St. Clair County Community Mental Health Authority

Organizational Application for

# Facility Use Request

(For use by 1st time requestors)

## Organization Information

Date: _____

Name: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Back up Contact: _____

Describe organization/Nature of business (include Mission Statement if available): _____

_____

Business Classification (Check all that apply):

☐ Private ☐ For Profit ☐ Not for Profit ☐ Has a Board of Directors

☐ Public ☐ Governmental ☐ Partnership ☐ Corporation ☐ N/A

Is the organization insured? ☐ Yes ☐ No
(Need to provide proof of insurance and make SCCCMHA an additional ensured)

Is the organization bonded? ☐ Yes ☐ No

**IMPORTANT: There will be a fee of $25.00 per hour for weekdays, or $50.00 per hour for weekends, for use of the building, including setup/take down time if applicable. * Use of the facility is contingent on availability. * CMH need for facility use takes priority. * CMH can refuse usage to anyone at any time for any reason.**

# Facility Use Request

## Organization Information

Date: _____

Name: _____

1st Time User: ☐ Yes ☐ No

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Backup Contact: _____

Describe the activity/event for which the facility is needed: _____

_____

Facility Requested ($25.00 per hour weekdays, $50.00 per hour weekends, usage fee): Port Huron Electric Avenue Lower West Wing only.

Area/Room Requested:

☐ Auditorium A ☐ Blue 108 ☐ Blue 110
☐ Auditorium B ☐ Blue 109

Date Needed: _____

Day: _____ Time: _____ From: _____ To: _____

Number attending: _____

Room Set up Needed: ☐ Yes ☐ No

If yes: ☐ Chairs needed How many: _____ ☐ Tables needed How many: _____ ☐ Podium needed

Room Configuration (Choose):

☐ Conference style ☐ Class room ☐ Registration table ☐ Theater style
☐ Circle of chairs ☐ Hollow square ☐ U shape



Admin Form: #01-0226
Reviewed Date: 7/1/2023
Policy Ref: #09-001-0010

Equipment Needed: ☐ Yes ☐ No

If yes: ☐ TV/VCR/DVD ☐ LCD Projector ☐ Whiteboard
☐ Screen ☐ Laptop ☐ Easel
☐ Microphone (Auditorium Only)

**There may be an additional charge for the use of certain equipment and/or if I.T. assistance is required.

Total Fee: $ _____

Approval: This request has been approved (subject to the facilities being needed by CMH)

Signature: _____ Date: _____

Technical Staff need to be present: ☐ At beginning ☐ At end ☐ Entire time ☐ N/A

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*** CMH need for facility use takes priority. * CMH can refuse usage to anyone at any time for any reason.**

## CONFIRMATION TO THE REQUESTOR

Your request has been approved

- Subject to the need for the use of the facility by CMH.
- Proof of insurance has been forwarded: ☐ Yes ☐ No
- Your contact person is: _____ Phone: _____
- You will need to get and access card: ☐ Yes ☐ No

Total Fee: $ Has payment has been paid? ☐ Yes ☐ No

Signature: _____ Date: _____