. Rental – Tables (if applicable)	\$15 per table
12. Additional Ushers	\$100.00 per person per day
13. Additional Stagehands	\$100.00 per person per day

**** Building Rental - \$2500.00 or 10% of ticketed sales, whichever greater.**

(Revised 07/14)



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Activity/Event Questionnaire

COMPANY NAME: _____

Company Information:

Physical Address _____

Phone Number _____

Contact Name & Information: _____

Physical Address _____

Phone Number _____

Fax Number _____

Email Address _____

EVENT NAME: _____

Event Date(s) Requested: _____

Alternative Date(s): _____

Event Time(s) Requested: _____

Event Details

What type of event are you having? _____

How many chairs will you need? _____

How many tables will you need? _____

How many people do you expect? _____

Are you using full arena or half arena? _____

Will you have Liquor? _____ Food? _____ Other Special Needs? _____

Will you need or use any of the following? Spotlights (if so, how many?) _____

Microphone(s) (if so, how many?) _____ Stage setup (what size?) _____

Extra or Special Lightening _____ Number of Dressing Room(s) _____

Reserved Seating? Yes or No _____

Proposed Artist(s): _____

PLEASE ATTACH A COPY OF YOUR PROGRAM ITINERARY



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Activity/Event Questionnaire Cont'd

Please read and adhere to the following:

INSURANCE REQUIREMENTS:

A Certificate of Insurance listing Southern University Baton Rouge Campus as additionally insured, for the day(s) of occupancy by the Lessee and/or his agents.

Each Certificate must indicate the following minimum coverage:

Comprehensive General Liability	\$1,000,000
Worker's Compensation	Statutory
Liquor Liability	\$1,000,000
(If Alcoholic beverages are served or sold.)	

Said certificate is to be furnished ten (10) business days prior to occupancy of premises.

Coverage requirements are mandatory and can not be waived or modified, except to be increased for extraordinary hazardous events or activities.

Fees:

Balances or payments in full should be paid by certified check, cashier's check, or money order in the name of Southern University ten (10) business days prior to event. Businesses or personal checks will not be accepted. **NO EXCEPTIONS.**

By signature below, I acknowledge that I have received the Fee Schedule and Activity/Event Questionnaire and do hereby give permission to the University to release the following contact information to any third party.

Contact Information: (N/A if not applicable)

Name: _____ Email/Phone: _____

Signed: _____ Date: _____

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-001094718-12

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A ZURICH AMERICAN INS CO

COMPANY

B AMERICAN GUARANTEE & LIABILITY INS CO

COMPANY

C N/A

COMPANY

D N/A

015508-ALL-COV-07-08

INSURED

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPO 9138885-01	08/01/07	08/01/08	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	AUC 9138888-01	08/01/07	08/01/08	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 3,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE-POLICY LIMIT \$
	OTHER				EL DISEASE-EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE. [REDACTED] SHOW - [REDACTED], 2008.

HOST [REDACTED] NAMED AS ADDITIONAL INSURED AS THEIR INTEREST

MAY APPEAR AS RESPECTS REFERENCED EVENT

CERTIFICATE HOLDER

FELTON G. CLARK ACTIVITY CTR.
SOUTHERN UNIVERSITY
BATON ROUGE, LA 70813

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

By: Kevin M. Brogan

MM1(3/02)

VALID AS OF: 11/08/07

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.