Here for Good
Community Foundation
for Monterey County

945 S. Main St. Ste 207/208 Salinas, CA 93901 | 831.754.5880 | www.cfmco.org

CFMC Conference Room Facilities Outline

Required Documentation to Reserve the Conference Room

- **Facilities Request Form** which is attached to this document.
- A **Certificate of Liability Insurance** must be presented, naming the Community Foundation for Monterey County as an additional insured, for the balance of the calendar year, for any and all claims, demands, suits, or other liability whatsoever arising out of or in connection with the event.
  Email conference@cfmco.org if you are unable to provide the Certificate of Liability Insurance.

First submit the Facilities Request Form to conference@cfmco.org. Once your request is approved and confirmed, we will request your Certificate of Liability Insurance, which must be provided at least 10 days prior to the event.

Health and Safety Protocols

- CFMC adheres to all CDC recommendations for a healthy office and workplace.
  - Hand sanitizer and wipes will be provided.
- Guests will be asked to enter through the conference room door instead of our front door. The conference room door will be propped open for guest arrival.
- You may keep the conference room door open to the outside, if desired.
- Guests with cold/flu/COVID-19 symptoms must refrain from attending meetings or gatherings.
- Guests must wipe down all tables and surfaces used at the conclusion of all gatherings.

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CFMC Conference Room Guidelines

- Facilities are generally available Monday through Friday from 9:00 a.m. to 4:30 p.m.
    - Please allow time for set up and clean-up, and calculate that into the time period that you are requesting.
    - Cancellations must happen 48 hours in advance.
- Use of the facility is on a first- come, first-served basis, according to availability. The Community Foundation reserves the right to change or deny a request for any reason at any time.
- Capacity of the conference room is 24 people. Photos of layouts are included in this document.
    - Your organization will be responsible for setting up the space with your desired layout and returning the space to its original setup once your meeting/gathering is complete. If excess trash and recycling is accumulated, it must be taken out to the dumpster.
- The organization using the facility must provide all materials for its meeting including food, drinks, paper products, office supplies, etc. We have a water cooler available with hot and cold filtered water.
    - Alcohol is prohibited on the premises at all times, for organizations or groups using the facility.
    - If you would like to bring food, please email conference@cfmco.org. Food service will be decided on a case-by-case basis.
    - CFMC seeks to use fewer single-use cups at our office. Please consider encouraging your guests to bring a reusable cup or bottle to the meeting.
    - Organizations are prohibited from using the computers, copy and fax machines, phones, and offices at the Community Foundation without permission. The unauthorized use of supplies or equipment may incur a service fee.
- The conference room is adjacent to our office; please be mindful of staff by keeping voices low and refraining from wandering around the building.
- No political or religious events of any kind may be held on the premises.
- Organizations may not advertise the event publicly without prior approval from the Community Foundation for Monterey County.
- Organizations understand they are financially responsible for any damages to the facility or equipment, as well as any cleaning costs caused by their use as assessed and determined by Community Foundation staff.
- We strive for fragrance and smoke free events.
- There will be **NO USE** of **OPEN FLAMES** of any kind, including candles, matches, or lighters on the Community Foundation premises. Smoking is prohibited on the premises at all times.
  Safety Notice: There is a fire extinguisher and a first aid kit located in the conference room.

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CFMC Facilities Request Form

Please submit this form to conference@cfmco.org.
If you have any questions, please email conference@cfmco.org or call 831.754.5880.

Name of Organization Requesting to use the Facilities:

Mailing Address of Organization:

Event Contact Name:

Event Contact Phone Number:

Event Contact E-mail Address:

If day-of contact is different than Event Contact, please provide name and phone number:

Event Date Requesting:

Time Requesting: to (Please allow for setup and cleanup)

Purpose of Event:

Estimated Number of People Attending: Bringing food/drinks? Yes ☐ No ☐

Equipment needed: Projector/screen ☐ Podium ☐ Other: _____

If you want to use our projector/screen, please email your presentation to conference@cfmco.org.

By signing below, I affirm that I am the designated representative of this organization, that I have received a copy of, and fully understand, the Community Foundation's Facilities Guidelines and Health and Safety Protocols, and that, I and those attending this event, shall abide by these guidelines for use.

By using the conference room, all meeting attendees agree to be mindful of the CFMC staff by keeping voices low and refraining from wandering around the building.

I further understand that the organization I represent is financially responsible for any damages to the facility or equipment, as well as any cleaning costs during the time of usage as assessed and determined by the Community Foundation staff.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Office Use Only

Date Received: Status: Approved ☐ Denied ☐ Date Insurance Received:

Notes, Comments, Instructions:

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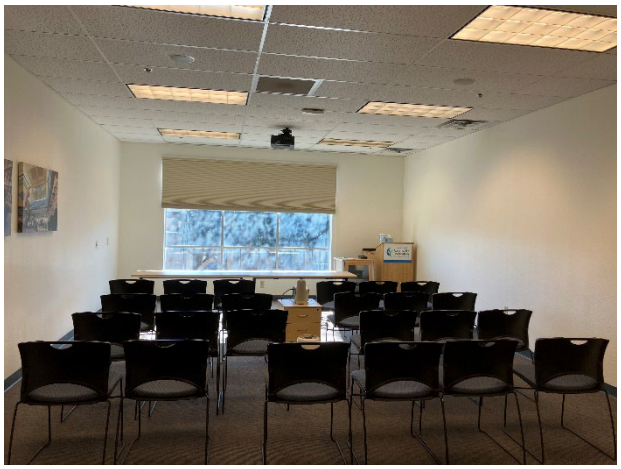
Salinas Office Conference Room Layouts

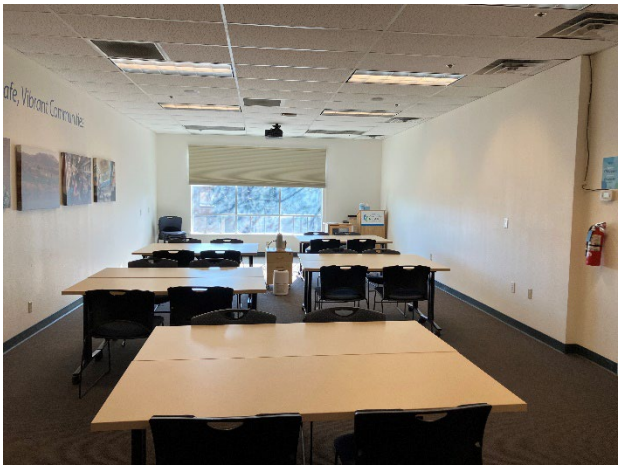
The room is approximately 27’ wide x 40’ long.

Your organization will be responsible for setting up the space with your desired layout and returning the space to the original set up once your meeting/gathering is complete.

Guests must wipe down all tables and surfaces used at the conclusion of all meetings/gatherings. Wipes will be provided by CFMC.



24 seats
Theater Style



24 seats
6 Pods of 4 People Per Pod

24 seats
Classroom Style

24 seats
Board Room Style

Here for Good
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2354 Garden Rd. Monterey, CA 93940 | 831.375.9712 | www.cfmco.org

SAMPLE CERTIFICATE OF LIABILITY INSURANCE FORM.

Room user to name the CFMC as "co-insured" on the insurance policy.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
insureon BIN Insurance Holdings, LLC 1301 Central Expy. South, Suite 115 Allen, TX 75013	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)