

**Laupāhoehoe Science and**

**Education Center**

**Facility & Land Use Request Form**

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| --- |
| Form Instructions: |
| *Please complete this form elec*tr*onically and return to:* *SM.FS.hetf@usda.gov**. You can expect to be contacted* w*ithin 2 weeks of receipt date regarding confirmation of your request. We recommend you submit this form well in advance of your needs to ensure facility space and land use areas are available.* |
|  |  |  |  |  |  |  |
| Resource Conservation: |
| The Laupāhoehoe facility is off the grid and using a UV filtered water catchment system. Resource conservation is required at the facility. |
|  |  |  |  |  |  |  |
| Fees: *(Rates are effective March 4, 20 - March 4, 2021)* |
| ‘Ōhi‘a house:  | $84.06/night |
| Camping:  | No Cost |
| Classroom use:  | No Cost |
| ‘Ōhi‘a house common space: | No Cost, but may not be available at all times |
|  |  |  |  |  |  |  |
| 1. Applicant Information:
 |
| Application Date: | Click here to enter a date |
| USFS Host Name:  | Click here to enter text |
| Applicant Name: | Click here to enter text |
| Organization and/or name of Project: | Organization/Project info here |
| Address: | Click here to enter address |
| Email: | Click here to enter email address | Phone: | Click here to enter phone |
|  |  |  |  | Fax: | Click here to enter fax |
|  |  |  |  |  |
| 1. If Applicant will not be on-site during use – Please provide the names and phone numbers for all on the ground team leaders:
 |
| Enter team leaders here |
|  |  |  |  |  |  |  |
| 1. Use Request date(s):
 |  |  |  |  |
| Arrival Date: | enter a date | Departure Date: | enter a date |
| Approx. Arrival time: | Choose time | Approx. Departure time: | Choose time |
|  |  |  |  |  |  |  |
| 1. Indicate the related purpose for your use. Include percentages if multiple categories apply.
 |
|[ ]  Research | (\_\_%) |  |  |  |[ ]  Service | (\_\_%) |  |  |  |
|[ ]  Education | (\_\_%) |  |  |  |[ ]  Outreach | (\_\_%) |  |  |  |
|[ ]  Other, | Describe |
|  |
| 1. Indicate whether you are requesting facility use and/or land use (for research, education, or demonstration activities).
 |
|[ ]  Facility Use | Land Use |
|  |  |[ ]  ‘Ōhi'a Common Garden |[ ]  Gulch Restoration |[ ]  Other, Describe |
|  |  |  |  |  |  |  |  |  |
| 1. Describe the activity for which you are requesting facility and/or land use. We may request additional information regarding land use requests before approving use:
 |
| Activity Description |
|  |  |  |  |  |  |  |
| 1. Please describe how your requested use of the Laupāhoehoe Science and Education Center relates to the mission and/or goals of IPIF and the HETF. (IPIF’s mission: <http://www.fs.fed.us/psw/programs/ipif/> HETF mission: <http://www.hetf.us/page/home/> )
 |
| Describe relation to mission here |
|  |  |  |  |  |  |  |
| 1. Day Use Space Requested *(check all that apply):*
 |
|[ ]  Not applicable |
|[ ]  Classroom/Meeting House (small kitchen, bathroom available in bunkhouse or main house) |
|[ ]  ‘Ōhi‘a House Common Space (includes full kitchen, meeting table, living room, & bathroom) |
| *If you have other needs including equipment, please explain:* |
| Click here to enter text |
|  |  |  |  |  |  |  |
| 1. Overnight Space Requested *(check all that apply):*
 |
|[ ]  Not applicable |
|[ ]  ‘Ōhi‘a House – Bedroom 1 (sleeps 3, shared bathroom); indicate number of beds: Choose |
|[ ]  ‘Ōhi‘a House – Bedroom 2 (sleeps 2, shared bathroom); indicate number of beds: Choose |
|[ ]  ‘Ōhi‘a House – Bedroom 3 (sleeps 3, shared bathroom, separated for kitchen and common space by classroom);indicate number of beds: Choose |
|[ ]  Additional cots are needed. How many? Enter number  |
|  | 9a. If requesting overnight accommodations, how will payment be made? |
|[ ]  FS job code | Enter code here |[ ]  Check or money order |  |
|  | *If paying via check or money order please provide a mailing address for the invoice below:* |
|  | Enter address |
|  |  |  |  |  |  |  |
| 1. Field Site Support Use Requested *(check all that apply):*
 |
|[ ]  Not applicable |[ ]  Bathrooms |[ ]  Workshop |
|  |  |  |  |  |  |  |
| 1. Participants
 |  |  |  |  |
| 1. *Please indicate the number and type of participants that will be using the facilities for the dates requested above including program instructors/group leaders:*
 |
|   | K-12 Instructors / Teaching Assistants |   | Government (Fed/State/Local) |
|   | K-8 Students |   | Non-Government Org./Non-Profit Org. |
|   | 9 – 12 Students |   | Community Members |
|   | Undergraduate Students |   | Volunteers |
|   | Graduate Students |  | Other:  |
|   | University Faculty |  |  |
| Total Number of Participants: |  |  |
| 1. *Provide below (or attach) a roster than includes the name, title and affiliation of all participants.*
 |
| Enter roster of participants here |
|  |  |  |  |  |  |  |
| 1. Additional information or details you would like to provide:
 |
| Click here to enter additional information. |
|  |  |  |  |  |  |  |
| *For Internal Use:* |  |  |  |  |
| Date Received: | Select |  |  |
| Date provided to Steering Committee: | Select |  |  |
|  |  |  |  |
| Steering Committee Approval? |[ ]  Yes |[ ]  No |
| If “No”, reasoning: | Enter reasoning here |
|  |
|  |
| Special Conditions: |
| Click here to enter text. |