



Kualoa-He'eia Ecumenical Youth Project (KEY)
 47-200 Waihee Road • Kaneohe, Hawaii 96744 • 239-5777 www.keyproject.org

FACILITY USE AGREEMENT

DATE: _____

CONTACT (Group & Person): _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

FAX: _____ EMAIL: _____ WEBSITE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DESCRIPTION (Use or Activity): _____

- Date/Day(s) Requested: _____
- Time of use: _____
- Number of Participants (Expected): _____
- Area/Room(s) Requested: (please check all that apply; for more information see www.keyproject.org):

Downstairs rooms:

- Joe C. Harper Community Meeting Room (102-103)
- Mauka Meeting Room (105)

Upstairs rooms:

- Computer Learning/Training Center: 202/203 202 (only) 203 (only)
- Classroom (204)

Portico/Pavilion area:

- Harry & Jeanette Weinberg Pavilion
- Portico
- Kipuka Commercial Kitchen (attach application)
- Other (Describe) _____

Support Services Requested (Please check all that apply)

- Wi-Fi/Internet Access Network: KeyCLC Password: _____
- IT Services: (flat-rate fee of \$50/day applies; pre-use clearance or training required)
 - Smart Board
 - Distance Learning
- Digital Projection/Sound System (Pavilion only/KEY-trained operator \$100.00 additional fee)
- Other (Describe) _____

Acknowledgement(s):

As the contact person or duly authorized representative, I hereby acknowledge that I have read, understand and accept this agreement as written and agree to abide by all policies and rules established by KEY Project as they relate to facility use and activities taking place on site, including the following: (please initial)

Alcohol and smoking are not permitted or allowed on or off-site in association with this event.

We release KEY Project, the City and County of Honolulu, and the State of Hawaii from any and all responsibilities or personal claims arising out of injuries and/or damages incurred during our use of KEY Project's facilities to conduct our activity.

I/our organization or party shall be responsible for all repairs and/or replacement charges and any additional cleaning costs that may be incurred by KEY as a result of our activity or presence on site.

 Signature (Facility User or Authorized Representative)

 Title

 Date

(Signature also required on 2nd Page)

(Office Use Only) Pursuant to satisfactory completion of this form and submittal/receipt of all required documents and related forms, this agreement shall only take effect when signed by KEY Project's Executive Director or a duly authorized representative. A copy will be provided to the user upon approval.

Prepared by: _____
 KEY Project Representative

 Date

Authorized By: _____
 Executive Director/Authorized Agency Representative

 Effective Date



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AGENCY POLICIES, PROCEDURES AND RESPONSIBILITIES:



KEY Project Policies: All users agree to conduct themselves in accordance with KEY Project policies, rules and the directives of authorized KEY Project staff. Policies may be amended without notice.

Closing and Securing the Facility: Users are responsible for closing and securing all areas allowed for use. Return tables and chairs to their original positions, close windows, empty trash cans, turn off lights/fans, and lock and shut doors upon exiting. If a restroom key has been issued to user, restroom doors should also be closed and locked but not while other user(s) are still on site. The premises should be left clean, and restored to its original condition. Equipment/contents shall not be tampered-with or moved without prior approval by an authorized KEY Project Representative.

Advance Notice: All Occasional and Regular Users must notify KEY Project by email: frontdesk@keyproject.org or phone: 239-5777 three (3) to five (5) days in advance of any changes including time-of-use, room assignment, and or facility needs. Users are responsible for notifying their respective participants relative to any cancellations or re-scheduling. To terminate this agreement, KEY Project must be notified 30 days in advance. In the event of a scheduling conflict involving a KEY-sponsored activity, KEY will notify the User at least two weeks in advance.

Certificate of Liability Requirement: Facility Users providing KEY Project with a *Certificate of Liability Insurance* must specifically name the “Kualoa-He'eia Ecumenical Youth Project; 47-200 Waihe'e Rd, Kane'ohe, HI 96744” as an “additional insured” party on facility user’s policy with limit requirements in the following amount(s): “\$2,000,000.00 general aggregate and \$1,000,000.00 each occurrence”.

Required N/A Notice Sent: _____

Policy Received: _____ Expiration Date _____

Monthly Activity Report: All facility users will be asked to complete a *Monthly Activity Report*. **The form is on a clipboard in each of the rooms. Fill in the date, your name, organization name, and number of people in attendance.** This information is essential in tracking the use of our facilities and your cooperation is greatly appreciated.

Facility Usage & Fees:

KEY reserves the right to review and/or adjust usage policies and fees relating to facility use on a regular basis. Renewal of regular facility use(s) will be considered based on the following: compliance with all policies/procedures/requirements; there are no conflicts in usage and/or scheduling. If there is a conflict with regard to scheduling it is clearly understood that KEY-sponsored programs, activities and major community events will take priority over any other scheduled activities. Priority for use is agency program(s) and/or events. Facility use fees are prepaid or due promptly on the 1st of each month or pursuant to invoice/payment agreement with our Fiscal Office. Fee rates range from \$25 to \$60 per hour. The weekend rate for the pavilion-portico is \$1100 for Saturday or \$600 for Sunday with a \$200 deposit due upon booking. The remaining balance is due 30 days prior to the event date or the deposit is refunded with 30 days or more notice. All reservations shall be paid in full 30 days in advance.

Rate: \$ _____ # Hours: _____ Amount Due: \$ _____

Not/Applicable

Regular Use

To be Invoiced by Fiscal

Discount: \$ _____

Event Use

Deposit Received \$ _____

Occasional

Payment in Full Received \$ _____

Signature: _____

Facility User or Authorized Representative

_____ Date