

The San Antonio Area Foundation is pleased to open our doors to the community. We have designed our space to welcome and support educational and charitable activities. Private company usage, fundraising events, events where fees are assessed, events where alcoholic beverages are served, and social events are not permitted. **Please email completed form to facilities@saafdn.org.**

Please review our reservation policies and procedures by clicking [here](#) before submitting your request.

Requester Information

Organization Name: _____ **EIN:** _____ Y N 501(c)3 Organization
Y N Registered TX NPO

Admin Contact: _____
Name Phone Email

On Site Contact: _____
Name Phone Email

Meeting Information

Date room needed: _____ Number of participants: _____

Meeting Time: ____:____ - ____:____ Meeting Title: _____

AVAILABILITY – Rooms are available at no charge from 9:00 a.m. until 5:00 p.m., Monday through Thursday, and Fridays from 9:00 a.m. to 3:00 p.m.

CHARGES – After-hours and weekend access can be made available on a case-by-case basis and for a fee. For groups up to 40 people, a charge will be assessed at \$50/hour, plus an additional \$50 to cover 30 minutes of set up and clean up on both sides of a meeting. Groups larger than 40 will incur a doubling of that charge due to additional staffing requirements. **Groups over 80 will be priced on a case-by-case basis.**

Failure to pay after hours fees on a timely basis will impact future access to space.

Room Requirements

AUDIO VISUAL OPTIONS – Rooms are equipped with an integrated computer system and a flat screen monitor. Projectors and drop-down screens are available in the Richard E. Goldsmith Room B (1st floor) and the Ewing Halsell Foundation Learning Center A (2nd floor).

PLEASE SEE OUR [ROOM CAPACITIES, CONFIGURATION AND MAP](#) FOR DETAILS AND LAYOUTS.

A/V NEEDS AND NOTES: Choose all that apply.

<input type="checkbox"/> Microphone (First floor only)	<input type="checkbox"/> Slideshow Clicker	<input type="checkbox"/> Conference Telephone (User must provide and manage conference service.)	<input type="checkbox"/> NOTE: Apple Computer Users (If using an Apple computer, you must provide your own A/V adapters. Please arrange an on-site test one week prior to your event to ensure functionality.)
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IT IS HIGHLY RECOMMENDED THAT YOU BRING A COPY OF YOUR PRESENTATION ON A FLASH DRIVE AS A CONTINGENCY.

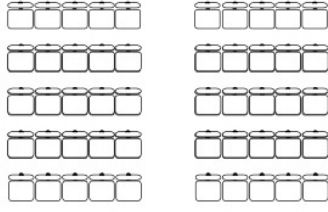
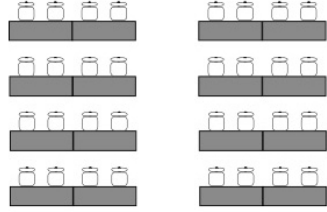
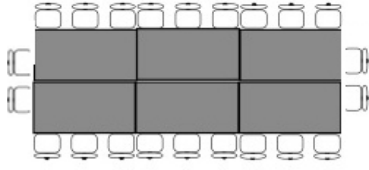
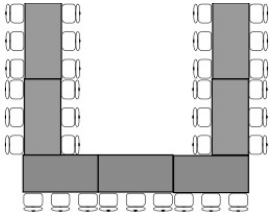
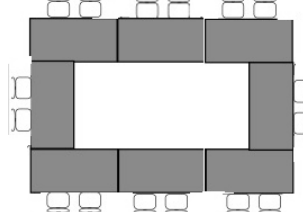
Organization Name _____

Type of Meeting: *Choose one.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Board Meeting | <input type="checkbox"/> Committee/ Staff Meeting | <input type="checkbox"/> Information Session |
| <input type="checkbox"/> Training/Workshop
(including webinar) | <input type="checkbox"/> Press Conference | <input type="checkbox"/> Other: _____

_____ |

Room Setup: Number of tables and chairs will be adjusted to meet event needs.

Auditorium <input type="checkbox"/>	Classroom <input type="checkbox"/>	Conference – standard <input type="checkbox"/>
		
Conference – U-shape <input type="checkbox"/>	Conference – square <input type="checkbox"/>	Other: <input type="checkbox"/>
		<p>Default setup will be 'Classroom' style.</p> <p>Custom configurations will be accommodated as possible and if time allows. Please specify configuration request and/ or provide DETAILED drawings to Facilities Coordinators.</p>

Additional Needs:

- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Water | <input type="checkbox"/> Other: _____
_____ |
|---------------------------------|--------------------------------|--|

Insurance and Damage Requirements

INSURANCE REQUIREMENTS – Organizations hosting meetings of 40 or more people must provide a Certificate of Liability Insurance (COI) for general comprehensive liability insurance with limits of at least \$500,000 and name the San Antonio Area Foundation as “Additional Insured” and “Loss Payee.” Organizations will agree to indemnify and hold harmless the Area Foundation against all injury, loss, damage, claim or liability of any kind, whatsoever, occurring to person or property and arising out of the organization’s use of our facilities. All organizations are responsible for damage to Area Foundation facilities and property. Certificate of Liability Insurance form must be submitted no later than two weeks before the event date.

Please contact our Facility Coordinators for clarification at: facilities@saafdn.org

Organization Name _____

ORGANIZATIONAL ACKNOWLEDGEMENTS

Please initial ALL items below in order for us to consider your request.

- _____ **NO ALCOHOL IS TO BE SERVED OR CONSUMED INSIDE AREA FOUNDATION PREMISES**
- _____ **“FOR FEE” EVENTS MAY NOT BE HELD AT THE AREA FOUNDATION**
- _____ **FOR-PROFIT, SOCIAL, AND FUNDRAISING EVENTS ARE NOT ELIGIBLE**
- _____ **GROUPS OF 40 OR MORE MUST SUBMIT A CERTIFICATE OF LIABILITY INSURANCE TWO WEEKS PRIOR TO THEIR EVENT**
- _____ **YOUR REPRESENTATIVE MUST BE PRESENT TO ACCEPT CATERING DELIVERIES, WHICH MAY ONLY BE MADE ON THE DAY OF YOUR MEETING. (Please notify your facilities coordinator in advance if you will have catering at your event)**
- _____ **NOTIFICATION OF MEETING CANCELLATION IS REQUIRED AT LEAST FIVE BUSINESS DAYS PRIOR TO REQUESTED DATE. (Failure to provide adequate notice of cancellation may impact your organizations future access to Area Foundation space)**
- _____ **THE AREA FOUNDATION WILL NOT PROVIDE OFFICE SUPPLIES OR COPYING, FAXING, OR SECRETARIAL SERVICES**
- _____ **CONFERENCE ROOMS ARE TO BE LEFT IN THEIR ORIGINAL ARRANGEMENT AND CONDITION**
- _____ **ANTICIPATE APPROXIMATELY 30 MINUTES FOR CLEANUP OF ROOM**
- _____ **THE FINAL INSPECTION CHECK LIST MUST BE COMPLETE PRIOR TO YOUR REPRESENTATIVE LEAVING**

Signature

Please sign to acknowledge that you have reviewed your request and our room usage policies. Click the “submit by email button” below to turn in your request. Please save this completed form on your computer for your records after submission. We will let you know within two business days if we are able to accommodate your meeting request. **Please email completed form to facilities@saafdn.org.**

Thank You!

Authorized Signature: _____

I acknowledge that I am authorized to act on behalf of our organization with respect to the obligations and conditions noted above and will communicate these to the organization’s on-site representative.

NOTE: ALL items listed above must be initialed for us to consider your request.