



|  |                             |
|--|-----------------------------|
| <b>TITLE:</b> Scheduling and Use of Marion County Facilities | <b>PROCEDURE #:</b> 801-A   |
| <b>DEPT:</b> Business Services                               | <b>EFFECTIVE DATE:</b> 3/07 |

**OBJECTIVE:**                   To establish procedures for the use of County facilities.

**REFERENCE:**                 Policy 801

**POLICY STATEMENT:**       It is the policy of Marion County to ensure safe, secure and appropriate uses for its facilities.

**APPLICABILITY:**           Users of County facilities

**PROCEDURES:**

The following sets out a template “Room/Facility Request Form” for departments to follow in developing procedures for room and facility use within their jurisdictions. Revisions may be made as appropriate, but must be consistent with County Administrative Policy.

**MARION COUNTY [DEPARTMENT NAME]  
ROOM/FACILITY REQUEST FORM  
NAME/ADDRESS OF FACILITY**

Event date: \_\_\_\_\_ Hours of Event: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
**(Include any set-up and clean-up time)**

Organization/Individual requesting use: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Person who will pick up room key: \_\_\_\_\_

Type of Event: \_\_\_\_\_ User Group #: \_\_\_\_\_

Size of group: \_\_\_\_\_ (Note: Group size may not exceed room capacity)

The [ROOM NAME OR NUMBER] located at [FACILITY NAME AND ADDRESS] is available for reservation [DAYS], [TIMES]. Please contact [NAME] at [E-MAIL OR PHONE NUMBER] to check room availability or if you would like additional information.

**SUBJECT: SCHEDULING AND USE OF MARION COUNTY FACILITIES**

| Area(s)              | Capacity   |
|----------------------|--|
| [Room/facility name] | Room w/table and chairs (# occupants)<br>Room w/chairs (# occupants)<br>Room standing only (# occupants) |

**Security/Cleaning Deposit**

A refundable security/cleaning deposit of [AMOUNT] is required. The deposit is due [WHEN]; if not received timely, the reservation may be canceled.

The security/cleaning deposit may be refunded under the following conditions:

1. The room, including carpet, vinyl, counter and/or tabletops, is left clean and the furniture is in the original configuration. [DEPARTMENTS SHOULD PROVIDE CHECKLISTS AND DIAGRAMS FOR ROOM CONFIGURATION, IF APPLICABLE].
2. The room is left undamaged.
3. The room is vacated at the scheduled time and all doors and/or windows to the room are locked; and
4. The key and "Checklist for Meeting Room Users" are turned in at [WHERE AND TO WHOM].

*The County is unable to furnish cleaning supplies, mops, brooms or vacuum cleaners; therefore, you will need to bring your own, if needed. Trash that does not fit in the cans provided will need to be taken with you.*

**The room user may also be liable for:**

1. Repair or replacement of equipment or facilities damaged due to neglect, vandalism, misuse or theft.
2. Replacement of locks and keys in the event keys are not returned.
3. Additional expenses incurred by the County to clean the room(s) if not left in the same condition as found.

The Department will determine the amount of the deposit to be refunded based on the applicant's checklist and input from the County's custodial staff. If the County keeps any of the deposit, a listing of how the deposit was applied will be provided to the room user. Deposits will be refunded within three weeks of the event or within three weeks of cleaning or repairs being completed.

**General Information and Rules**

1. All reservations, except those made by Marion County require submission of a room use request form.
2. Anyone requesting use of a room or facility must be at least 21 years of age.
3. **Activities must not be disruptive to others present in the building.** County staff cannot provide supplies or office support. Office equipment and supplies, including telephones, copy machines, typewriters, computers, projectors, coffee makers, and supplies, are not available to room users.
4. The room key may be picked up [WHERE AND WHEN]. The key must be returned no later than [WHERE AND WHEN].

**SUBJECT: SCHEDULING AND USE OF MARION COUNTY FACILITIES**

- 5. The reservation is only for the approved room. This does not include additional areas, i.e. lobby, adjoining rooms, etc.
- 6. Tables and chairs are supplied [IF APPLICABLE]. A public telephone is available [IF APPLICABLE, WHERE].
- 7. The person responsible for the group should make the reservation and be in attendance at the function.
- 8. Functions must not violate any applicable policies, ordinances, or statutes.
- 9. Smoking is prohibited in any location inside the building.
- 10. Alcohol is prohibited in or on the premises of County facilities.
- 11. Candles or combustible materials are not allowed in County facilities.
- 12. Failure to follow these Procedures may result in room use privileges being revoked.

**User Liability**

All groups or individuals using a County room or facility must agree to take appropriate measures to protect Marion County (“County”), its elected and appointed officials, employees and the visiting public against any and all claims as a result of persons attending a function held in a County room or facility. This provision includes any expenses incurred by the County in indemnifying and/or defending any such claim. The County its elected and appointed officials and all employees will not be held responsible for any lost or stolen articles as a result of persons attending any function in the County facility.

Individuals requesting to use a County room or facility shall agree to the following and indicate so by their signature below:

**Liability**

I agree to protect Marion County (“County”), its authorized agents, elected and appointed officials, employees and visiting public against any and all claims as a result of persons attending the function for which I am making this reservation. This provision includes any expenses incurred by the County in indemnifying and/or defending any such claim. The County its elected and appointed officials and employees will not be held responsible for any lost or stolen articles as a result of persons attending any function in a County facility.

I have read the policies and procedures for scheduling and use of Marion County facilities. I further agree to abide by the policies and procedures as well as all applicable laws and I accept responsibility for any violations as they may pertain to this request.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Cancellations**

Cancellations must be submitted [E.G., IN WRITING, VERBALLY], [WHEN] prior to the scheduled event. All efforts will be made to keep approved room reservations intact; however, the County retains the right to relocate or cancel a function if necessary. If the function is canceled, the applicant may choose to receive a full refund of any deposits paid or to apply any deposits paid to a new reservation.

**Submitting a Request**

The request form, including the cleaning/security deposit may be mailed, or delivered to [DEPARTMENT NAME AND ADDRESS].

**SUBJECT: SCHEDULING AND USE OF MARION COUNTY FACILITIES**

If you have any questions, please contact [NAME AND CONTACT INFORMATION].