



945 South Main Street, Suite 207, Salinas • Tel 831.754.5880 / Fax 831.754.5876 • [www.cfmco.org](http://www.cfmco.org)

**Salinas Office Conference Room  
945 South Main Street, Salinas  
Suite 208**

- Guidelines
- Facilities Request Form

## Guidelines

Capacity of the conference room is 24 seated with tables/chairs and 30 with chairs or standing.

**The office has two fire extinguishers and a first aid kit located in the lobby area.**

Facilities are generally available from: 9:00 - 11:30 AM and 1:00 - 4:30 PM Tuesday – Friday.

Seminars, workshops, and other activities may be scheduled after 5:00 PM and on weekends by special arrangement and only when a Community Foundation manager is present for the duration of the meeting.

Please call 754.5880 to confirm availability prior to submitting the **Facilities Request Form**.

Meeting hosts, presenters, or facilitators may 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. 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. No revenue generating activities such as charging admission, selling merchandise, soliciting orders, etc., on the premises or related to the use of the facility.
3. Organization's 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. **No alcohol can be served on the premises** 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 754.5880 x135 or email [grants@cfmco.org](mailto:grants@cfmco.org).

Name of organization requesting to use the facilities:

Event contact:

Mailing address, City, State and 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 the different adapters on hand at all times.

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

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, 945 S. Main St., Ste. 207, Salinas, CA 93901 or fax to 831.754.5876, email: [grants@cfmco.org](mailto:grants@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).

<b>PRODUCER</b> 		CONTACT NAME: BIN Insurance Holdings, LLC 1301 Central Expy. South, Suite 115 Allen, TX 75013		PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
<b>INSURED</b>		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	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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