

Cleveland State

COMMUNITY COLLEGE

Maintenance Department
3535 Adkisson Drive • PO Box 3570
Cleveland, TN 37320-3570
(423) 473-2292
facilities@clevelandstatecc.edu

FACILITY USAGE APPLICATION

Applicants complete Part I and read Parts II and III. Submit completed application to Maintenance Department.

I. INSTITUTION APPROVAL IS CONTINGENT UPON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS AS MAY BE REQUIRED BY THE INSTITUTION.

Please type or print:

Name of Organization: _____ Contact Person: _____
Federal ID Number: _____ Contact Title: _____
Mailing Address: _____ Work Number: _____
City: _____ State: _____ Zip: _____ Email Address: _____
Web Address for Event or Organization: _____

Will the person listed above sign the contract? If NOT, provide the information regarding who should be sent contract invoices.

Name/Title: _____ Phone: _____ Email Address: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Please fill in completely:

Non-Profit Organization (Proof required) For-Profit Business or Organization Governmental Agency Other: _____

Name of Event (Please note: This will go on the CSCC Campus Calendar) _____

Location Requested: Theater George R. Johnson Cultural Heritage Center
 Alcove/Art Gallery George R. Johnson Cultural Heritage Center
 Foyer George R. Johnson Cultural Heritage Center
 Other Building & Room number (if known): _____

Number of people expected: _____ Admission/registration fee? No Yes If Yes, Amount: \$ _____
(Accommodation cannot be guaranteed for a larger attendance than you anticipated)

Date(s) Requested: _____ Time Requested (including set up and tear down): _____ Actual Time of Event: _____
(daily beginning & ending times)

Detailed Description of Activity (indicate name and general topic if a speaker): _____

Please note proof of insurance must be provided for all athletic events, high risk activities and certain types of performances. It can be requested for other events.

**** Copies of marketing materials need to be provided to Maintenance Department prior to advertising the event! ****

Please list any special needs below:

- Food Service:** (Cleveland State food services contract requires that all events held on campus use catering provided by the college's food service vendor.)
- Room Setup** (Please note: Some rooms cannot be rearranged. Check all that apply): **Chairs:** How many? _____
- Classroom:** Table and 2 chairs facing screen, "U" shape **Theater:** Rows of chairs, no table **Conference:** Tables arranged in a rectangle with opening in center **Conference:** 2 tables arranged in a rectangle with no opening in center
- Registration/Check In Table:** How Many? _____ **Handout Table:** How Many? _____ **Serving Tables:** How Many? _____ **Other:** Please attach diagram
- Audio/Visual:** Arrangements will be made through the Media Center. Contact information will be given when reservation is confirmed.
- PC or Laptop**
- Will provide own laptop:** (Please indicate Mac or PC) _____ **Data Projector** **Screen** **DVD Player** **CD Player** **Microphone**

Parking: How many vehicles do you anticipate for this event? _____

Safety and Security: Determination of security requirements will be solely at the discretion of the Institution.

Other: _____

APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE: *(Please read carefully and sign. Application will not be considered if this section is not completed.)*

On behalf of the applicant, I acknowledge by signing below that the Institution has made a copy of TBR Policy 1:03:02:50 AND Cleveland State Community College Policy 1:19:00 available for review. Applicant understands that submittal of this application shall constitute agreement by applicant to the following conditions, in addition to the conditions described in those policies:

- 1) The intended use of the Institution property and facilities by applicant does not violate, and actual use will not violate, the provisions of the Tennessee Board of Regents Policy on Use of Campus Property and Facilities or any policies or regulations of the Institution, or any federal, state, or local law or regulation.
- 2) Any use of college property and facilities pursuant to this application that is contrary to such policies, laws, or regulations or that is inconsistent with the activity as described in this application constitutes grounds for the institution to remove the activity from college property.
- 3) Applicant agrees to indemnify the institution and hold it harmless from liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, court costs or attorney fees.
- 4) Please attach any brochures, flyers or other advertisements for the event.
- 5) Please note that sales tax will be applied to the fees for usage of the facilities and/or its equipment. If the organization has been granted tax exempt status, please submit a copy of the documentation along with the completed Facilities Usage Application

I hereby acknowledge that I have read the Applicant Certifications and referenced policies, and agree to abide by these requirements.

Name of Applicant

By: _____ Date: _____

Please mail or fax the completed form to:

Maintenance Department
Cleveland State Community College
3535 Adkisson Drive
P. O. Box 3570
Cleveland, TN 37320-3570
423-614-8723 (fax)
423-473-2292 (phone)
facilities@clevelandstatecc.edu

Reservations for use of facilities are confirmed when the applicant receives notification from Cleveland State Community College authorizing the request. Due to the high demand for rooms, we will not confirm, pencil-in, or otherwise reserve space for non-affiliated groups by phone or verbal agreement. If there is any question as to the approval of your application, or if confirmation has not yet been received, please contact the Maintenance Department and ask to speak with the staff member that coordinates facility rentals.

FOR INSTITUTIONAL USE ONLY:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Charges: Reservation Number(s): _____	Total Charges \$ _____
Date: _____	Facility: _____	Deposit: \$ _____	
Comments: _____	Custodial: _____	Balance \$ _____	
_____	Security: _____	Date of Deposit: _____	
_____	Technician: _____	Payments Made on Account:	
_____	Equipment: _____	Date: _____	Amount: \$ _____