



Here for Good

Community Foundation

for Monterey County

2354 Garden Road Monterey, CA 831.375.9712 FAX 831.375.4731 www.cfmco.org

**Monterey Office Conference Room
2354 Garden Road
Monterey, CA**

- Guidelines
- Facilities Request Form

Guidelines

Capacity of the conference room is 24 seated with tables/chairs board-room style, 36 tables and chairs classroom style, 40 with chairs only theater style and 60 standing.

The office has 2 fire extinguishers and a first aid kit located in the conference room.

Facilities are generally available from:

- 9:00 AM – 4:30 PM Monday – Friday

Events may be scheduled after 5:00 PM and on weekends or holidays by special arrangement and only with a Community Foundation manager present for the duration of the meeting.

Please call 375-9712 to check on availability prior to submitting the **Facilities Request Form**.

Meeting hosts, presenters, or facilitators can begin set up one hour prior to the proposed meeting time.

Please allow time for clean-up and calculate that into the time period that you are requesting.

1. Use of the facility is on a first- come, first-served basis, according to availability. The Community Foundation reserves the right to change or deny a request for any reason at any time.
2. No political or religious events of any kind may be held on the premises.
3. Organizations using the facility must submit a completed, signed **Facilities Request Form** to the Community Foundation at least ten (10) working days prior to the event.
4. Organizations may not advertise the event publicly without approval of the Community Foundation for Monterey County.
5. Organizations understand they are financially responsible for any damages to the facility or equipment, as well as any cleaning costs caused by the use as assessed and determined by Community Foundation staff.
6. A Certificate of Insurance, for the balance of the calendar year must be presented, naming the Community Foundation for Monterey County as an additional insured for any and all claims, demands, suits, or other liability whatsoever arising out of or in connection with the event. In lieu of the Certificate of Insurance, each person attending the meeting must sign an Indemnification and Hold Harmless Agreement before the meeting begins. Any person under the age of 18 must have an adult co-sign the Hold Harmless agreement.
7. The organization using the facility is responsible for setting up the room, cleaning the room and returning the tables, chairs, and equipment to their original placement. Trash and recycling must be removed to the garbage disposal area on the ground floor of the building.
8. The organization using the facility must provide all materials for its meeting including food, drinks, paper products, office supplies, etc. Hot/cold filtered water is available. The CFMC seeks to use fewer single-use cups at our office. Please consider encouraging your guests to bring a reusable cup or bottle to the meeting.
9. Organizations are prohibited from using the computers, copy and fax machines, phones, and offices at the Community Foundation without permission. The unauthorized use of supplies or equipment may incur a service fee.
10. Alcohol is prohibited on the premises at all times, for organizations or groups using the facility.
11. There will be **NO USE of OPEN FLAMES** of any kind, including candles, matches, or lighters on the Community Foundation premises. Smoking is prohibited on the premises at all times.



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Facilities Request Form

If you have questions regarding the meeting facilities, guidelines, facilities request form, or to check availability, please call 831.375.9712 or email Minnie Elliott: minnie@cfmco.org.

Name of organization requesting to use the facilities:

Event contact:

Mailing address:
City, State, ZIP:

Contact phone number:

Contact e-mail address:

Date requested:

Time requested:

Purpose of event:

Estimated number of people attending:

Equipment needed: Projector/screen Podium Other _____

****Mac Users** – Please bring your adapters. CFMC does not have the capacity to keep all of the different adapters on hand at all times.

****PC Users** are always welcome to bring your presentations on a USB and use our laptop.

By signing below, I affirm that I am the designated representative of this organization, that I have received a copy of and fully understand the Community Foundation's Facilities Guidelines, and that I and those attending this event shall abide by these guidelines for use. I further understand that the organization I represent is financially responsible for any damages to the facility or equipment, as well as any cleaning costs during the time of usage as assessed and determined by Community Foundation staff.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Please mail completed and signed **Facilities Request Form** to the Community Foundation for Monterey County, 2354 Garden Road., Monterey, CA 93940 or fax to 831.375.4731, email: minnie@cfmco.org.

SAMPLE CERTIFICATE OF LIABILITY. Room user to name the CFMC as “co-insured” on the insurance policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	PRODUCER BIN Insurance Holdings, LLC 1301 Central Expy. South, Suite 115 Allen, TX 75013	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
	INSURED	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N	N / A			<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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