

Community Foundation of North Louisiana Application for Community Central Use

Please complete the form below and email, mail or fax it along with any additional information to:

Community Foundation of North Louisiana
401 Edwards Street, Suite 105
Shreveport, LA 71101
Email: andries@cfnl.org or FAX: 318-221-7463

Organization information

Organization _____

Address _____

City _____ State _____ Zip _____

Are you a 501(c)3? Yes No Tax ID Number (nonprofits only) _____

Primary contact _____

Title _____

Phone _____ email _____

Representative attending meeting _____

Title _____

Phone _____ email _____

How did you hear about the Community Foundation's conference rooms? _____

Conference room information

Name of meeting _____
(Please make sure this is the name of the meeting that your guests will use)

Purpose of meeting _____

Date of meeting _____

Setup time _____ Meeting time _____ End time _____

Number of attendees expected* _____

* If more than 40 people will be in attendance, a Certificate of Insurance for general comprehensive liability insurance with limits of at least \$1,000,000 and naming Community Foundation of North Louisiana as "Additional Insured" and "Loss Payee" will need to be provided with payment.

Seating style: Capacity with tables: 36 optimum. Capacity with no tables or chairs: 95*

- Classroom Conference (three rectangular tables of 9-10 each) U-shape
 Theater Rectangle (open middle) No chairs/tables

* While the space will allow 95 chairs (with no tables), The Foundation has 50 chairs. Additional chairs would need to be rented by the organization using the room.

Head table: Yes No

Registration table: Yes No

Podium required Yes No

Special arrangements _____

Catering information

Will the meeting be catered? Yes No

If yes, name of caterer _____

Caterer's arrival time _____ Caterer's return time _____
(Must be prior to 4:30 p.m. unless prior arrangements are made)

Food/catering needs

- Refrigerator Microwave Stove/oven
 Icemaker Dishwasher

AV/sound equipment (must be reserved when scheduling room)

- LCD projector and display screen (it's best to have the presentation on a jump drive)
- Wireless network connection
- Telephone (for local or toll-free calls only)
- Easel for flip chart (organization must supply paper and writing instruments)
- Smartboard
- Wireless microphone
- Audio – explain usage _____

Nonprofit rates*

- Total room setup (including tables, chairs and AV/sound equipment), \$60
- Room use with no AV/sound equipment needed, \$40

All other business rates*

- Total room setup (including tables, chairs and AV/sound equipment), \$300
- Room use with no AV/sound equipment needed, \$100

Room rental fees may be waived in the event CFNLA co-sponsors the event. Ask for details at 221-0582.

*Invoice will be sent upon approval of reservation and due prior to reservation date. If more than 40 people will be in attendance, a Certificate of Insurance for general comprehensive liability insurance with limits of at least \$1,000,000 and naming Community Foundation of North Louisiana as "Additional Insured" and "Loss Payee" will need to be provided with payment.

Agreement and authorization

By signing this agreement, _____ agree(s) to the following:

- To ensure all participants have left the Community Central meeting area at the conclusion of the rental period.
- To indemnify, defend and hold harmless Community Foundation of North Louisiana, its Board of Directors, and any agent or employee of Community Foundation of North Louisiana from and against all claims and liabilities, whether proceeding to judgment, settlement, or otherwise brought to conclusion, arising out of any activities or operations occurring during use of Community Central premises.
- To ensure that all procedures and policies established by Community Foundation of North Louisiana for the use of Community Central are followed by all those attending.

- To be responsible for any charges resulting from non-compliance with these procedures.
- I agree to pay \$250 if check-out procedures are not followed.

By signing below, I certify that I have authority to sign on behalf of _____ and confirm that I have read, understand and agree to the terms of Community Foundation of North Louisiana Community Central Use Policies. Any violation of the policies may result in denial and/or cancellation of future use of the meeting rooms. Approval to use Community Central rooms is not an endorsement by the Community Foundation of North Louisiana.

Signature of organization's primary contact

Date

Printed/typed name of organization's primary contact

Signature of Community Foundation representative

Date

For internal use only.

Approved by Community Foundation representative: Yes No

Additional information requested: Yes No Date: _____

Room reserved _____

Notes _____

