



***FCPS Community Use***  
***Support Organization-PTA, PTO, PTSA, Boosters After-School/  
Summer Programming Process***

**Step 1: Principal Discussion with Support Organization (PTA/PTO/PTSA/BOOSTER ACTION)**

The school's Principal will determine the scope of available space for after-school programs.

- Support Organization (PTA, PTO, PTSA and Boosters-3<sup>rd</sup> party Independent Contractors
- Events are from last bell until 5:30 pm or *before* school hours, Monday-Friday
- If the Principal approves the planned programming, then proceed to **Step 2**.

**Step 2: Support Organization *discussion* with Program Operator(PTA/PTO/PTSA/BOOSTER and Program Operator ACTION)**

The school's Support Organization will discuss with the Program Operator FCPS's requirements to become a Support Organization Independent Contractor offering classes/programs.

- All Program Operators (Independent Contractor and volunteers) must be processed by FCPS HR **prior** to the start date of the program.
- FCPS HR background/fingerprint clearance completed of any employee that will be on FCPS grounds
- After an agreement with the Principal and School's Support Organization, the Program Operator will enter their usage request into FCPS's Scheduling System (FSDirect).
  - To become an Organizational Event Coordinator(OEC) that allows scheduling rights, the Program Operator will enter their insurance information and will agree to the 'terms and conditions' required by FCPS.
  - Failure to enter a request for usage in FSDirect by the Program Operator could result in a denial of current and future usage.

**FSDirect Process Example:**

*Bull Run ES hires the Program Operator XYZ to offer soccer starting October 01 and running for 10 weeks.*

1. XYZ will apply to become an OEC through FCPS's Scheduling system
2. Once approved, XYZ will enter their request for usage by using the following format to Title their usage **PTA/XYZ/SOCCER**
3. XYZ will submit a list any employees that have not been FCPS HR background checked to [FCPSCommunityUse@fcps.edu](mailto:FCPSCommunityUse@fcps.edu) with the Program Operator's name in the Subject line.
4. The request will be routed back to the school for verification and for the school to match the ADM-24 associated with the program to the FSDirect schedule request prior to approving. If an ADM-24 has not been completed by the Support Organization, do not approve until completed and presented to the school.

**FCPS HR background/fingerprint clearance must be completed on every employee/volunteer that will be on FCPS grounds for after-school programs!**

### **Step 3: Independent Contractor contacts FCPS Community Use to become FCPS 'ready' to provide programming**(Program Operator/ IC ACTION)

PTA, PTO, PTSA, Boosters (Support Organizations) can only enter into agreements for programming with the program provider (Independent Contractor, volunteer, or off-contract FCPS staff) ONLY after meeting the requirements by Community Use.

### **Step 4: Finalizing the Support Organization Program Schedules**(PTA/PTO/PTSA/BOOSTER and Program Operator/ IC ACTION)

- Support Organizations (*not* the Program Operator or Independent Contractor) will complete the **ADM-24** information forms. (pages 4-6)
  - Submit to Principal for approval and signature
    - Advertisement flyer must list the Support Organization as the sponsor of the program
    - Advertisement flyer can't state that the event is FCPS sponsored
    - Fees for participation can't exceed \$20.00/hour
  - ADM-24 and ADM-24b are *retained* by the hosting school for financial review

The ADM-24 form is a necessary documentation of the events that occur through Support Organizations. The information is valuable for the safety, equity, and accountability of the programs offered.

### **Step 5: Support Organizations (PTA/PTO/PTSA/Booster) must provide oversight of the programs**(PTA/PTO/PTSA/BOOSTER ACTION)

The Support Organization must monitor the Program Operators that are contracted to provide programming by invitation from the Support Organization.

- Student attendance check in and monitoring
- Confirm that all persons providing the programming has been FCPS HR cleared with HR badges visible
- Contact the Principal if any breach of procedure or incidents occurs
- Create a plan for parent pick-up monitoring

Participating students cannot be unattended during the programs. The oversight obligation of the students attending the after-school support programming is through the Support Organization that invited the operating programs onto FCPS properties.



# APPLICATION FOR BOOSTER CLUB, PTA, OR PTO MANAGED FEE-BASED CAMPS, CLASSES, CLINICS, AND LEAGUES

Reset Button

Fee based activities (camps, classes, clinics, and leagues) with Fairfax County Public Schools (FCPS) paid employees complete pages 1-3; activities using volunteers or Independent Contractors complete page 1 only. Principal approved events must be entered into FSDirect for Community Use approval. All paperwork, including the flyer, must be approved by the Principal, and retained by the school. Financial documents (ADM-24A and ADM-24B), are required to be submitted to your school financial technician within four weeks of the close of each activity with FCPS paid employees.

- Name of Booster Club, PTA, or PTO \_\_\_\_\_
- Name of Activity \_\_\_\_\_
- Activity Date(s) \_\_\_\_\_ Number of Days  S  M  T  W  Thu  F  Sat.  
Please Check All Activity Days
- Daily Activity Times \_\_\_\_\_ Number of Hours per Day \_\_\_\_\_
- School to Be Used \_\_\_\_\_ Location: (e.g., gym, cafeteria, classroom, fields) \_\_\_\_\_
- Estimated Number of Students \_\_\_\_\_ Student's Age or Grade \_\_\_\_\_
- Total Cost Per Participant \$ \_\_\_\_\_ Supply Fee Included  Yes  No If Yes, supply cost \$ \_\_\_\_\_
- What Type of Instructor(s) Are You Using? (please check all that apply)  
 FCPS Employee (receiving pay for this activity)  FCPS Employee (volunteering for this activity)  
 Independent Contractor  Volunteer  Parent Volunteer  Instructor Who Needs to Become an Employee
- Who is Responsible for Handling Registration and Payment?  Booster, PTA, or PTO  Independent Contractor
- If Using an Independent Contractor (IC), Please Provide the Name of the Company. \_\_\_\_\_

## 11. FSDirect Schedule ID # \_\_\_\_\_

This activity has been approved by the Booster Club, PTA, or PTO and will be under the Booster Club, PTA, or PTO direction. We have reviewed the current versions of Regulation 8424 and Notice 8424, agree to the requirement therein, and request your approval for this activity. Promotional material flier to activity is attached. The Principal must approve the flyer and the flyer can not state that FCPS is the provider of the program.

Booster Club, PTA, or PTO Representative (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_ Date \_\_\_\_\_

Camp, Clinic, Class Director, or Independent Contractor (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_ Date \_\_\_\_\_

APPROVED  DISAPPROVED

Comments: \_\_\_\_\_

Principal or Designee \_\_\_\_\_ Date \_\_\_\_\_

**NEXT STEP- Independent Contractor/provider will immediately submit a request in FSDirect for Community Use for scheduling/processing using the format: PTA/xyzyz company/soccer as the event title example.**

**CAMP, CLASS, CLINIC, OR LEAGUE PROPOSED BUDGET\***

(Activity) \_\_\_\_\_ (Location) \_\_\_\_\_ (Inclusive Dates for Session) \_\_\_\_\_  
 Session \_\_\_\_\_ of \_\_\_\_\_ Session(s)

Booster Club, PTA, or PTO

**ESTIMATED INCOME**

Number of Campers		Fees Per Session		Total
_____	x	_____	=	\$ _____
_____	x	_____	=	_____
_____	x	_____	=	_____
Total Estimated Income				\$ _____

**PROJECTED EXPENSES**

Personnel (Counselors and Guest Lecturers listed on page 3)

Name	Title	Amount		Amount
		\$	Equipment (attach list)	\$
			Supplies	\$
			Turf Replacement Fund	\$
			Printing	\$
			Awards	\$
			Postage	\$
			Custodian (invoiced by CUS)	\$
			Insurance	\$
			Other	\$
(please specify)				

Counselors (from page 3)      \$ \_\_\_\_\_

Lecturer(s) (from page 3)    \$ \_\_\_\_\_

Total Personnel Expenses      \$ \_\_\_\_\_      Total Other Expenses      \$ \_\_\_\_\_

Total Expenses ..... \$ \_\_\_\_\_

Projected Net Income ..... \$ \_\_\_\_\_

Disposition of Net Income: \_\_\_\_\_

**COPIES OF THE FINANCIAL DOCUMENTS (ADM-24A AND ADM-24B), ARE REQUIRED TO BE SUBMITTED TO SCHOOL FINANCE TECHNICIAN WITHIN FOUR WEEKS OF THE CLOSE OF EACH SESSION WITH FCPS-PAID EMPLOYEES.**

**PROJECTED COUNSELOR STAFF**

(Counselors must be 16 years old or rising 11<sup>th</sup> graders)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Amount</u> (if applicable)	<u>School Currently Attending</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PROJECTED GUEST LECTURER(S)**  
(may not be current FCPS employee)

<u>Name</u>	<u>Number of Hours</u>	<u>Fees</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## Submitting IC Employees/Volunteers for FCPS HR Background Checks/Badges

(Program Operator/ IC ACTION)

**Step 1** If you have NEW employees that have NEVER been background checked through FCPS HR, please enter their name below in a spreadsheet format and submit to [FCPSCommunityUse@fcps.edu](mailto:FCPSCommunityUse@fcps.edu)

Please allow up to 2 weeks for processing.

Format Sample:

INDEPENDENT Contractor Business Name: \_\_\_\_\_XYZ SPORTS\_\_\_\_\_

<u>Employee Name</u>	<u>Employee email</u>	<u>Employee phone number</u>
John Smith	Jsmith @gmail.com	571-571-57123
Judy Jones	<a href="mailto:jj1985@gmail.com">jj1985@gmail.com</a>	703-123-4567

**Step 2** If you have RETURNING employees, the employee must *return* their 2021 badge and obtain a 2022 badge from HR Gatehouse Welcome Center. Hours are 9am-4pm M-F.

All employees must be cleared and badged PRIOR to working any IC events in or on FCPS facilities!! If IC employees are not cleared and badged prior to working in or on FCPS property, the IC will not be permitted to offer their services through FCPS Support Organizations. This is a safety violation.

FCPS Community Use only submits the employee's names received from the Independent Contractor for background checks to FCPS HR. After submission from FCPS Community Use, any further questions can be directed to FCPS HR 571-423-3000.