

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.

Requester Information

Organization Name: _____ **EIN:** _____

Y N 501(c)3 Organization
 Y N Registered TX NPO

Organization Contact:

Name	Phone	Email
Address	City, State	Zip Code

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 – Other-hours and weekend access can be made available on a case-by-case basis and for a fee. Other-hours use is \$50 per hour, over 40 attendees is \$75 per hour, and over 80 attendees is \$100 per hour. There is a one-time charge of \$50 per hour for set-up and tear down. Fee doubles when a group is larger than 40 attendees.

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

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).

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

<input type="checkbox"/> Microphone <small>(First floor only)</small>	<input type="checkbox"/> Slideshow Clicker	<input type="checkbox"/> Conference Telephone <small>(User must provide and manage conference service.)</small>	<input type="checkbox"/> NOTE: Apple Computer Users <small>(Provide your own A/V)</small>
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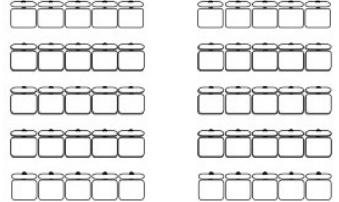
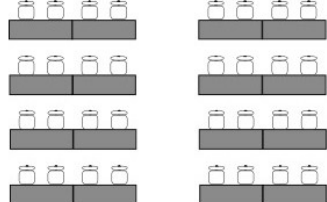
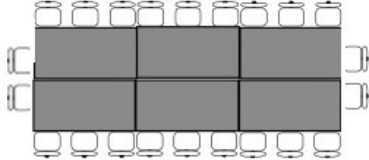
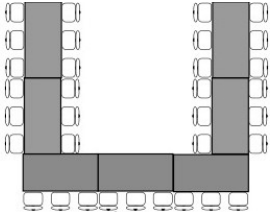
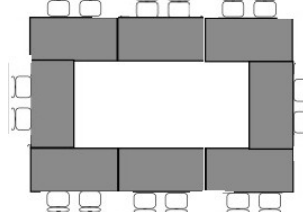
IT IS HIGHLY RECOMMENDED THAT YOU BRING A COPY OF YOUR PRESENTATION ON A FLASH DRIVE AS A CONTINGENCY.

Organization Name _____

Type of Meeting: *Choose one.*

- Board Meeting
 Committee/ Staff Meeting
 Information Session
 Training/Workshop
 (including webinar)
 Press Conference
 Other: _____

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

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

Additional Needs:

- Coffee
 Water
 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 Coordinator for clarification at: thewellscenter@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 the 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 Certification of Liability Insurance two weeks prior to event**
- _____ **Your representative must be present to accept catering deliveries the day of the meeting**
- _____ **Notification of meeting cancellation is required two days prior to your meeting date**
- _____ **The Area Foundation will not provide office supplies, copying, faxing, or secretarial services**
- _____ **Conference rooms are to be left in their original arrangement and condition**
- _____ **Anticipate approximately 30 minutes for clean-up of the room**
- _____ **The check-out procedures must be completed prior to your representative leaving**

Signature

Please sign to acknowledge that you have reviewed your request and our room usage policies. Please save this completed form on your computer for your records after submission. We will let you know within five business days if we are able to accommodate your meeting request. **Please email completed form to thewellscenter@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.