



A Unique Bilingual Preschool and Kindergarten
A Non-Profit Organization
Celebrating 31 Years!

Andrea Mendez
City of San Pablo
13831 San Pablo Avenue
San Pablo, CA 94806

February 15, 2017

Dear Ms. Mendez,

We write today to request a rental fee waiver for Maple Hall for our annual fundraising event benefitting our scholarship fund and enrichment program. We kindly ask for your support of La Casita Bilingüe Montessori School at our fourteenth annual fundraiser benefitting our unique program. The Fundraiser will be a Brazilian Carnival themed dinner, dance, and silent auction. All proceeds will help fund our scholarship program which enables us to include our entire community regardless of financial background. Proceeds will also aid us in continuing our enrichment program including mindfulness and drama classes for all students.

La Casita Bilingüe Montessori is a non-profit, bilingual, English and Spanish, Montessori Preschool and Kindergarten serving families in the East Bay since 1985. Though we are located Pinole, currently 25% of our families reside in San Pablo and Richmond. Our mission is to provide a unique bilingual learning environment based on the Montessori philosophy of education and to promote world peace through multicultural experiences. Our goal is to develop within the child fundamental habits, skills, and approaches, which encourage a lifetime of creative learning.

Thank you very much for your attention to this letter, in the hopes you will take La Casita into consideration. We look forward to hearing from you soon.

Sincerely,


Zamahara Berkov-Rojas

Director/Founder

La Casita Bilingüe Montessori School

Enclosures:

Facility Rental Application

Documents stating non-profit status

Pinole, CA 94564

(510) 724-1724

www.la-casita.org

lcbms@sbcglobal.net

FEE WAIVER REQUESTED

Staff: Andrea

FACILITY APPLICATION TRACKING SHEET

(Leave yellow for coordinator)

Type of Event: FUNDRAISER Permit #: 1660

Applicant/Organization Name: La Cosita Bilingue Event Date: 5/13/17

Non-Profit Status Confirmed? (check on <http://kepler.sos.ca.gov/>)

Signed Policy Page (pg. 12)?

Waiver Requested? Yes No Council Agenda Date: _____ RESO #: _____

Letter to CM Included? Due: _____

OFFICE CHECK LIST

Remaining balance \$ 1,222.40 Balance due date (30 days before rental): 4/13/17

Amount paid: \$ _____ Date paid: ___/___/___ Remaining balance: \$ _____

Amount paid: \$ _____ Date paid: ___/___/___ Remaining balance: \$ _____

City providing liability insurance (leave blank if not sure)? Yes No

If no, liability insurance certificate was provided on ___/___/___

If yes, liability insurance certificate was written on ___/___/___

*Security Guards required? YES/ NO Date Guards Requested: _____

*If Yes, # of Guards Required: _____

Layout/Diagram Included? YES/ NO Date Layout/Diagram Needed by: 4/13/17

AV Equipment Requested? YES/ NO Desired Equipment: _____

Alcohol Requested YES/ NO *Background Questionnaire Included: YES/ NO

*If yes, letter to Chief included (due now)? Have you made a copy of applicant ID: YES/ NO

Date request was emailed to PD: _____ PD Permit Received: _____

NOTES: emailed about insurance and background, & ID needed questionnaire 2/24/17

Refund? Full Partial None Requested on: ___/___/___



CITY OF SAN PABLO
City of New Directions

Rental Agreement # 1060

Facility Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR RESIDENT RATES

Date Requested: 5/13/17 Day of Week: Saturday Type of Event: Fundraiser

Set Up Time: 1:00 PM Event Time: 6-10 PM Clean-Up Time: 10-11 PM Total Hours: 10 hrs
All rental hours must be consecutive

Name of Applicant: Zamahara Berkov-Rojas Phone Number: 510-724-1724

Name of Organization: La Casita Bilingue Montessori State Non-Profit ID# 680267194

Designated Person In Charge on the Day of Event: Zamahara Berkov-Rojas Phone: 510-724-1724

Address: 592 Tennent Ave. City: Pinole Zip: 94564

Cell Phone: 510-33-6245 Other: lcbms@sbcglobal.net

Facility Requested (Maximum capacity):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Maple Hall (145) | <input type="checkbox"/> Davis Park Senior Center (50) | <input type="checkbox"/> Activity Room 2 (41) |
| <input type="checkbox"/> Church Lane Senior Center (139) | <input type="checkbox"/> Community Room A or B (48) | <input type="checkbox"/> Commercial Kitchen (2) |
| <input type="checkbox"/> San Pablo Community Hall Full (96) | <input type="checkbox"/> Teen Lounge (47) | |
| <input type="checkbox"/> Davis Park Multi-Purpose (80) | <input type="checkbox"/> Madeira Room (45) | |

Total Attendance: 135 Children (ages 1-12) 0 Teens (13-20) 0 Adults (21-35) 50 Adults (35+) 85

Will alcoholic beverages be served? YES*/ NO For Sale? YES*/ NO *If "YES" see page 9 of Rental Policy

Photo I.D Required: Type: California Driver Lic Number: E0049317

My signature certifies that I have read and understood the rules and regulations as set forth by the City of San Pablo Recreation Division governing the use of the Public Facility Rental Policies, that I will take full responsibility for ensuring that the use of this facility and areas by the organization/party I represent is in full adherence and compliance with these rules and regulations, and that I will hold the City of San Pablo harmless from any damage, claim for damage for personal injury or death, damage or loss of property, claim for damage to or loss of property incurred in the use of this facility. I will accept full responsibility for them throughout the period specified in the Facility Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested facility. I am also aware that by signing this contract, I take full responsibility for the behavior exhibited by my guests during my rental.

SIGNATURE OF APPLICANT: Zamahara Berkov-Rojas DATE: 02-15-17

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$ 15.00
Deposit	\$ 500.00
Hourly Fee	\$ 200.00
Insurance Fee (Will organization/applicant provide their own Insurance? <u>yes</u>)	\$ 107.40
Alcohol Fee	\$
Staff Fees (\$20/person/hour) <u>2 staff required</u>	\$ 400.00
Security Guards	\$
Equipment	\$
Amount Total	\$ 1,222.40

Recreation Staff Signature: _____ Date Received: 2/24/17 Approved Denied By: [Signature]

CM Staff Signature: _____ Date Received: _____ Approved Denied By: _____

ACCEPTANCE OF APPLICATIONS

In signing this application, I certify that I have received the Public Facility Rental Policies. I have read and understood the facility rules and instructions, and I (or organization represented) will abide by any conditions set forth therein. I agree to hold the City of San Pablo, the individual members thereof, and all of its officers, agents and employees, free and harmless from any loss, damage, cost of expense that may arise during or caused in any way by such use or occupancy of recreational facilities.

I understand that I (or organization represented) am responsible for any damages or fees sustained to the buildings, furniture or equipment through occupancy. Responsibility includes but is not limited to third party fines issued as a result of not following facility rental policies. Any lost equipment or damages sustained must be compensated within seven days of event date.

Name of Applicant (please print): Zamahara Berkov-Rojas

Signature of Applicant: *Zamahara Berkov-Rojas*

Date: 2/15/17

Organization Name (if applicable): La Casita Bilingue Montessori School

City of San Pablo
 2450 Road 20
 San Pablo, CA 94806
 Phone: (510) 215-3080
 FAX: (510) 215-3015
 Email: recreation@sanpabloca.gov

Rental Agreement Charges Summary

#3006797.002

Feb 24, 2017 10:15 AM



CITY of SAN PABLO

City of New Directions

LA CASITA BILINGUE
 MONESTTORI
 592 TENNENT AVENUE
 PINOLE, CA 94564

Prepared By: Andrea Mendez

Company ID: 162

Home phone: --, Work phone: --

Payment Summary

Check:	\$0	Cash:	\$0
Credit Card:	\$0	Memo:	\$0
Account:	\$0	Gift Card:	\$0
Financial Aid:	\$0		
Total Received:	\$0	Total Payments:	\$0
		Payment Plan:	\$1,222.40

Transactions

Customer	Description	Charge
Zamahara Berkov-Rojas 592 Tennent Avenue Pinole, CA 94564 Home phone: -- Email: lcbms@sbcglobal.net ID: 27306 For: La Casita Bilingue Monesttori	Fundraiser #1660 Action: Reservation Location: Maple Hall Community Center at City Hall Rental Agreement # 1660 Question Please specify the table and seating arrangements required for your event. Do you require tables and chairs to be set up at your event?	\$1,222.40 Answer Banquet Seating Yes Total Charges \$1,222.40 Total Payments \$0 Balance \$1,222.40

1 Payment Plan for 1222.40 Balance

Due Date	Amount Due
Mar 29, 2017	\$1,222.40

In the case that you can not reach staff on the day of your rental please call Recreation Coordinator, Andrea Mendez at (510) 621-7745.

Public Facility and Rental Waiver
 Waiver for: Zamahara Berkov-Rojas

Applicant Name: La Casita Bilingue Montessori School
Applicant Address: 592 Tennent Ave.
Applicant Address: Pinole, CA 94564
Applicant Phone Number: 510-724-1724

Today's Date 2/24/17

Dear Chief of Police,

My name is Zamahara Berkov-Rejas and I wanted to inform you that I have rented out
Applicant Name

Maple Hall with the City of San Pablo for a School fundraiser.
Facility Name *Type of Event*

I have paid for the event to start at 1:00P until 11:00P on May 13, 2017
Start Time *End Time*

I will be serving alcohol starting at 6:00P until 10:00P on May 13, 2017
Start Time *End Time*

The type of alcohol I will be serving is Beer & wine
List all types of alcohol which will be served

I have paid for 0 security guards to be at the event.
of Guards

They are uniformed and licensed security guards from _____
Security Guard Company Name

The total cost of security guards for my event is \$ _____, which will be paid by _____
Guard Cost *Date Rental Fees are Due*

If you have any questions regarding my reservation please feel free to call me at (510) 724-1724.
Phone Number

Thank you,

X Zamahara Berkov-Rejas
Applicant Signature