

**Contributed Facilities Worksheet**

Charter Number (e.g., GLR-MI-049): \_\_\_\_\_

Charter Name: \_\_\_\_\_

Exclusive Use of a Facility:  Yes  No

*Exclusive: If you store items and don't share the space with someone else.*

*Not Exclusive: If you meet in a school, church, FBO, fire department, armory, etc., 1 night per week and you don't have any locked rooms only your unit uses.*

If you do not have exclusive use of a facility and checked "NO" you do not need to complete Part A.

If you do not have a donated aircraft tie-down space, check "NO" for Part B.

**Part A**

Type of Facility (building, office, hangar, shed, mobil home, etc.): \_\_\_\_\_

Location (address, military base, etc.): \_\_\_\_\_

Facility Owner (CAP, state, city, county, US Govt, etc.): \_\_\_\_\_

Lease:  Yes  No If yes, attach copy of lease.

Pay Rent:  Yes  No If yes, what is the annual rental payment: \_\_\_\_\_

Unknown:  Yes

Frequency of Use (continuous, weekly, monthly, other [specify]): \_\_\_\_\_

Did you have use of the facility from 1 October through 30 September?

Yes  No If no, specify dates: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Do you know the annual est cost per square foot?  Yes Amount: \_\_\_\_\_

No (Amount may be obtained from a real estate agent, asking neighboring businesses, etc.)

Contributed Utilities (Annual)(Complete only those that apply):

If you pay for utilities do not enter those amounts here.

Electricity \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_

Janitorial \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ (specify) \_\_\_\_\_

**Part B**

Donated Aircraft Tie-Down:  Yes  No Annual Value Tie-Down: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

**PLEASE COMPLETE ONE SHEET FOR EACH FACILITY. ALL UNITS MUST RESPOND.**

**RESPONSES MUST BE RECEIVED AT WING HQ BY 1 NOVEMBER EACH YEAR.**