

# Chattanooga State Community College

Economic & Workforce Development

4501 Amnicola Highway • Chattanooga, TN 37406

(423) 697-3100

# FACILITY USAGE APPLICATION

*Applicants are to complete all information and sign as requested. Submit completed application to the approving office for processing.*

## I. INSTITUTION APPROVAL IS CONTINGENT UPON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS AS MAY BE REQUIRED BY THE INSTITUTION.

### Please type or print:

Name of Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Federal ID Number: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Work Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Will the person listed above sign the contract? If NOT, provide the information regarding who should be sent contract invoices.

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please fill in completely

ChSCC Organization  Non-Profit Organization  Individual  For-Profit Business or Organization  Governmental Agency  Other: \_\_\_\_\_  
Name of Faculty Advisor/sponsor \_\_\_\_\_

### Name of Event (Please note: This will go on the ChSCC Campus Calendar)

Location Requested: \_\_\_\_\_ Building/Area Name \_\_\_\_\_ Room Name or Number \_\_\_\_\_

Number of people expected: \_\_\_\_\_ Admission/registration fee?  No  Yes If Yes, Amount: \$ \_\_\_\_\_

*Accommodation cannot be guaranteed for a larger attendance than you anticipated*

### Date(s) Requested:

### Time Requested (including set up and tear down): Actual Time of Event:

(daily beginning & ending times)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Detailed Description of Activity (indicate name and general topic if a speaker):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Copies of marketing materials need to be provided to Chattanooga State prior to advertising the event!*

### Please list any special needs below:

- Food Service: (Chattanooga State food services contract requires that all on-campus catering be provided by the college's food service vendor.) Contact Greg Shook at (423) 697-4748 to discuss catering needs.
- Room Setup (Please note: Some rooms cannot be rearranged. Check all that apply): Chairs: How many? \_\_\_\_\_
- Classroom: Table and 2 chairs facing  Theater: Rows of chairs, no table  Conference: Tables arranged in rectangle with opening in center  Conference: 2 tables arranged in a rectangle with no opening in center
- Registration/Check In Table:  Handout Table:  Serving Tables:  Other: \_\_\_\_\_  
How Many? \_\_\_\_\_ How Many? \_\_\_\_\_ How Many? \_\_\_\_\_ Please attach diagram
- Audio/Visual: Arrangements will be made through the Media Center. Contact information will be given when reservation is confirmed
- PC or Laptop
- Will provide own laptop:  Data Projector  Screen  DVD Player  CD Player  Microphone  
(Please indicate Mac or PC) \_\_\_\_\_
- Parking: How many vehicles do you anticipate for this event? \_\_\_\_\_
- Safety and Security: Determination of security requirements will be solely at the discretion of the Institution.
- Other: \_\_\_\_\_

**APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE:** *(Please read carefully and sign. Application will not be considered if this section is not completed.)*

On behalf of the applicant, I acknowledge by signing below that the Institution has made a copy of TBR Policy 1:03:02:50 AND Chattanooga State Community College

Policy 05:14:01 available for review. Applicant understands that submittal of this application shall constitute agreement by applicant to the following conditions, in addition to the conditions described in those policies:

- 1) The intended use of the Institution property and facilities by applicant does not violate, and actual use will not violate, the provisions of the Tennessee Board of Regents Policy on Use of Campus Property and Facilities or any policies or regulations of the Institution, or any federal, state, or local law or regulation.
- 2) Any use of college property and facilities pursuant to this application that is contrary to such policies, laws, or regulations or that is inconsistent with the activity as described in this application constitutes grounds for the institution to remove the activity from college property.
- 3) Applicant agrees to indemnify the institution and hold it harmless from liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, court costs or attorney fees.
- 4) Please attach any brochures, flyers or other advertisements for the even.

I hereby acknowledge that I have read the Applicant Certifications and referenced policies, and agree to abide by these requirements.

\_\_\_\_\_  
*Name of Applicant*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax the completed form to:  
Economic & Workforce Development  
Chattanooga State Community College  
4501 Amnicola Highway  
Chattanooga, TN 37406  
423-697-3325 (fax)  
423-697- 3100 (phone)

Reservations for use of facilities are confirmed when the applicant receives notification from Chattanooga State Community College authorizing the request. Due to the high demand for rooms, we will not confirm, pencil-in, or otherwise reserve space for non-affiliated groups by phone or verbal agreement. If there is any question as to the approval of your application, or if confirmation has not yet been received, please contact the office of Economic & Workforce Development.

**FOR INSTITUTIONAL USE ONLY:**

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	Charges: Reservation Number(s): _____	Total Charges \$ _____
Date: _____	Facility: _____		Deposit: \$ _____
Comments: _____	Custodial: _____		Balance \$ _____
_____	Security: _____		Date of Deposit _____
_____	Technician: _____		<b>Payments Made on Account:</b>
_____	Equipment: _____	Date: _____	Amount: \$ _____
By _____	Utilities: _____	Date: _____	Amount: \$ _____