



COMMUNITY ACTION GROUP (CAG)

FACILITY RENTAL AGREEMENT

(Questions? Contact Ramona Brown – 202/459-9897)

APPLICANT INFORMATION		
Organization/Individual	E-mail	
Address	City	Zip
Contact Name	Contact Phone	Cell Phone
DATE/TIMES		
Requested Date: (Month/Day/Year) _____/_____/_____	Type of Event: _____ _____	
<input type="checkbox"/> Set-up Time: _____ am/pm to _____ am/pm <input type="checkbox"/> Event Time: _____ am/pm to _____ am/pm <input type="checkbox"/> Cleanup Time: _____ am/pm to _____ am/pm <small>(NOTE: When booking space, take into consideration time needed for vendors' set-up, arranging tables and decorating.)</small>	Estimated # Attendees: _____ <input type="checkbox"/> Is event open to the public? Yes // No // <input type="checkbox"/> Free Admission // Donation // Collection //	

FOOD: Special arrangements required for food preparation and serving.

Please indicate whether food will be present: Y _____ N _____

SCHEDULE OF FEES (SPECIAL DISCOUNT FOR RECURRING USE!)

For use of the facility, renter agrees to pay the Community Action Group the following costs based on the following Fee Schedule. Please review "RENTAL AGREEMENT POLICIES" for details.

SPECIAL DISCOUNT FOR RECURRING USE!

Function	Space/Room	Estimated # Attendees	Time Reserved	Date(s)	Rate \$\$
Space Rental	/ / 1st Floor (Hall)	1. _____	1 _____	1 _____	1 _____
	/ / Kitchen	2. _____	2 _____	2 _____	2 _____
	/ / LL (Lounge)	3. _____	3 _____	3 _____	3 _____
	/ / LL (Mtg Room)	4. _____	4. _____	4. _____	4. _____
Equipment Rental (tables)					
Audio Visual (\$100)					
Janitorial (\$15/hr)					
Security (\$25/hr)					
Security Deposit - Refundable (\$100)					
Kitchen (\$200)					
Insurance Rider					
Other					
Total Fees					\$ _____

NOTE: Facility must be exited by agreed-upon end time. An additional hourly rate will be charged for events extending 30 minutes or more beyond scheduled ending time.

DEPOSIT

Deposit is due at the time application is submitted.

BALANCE

Payment of remaining balance is due ten (10) business days prior to event.

CANCELLATION POLICY

You may cancel or reschedule a date by notifying CAG, in writing. Cancellation rates are as follows:

- No charge for cancellation with at least sixty (60) days notice in advance of event.
- 25% of rental fee for cancellation with more than thirty days (30), but less than sixty (60) days notice in advance of event.
- 50% of rental fee for cancellations made more than seven (7) but less than thirty (30) days in advance of event.
- 100% of rental fee for cancellations made seven (7) or less days prior to the event.

ACCEPTANCE OF TERMS

I/We agree to be bound by the terms of the application to use this facility and to abide by the guidance provided herein. Further, I agree to make final arrangements and publicize this activity ONLY after paying deposit and written approval has been received. Further, I understand that by signing this document, I accept responsibility for any damages to premises, furniture, equipment or grounds resulting from use of the facility.

Applicant Signature _____ Date _____

Applicant Name (Printed) _____

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Approved by _____ Date _____
Community Action Group Official/Title

TRANSACTION:

- Deposit Received: Amount _____ Date _____
- Balance Received: Amount _____ Date _____
- Insurance Coverage:
 - Premium paid for insurance rider: Yes _____ No _____, or,
 - Certificate of Insurance provided by applicant: _____
(Policy must include liquor liability coverage if alcohol is served.)

NOTE: Checks should be made payable to "Community Action Group"