

Hmoob Cultural and Community Agency

1815 Ward Avenue
La Crosse, WI 54601
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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 ensure the safety of our guests, 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(s) Responsible for Cleaning After the Event (Recommended at least two persons):

1	_____	Phone: _____
2	_____	Phone: _____

Eligibility: This is a Facility Rental Only form, made available to all members and non-members.

1. Facility rental spaces may include the following areas: Commercial Kitchen, Dining Hall, Memorial Hall, Restrooms, Wellness Hall, and Fellowship Hall. **Except** the Library, Children's room, and Sewing room. You may request to rent these room(s) for an additional cost.
2. Reservations are 'first come first served' basis.
3. Reservations can be made up to one (1) year in advance.
4. Applicant and Supervisor are required to meet or exceed (21) years of age and Supervisor must be physically present during the entire event. We also require a written authorization from the actual Supervisor who will be hosting the total event if different from the Applicant. Please inquire office staff for any concerns.
5. For quotes or additional consultation please call the HCCA Office at 608-781-5744 or visit during regular business hours Monday through Thursday 9am to 4:30pm and Friday 9am to 12:00 pm to check for available dates/times/services.

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

Please choose one of the two options below to determine its charges by per hour or daily...

Hourly Rate Option 1: Operations of hours rental during business hours; inquire with staff for any concerns

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		\$
8	Parking Lot	\$60.00		\$
<i>(Children and Sewing Rooms are not available for rental)</i>				Total: \$
(Official Use Only) Apply 20% Discount For: <input type="checkbox"/> HCCA Member <input type="checkbox"/> Non-profit Agency				\$
Total Amount Due:				\$

Daily Rate Option 2: Recommended for use (6hrs-11hrs) in between 9am-8pm; inquire with staff for any concerns

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		\$
8	Parking Lot	\$100.00		\$
<i>(Children and Sewing Rooms are not available for rental)</i>				Total: \$
(Official 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 staff are not required to be on site during your event. However, interpreting service can be provided at an additional cost upon available staff. The presence of our Membership Coordinator is to address facility issues such as: alarms, property damage, use of equipment/tools, and opening/closing the facility. The Membership Coordinator is not a custodian or maintenance person and is not responsible for cleaning or providing security for your event.
2. It is your responsibility to appoint crews for set-up, to run your event, monitor participants, provide security, and provide event clean-up.
3. You are responsible for reasonable care-take of the facility and equipment you opt to use. You also agree to pay any/all losses or damages to the facility, furnishings, or equipment.
4. You are responsible for their event/party and guests such as damages, theft, or neighborhood disturbances during the time of your use.
5. No posters, placards or signage may be nailed or glued to any exterior or interior surface that may cause damage. We recommend you supply your own tri-pod poster stands to use for displaying. No one is allowed to use any eggroll equipment in the food pantry for any reason. Any concerns, please inquire with office staff.
6. Attendees of the event are permitted only in the areas specified per 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 on HCCA premises
2. No public intoxication such as NO drugs or alcohol
3. No underage drinking allowed. All alcohol and liquor must be locked and located in the beverage cooler room in the Kitchen.
4. No smoking in the building. Please smoke only in the designated area (inquire detail from office staff)
5. No animals except for service animals.
6. No abusive or obscene language and absolutely NO emotional or physical violence of any sort is allowed
7. No open flames (except for food warmers used by certified/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. Do not block the fire lane or exits. No loitering and trash must be pick-up/cleaned.

Food and Beverages/Catering:

1. No food or drinks are allowed in the fellowship hall (lobby), wellness hall, the parking lot, or the memorial hall (except for religious/ceremony used only). All food and drinks must only be in the dining hall.
2. Use of the commercial kitchen includes access to the refrigerators, freezer, icemaker, stovetop oven, and (6) separate commercial stove burners. Fryers are not included.
3. Cooking food on any HCCA equipment must always be under constant supervision.

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

1. Please request during the application process. Not verifying at time of application can result in lack of accommodation.
2. HCCA staff will set-up and test the requested equipment(s) in advance, however, you may not operate until the day of running your event.
3. You must provide your own laptop/device to use with the projector screen and or sound system. We cannot guarantee compatibility to any of our systems. We have HDMI and cable space shuttle-C cord. Not all laptops are compatible with these cords. You will have to provide your own auxiliary cord for using the sound system, however, we cannot guarantee the compatibility. We recommend you come test your equipment before your event such as the set-up time/day to avoid disappointment.

Set-Up: Setup time/day is determined in advance by office staff. Setup time can usually be within an hour up to the event or a day in advance.

1. Per hour rentals are allowed to setup as early as 7am.
2. Per day rental are allowed to set-up the day before, between 12pm to 8:00 pm. No time extension after 8pm.
3. Facility rental will be opened according to the time indicated on the application. Change requests must be discussed with office staff. Authorization must be approved by office staff and corrected on the form before the event take place.
4. Bringing in supplies/material/decorations before the agreed set-up time or day will reflect an additional charge. Additional charges will also be applied to setup after 8:00 pm, even if you received approval. Additional charge will be calculated by hourly rate, per each room utilized (*please see the hourly rates on the prior second page), and along with an additional \$12.00/hour office staff fee.

Clean-Up: You are responsible to clean-up during and also at the end of your event. You must provide your own chemical cleaning supplies. HCCA supplies are for HCCA purposes only. You may inquire an acceptable chemical list from the office. HCCA reserves the right to bill you for any incurred cleaning services upon the lack of facility and or equipment condition resulting from your event abuse. There is a deposit fee of \$500.00 for full cleaning

Cancellation: Any cancellation should be submitted in written form, signed, and returned to HCCA no later than (3) days prior to the start of the event in order to receive a full refund.

1. A cancellation made during the mentioned 3 days period will result in only a (50%) refund.
2. There is no refund for canceling on the day of your event.
3. Please expect (14) business days after its cancellation before you may receive your refund check in the mail.

SECTION E – Applicant Signature

Terms of Agreement: Statements of Agreement and Understanding

1. **I understand** that the event must be timely and must commence during my scheduled time/day. Any additional time by minute, by hour, or by day, will be charged accordingly. Additional-approved time will be an additional charge of the hourly rate per room as shown above in page 2 along with the \$12.00/per hour office staff fee.
2. **I understand** it is my responsibility to keep the facility/rental rooms in the same or better condition prior to my event, during my event, including after my event. I may be billed for any lack of facility condition, equipment condition, or uncleanliness condition resulting from abuse during my event.
3. **Payments of Facility Room Rental:** Please make check(s) payable to **HCCA**
 - a. **Entire Facility Rental:** HCCA requires a (50%) upfront down payment to reserve the facility rental space along with completion of your 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.
4. Any property damage or injuries to people during my event is considered my responsibility. I agree that HCCA holds no liability for damages or actions resulting in loss.
5. HCCA does not assume responsibility for personal property left by myself or my guests prior to, during, or after the event. HCCA is not responsible for articles left in vehicles or damages to vehicles occurring within the HCCA premises.

User: I agree and acknowledge to accept the stated fees and the whole entirety of this contract. The above contract has been fully explained to me and I understand my responsibility as the signed Applicant, and the Supervisor. The payment will be made according to the terms and conditions as agreed in this contract. I understand that coordination with the HCCA does not constitute approval of my requested event. Furthermore, I will not start advertising this event until I have received approval from HCCA office staff. If this contract is approved, I understand that I am subject to follow the entirety of this signed contract. I understand that it is my responsibility to abide by all requirements of this agreement and inquire with office staff upon any questions or concerns prior to the event.

Applicant's Signature

Print Title & Name

Date

Supervisor's Signature

Print Title & Name

Date

HCCA OFFICIAL USE ONLY

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

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

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

HCCA Staff's Printed Name w/Title

Staff's Signature

Date

Board's Printed Name w/Title

Board's Approval Signature

Date

Notes/Reason: _____