

Hmoob Cultural and Community Agency

1815 Ward Avenue
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FORM #10

FACILITY RENTAL APPLICATION

SECTION A – Applicant Information

Hmoob Cultural and Community Agency (HCCA) can accommodate a variety of community events and functions. To insure safety of our guest and to preserve our facility and exhibits, the following policies & procedures will be strictly enforced.

Applicant's Name: _____ Today's Date: _____

Business/Organization Name: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Office Phone: _____ Cell Phone: _____

Email: _____ Same Mailing Address: Yes No
(If not, please provide mailing address below)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Person Responsible for Cleaning After the Event: _____

Phone: _____

Eligible Users and Uses: Facility Rental only and available for members/non-members.

1. Facility rental spaces include the following areas: Commercial Kitchen, Dining Hall, Memorial Hall, Restrooms, Wellness Hall, and Fellowship Hall. If you wish to reserve the board room inside the HCCA Office, Library, and/or Sewing room it will entail an additional charge.
2. Reservations accepted on first paid/first served basis.
3. Reservations accepted up to one (1) year in advance.
4. Parties on the application must be at least twenty-one (21) years of age and must be present during the entire event unless given a written approval of supervision.
5. Call for potential rental services by calling the HCCA Office at 608-781-5744 or by stopping by during regular business hours Monday through Thursday 9am to 4:30pm and Friday 9am to 12:00 pm to check availability and receive quotes.

NOTE: Cleaning of the facility after the event must be done immediately unless otherwise notify the HCCA and get approval for later time.

SECTION B – Reservation

Date Request: Date Start: _____ Date End: _____ Set-Up Date: _____
Start Time: _____ End Time: _____ Set-up Time: _____

Room Requested: Board Room Wellness Hall Memorial Hall Dining Hall Kitchen

Equipment Requested: None Tables Chairs Projector Sound System

Other: _____

Is This a Non-profit Organization? Yes No

Is This a Charitable Organization as Recognized By the IRS? Yes No

(If yes, provide the determination letter from the IRS on your Tax ID confirmation of business/organization/non-profit. There is a discount for Non-Profit only of Twenty (20%) percent that will apply)

Will an admission be charged for this event? Yes No

What is the Purpose of Using This Facility for Your Event? _____

SECTION C – Rental Fees

Hourly Rate Option:

No.	Room Description	Rate Per Hour	Hour(s):	Amount
1	Board Room	\$35.00		\$
2	Wellness Hall	\$25.00		\$
3	Memorial Hall	\$45.00		\$
4	Gillette Family Dining Hall	\$60.00		\$
5	Freezer (Meat)/Cooler (Vegetable/Beverage)	\$65.00		\$
6	La Crosse Community Foundation Kitchen	\$75.00		\$
7	Entire Facility (excluding HCCA's Office Space)	\$240.00		\$
Total:				\$
(Office Use Only) Apply 20% Discount For: <input type="checkbox"/> HCCA Member <input type="checkbox"/> Non-profit Agency				\$
Total Amount Due:				\$

Daily Rate Option:

No.	Room Description	Rate Per Day	Day(s):	Amount
1	Board Room	\$210.00		\$
2	Wellness Hall	\$150.00		\$
3	Memorial Hall	\$270.00		\$
4	Gillette Family Dining Hall	\$360.00		\$
5	Freezer (Meat)/Cooler (Vegetable/Beverage)	\$350.00		\$
6	La Crosse Community Foundation Kitchen	\$450.00		\$
7	Entire Facility (excluding HCCA's Office Space)	\$1,440.00		\$
Total:				\$
(Office Use Only) Apply 20% Discount For: <input type="checkbox"/> HCCA Member <input type="checkbox"/> Non-profit Agency				\$
Total Amount Due:				\$

SECTION D – Rules and Guidelines

Facility Rental Guidelines:

1. HCCA will not provide Staffs to be on site. The presence of the HMS is to address any facility issues that may arise, such as; alarms, property damages, use of equipment/tools, and opening/closing facility. The HMS role is not that of a custodian or maintenance person and is not responsible for cleaning or security of the facility.
2. It is the responsibility of the User to appoint crew members to set-up, run the event, monitor participants, provide security and event clean-up.
3. Reasonable care of the building, furnishing and equipment will be the responsibility of the User. The User agrees to pay any/all losses or damages to the facility, furnishings, or equipment.
4. User are responsible for their event/party and guest in case of damage, theft or disturbances during the time of use.

5. No posters, placards or signage may be nailed to any exterior or interior surface, unless approved, in advance, by the HCCA.
6. Attendees at the event are permitted only in those areas specified in the agreement. Anyone under the age of 18 must always be supervised by a responsible adult.

Zero Tolerance Policy: The agency has a zero-tolerance policy for the following behaviors:

1. No exposed or concealed weapons
2. No drugs
3. No public intoxication
4. No smoking
5. No animals except service animals.
6. No abusive or obscene language or threatening behavior
7. No underage drinking allowed, all alcohol and liquor must always be in a locked beverage container.
8. No open flames (except for warming devices used by professional caterers).

Parking: The HCCA parking lot near the main entrance to the building and the back-parking lot on East Ave South are available for public parking. Handicap parking is available near the front door entrance.

Food and Beverages/Catering:

1. No food or drinks are allowed in the fellowship hall (lobby), wellness hall, the memorial hall (except for religious/ceremony used only), or the parking lot. All food and drinks must be in the dining hall only.
2. Use of the commercial kitchen includes access to refrigerator, freezer, icemaker, 4-burning stoves with ovens, six (6) commercial burner stoves, and limited serving equipment. Any items stored in the food pantry, must be requested by User during application process or pre-inspection.
3. Cooking food on the commercial stoves must always be under constant supervision.

Audio/Visual Services & Equipment: HCCA has limited audio/visual equipment, which may be used for a fee.

1. Must be requested by User during the application process. If User does not verify this at time of application, HCCA may not be able to accommodate to its needs.
2. HCCA staff will set-up requested equipment in advance, however it is not available to operate until the day of the memorial service.
3. User must provide their own laptop or device use with the projector screen. Not all laptops are compatible with our systems.

Set-Up: The set-up time can be scheduling hours before the starting time on the day of the event but are limited by per user rental.

1. For per hour rental are allow to set-up on the day of the event before starting at 9am, if event start before 9am will be allow to set-up at 7am. *(please consult with HMC for set-up time)*
2. For per day rental are allow to set-up the day before the event at 12pm till 8:00 pm. User and crew must be out of the building by 8:00 pm.
3. Facility rental will be opened according to the time indicated on the application. If User needs to request a change in the set-up time it must be included in the application.
4. If User requests to bring in supplies/material/decorations before set-up date, additional charges will be applied. Additional charges will also be applied if User needs more time for set-up after 8:00 pm the day before the event. Additional charges will be calculated at the rate of Hourly charges per each room as listed on the application and \$12.00/per hour additional for the staffing.

Clean-Up: User is responsible for clean-up during and at the end of the event. User is responsible for its own cleaning supplies and other equipment/materials that are not available. If facility room rentals are not clean by the end of the event, User will be invoice for additional cleaning services.

Cancellation: All cancelation should be submitted in a written request to HCCA, User has from three (3) days prior to event to cancel for a full refund.

1. If were to cancel within the three (3) days prior to the event, a refund of fifty (50%) will be refunded back to user.
2. A check refund will be refunded within four-teen (14) business days after its cancelation has been received.

SECTION E – Applicant Signature

Terms of Agreement: Statements of Agreements Understanding

1. Event must be on schedule and clean after the event ended. Request for additional hours will be considered. If approved, there will be an additional charge of \$30.00/per hour and \$12.00/per hour of HMS.
2. **Payments of Facility Room Rental:**
 - a. **Entire Facility Rental:** HCCA requires a first payment of fifty (50%) payment to reserve its facility rental space after the completion of the application. Second payment will be to complete the full payment will be during the set-up before the event.
 - b. **Individual Rooms Rental:** HCCA requires a full payment to reserve its facility rental space, fourteen (14) days prior to the event.
3. User is responsible for clean-up at the end of the event.
4. User agrees to pay for any property damages or cleaning fees.
5. User assumes all liability for injury of person(s) and or damage to property and holds HCCA harmless from all losses.
6. HCCA does not assume responsibility for personal property left by the User or guests prior to, during, or following the function. HCCA is not responsible for articles left in vehicles or damages to vehicles occurring while parking in the HCCA parking lot.

User: I acknowledge and accept the stated fee. Payment will be made according to the terms and conditions on the usage application of HCCA. I understand that coordination with the HCCA does not constitute approval of the requested event. Further, I will not start advertising this event until I receive approval from the HCCA. If approved, I understand that we are subject to follow HCCA's Rules and Guidelines. I understand that it is my responsibility to abide by all requirements of this agreement.

Applicant Signature

Print Name

Date

HCCA OFFICIAL USE ONLY

Date Application Received: _____ Rental Request Status: Approved Denied on Date: _____

Payment Received: \$_____ Cash Check#: _____ Money Order _____ Credit/Waive _____

Provided Documents Proof of Tax ID: Business Organization Non-Profit

Printed Name

HCCA Staff Approval Signature

Date

Reason: