

## Grand Rapids Community Foundation Application for Conference Room Use

Please complete the form below and mail or fax it along with any additional information to:

**Grand Rapids Community Foundation**  
185 Oakes Ave Street SW  
Grand Rapids, MI 49503  
Fax: 616.454.6455

Please note that submission and receipt of this form does NOT constitute approval of requested use. A written confirmation will be e-mailed or faxed to you within 48 business hours after your request has been received.

### Organization Information

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Are you a 501(c)(3):  Yes  No Tax ID Number: \_\_\_\_\_

Have you used the Conference Rooms in the past year?  Yes (Dates: \_\_\_\_\_)

No

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Representative attending meeting:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about the Foundation's conference rooms?  
\_\_\_\_\_

### Catering Information

**Will the meeting be catered?**  Yes  No

**If yes, name of caterer:** \_\_\_\_\_

Caterer's arrival time: \_\_\_\_\_ Caterer's return time: \_\_\_\_\_

Food/Catering Needs: \_\_\_\_\_ (Must be prior to 4:30 p.m.)

Coffee maker (organization must supply coffee and paper products)

Refrigerator

Microwave

## Conference Room Information

**Name of Meeting:** \_\_\_\_\_

Please make sure this is the name of the meeting that your guests will be asking for.

**Purpose of Meeting:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

**Beginning Set Up Time:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Conference Room Requested:**

Board Room – capacity 20-24

Multi Purpose Room C – capacity 50-60

Library – capacity 8

Multi Purpose Room A – capacity 20-25

Multi-Purpose Room B – capacity 20-25

**Number of Attendees Expected:** \_\_\_\_\_ \*

\*If you expect more than 40 attendees, please attach insurance certificate. See Section 1 of Conference Room Policy.

**Seating Style:** (if requesting Multi-Purpose Room)

Classroom

Conference  
(Closed Middle)

U-Shape

Rectangle  
(Open Middle)

Theatre  
(Chairs Only)

**Head Table Position:**  Front of room by screen

Other \_\_\_\_\_

**Tables:**  Rectangle

Round

Mixed

No Preference

**Registration Table Required:**  Yes

No (located outside meeting room doors)

**Podium Required:**

Yes

No

**Special Arrangements or Requests:** \_\_\_\_\_

## Audio – Video (Must Reserve When Scheduling Room)

Equipment Available (Board Room or Multipurpose rooms)

LCD projectors (2) & display screens

DVD Player

Wireless network connection (organization must supply laptop)

Telephone (for local or toll free calls only)

Easel for flip chart (organization must supply paper and writing instruments)

Whiteboard

Audio – explain usage - \_\_\_\_\_

Wireless Mic or Lapel (2 of each available)

Library

Wireless network connection (organization must supply laptop)

## Rates – Room setup (if requesting the Multi-Purpose Room please check one)

Total Room Setup (including tables, chairs and A-V equipment), \$60.00 flat fee\*

Audio/Video setup only, \$25 flat fee\*

Table & Chair setup only, \$40.00 flat fee\*

Organization would like to set up tables & chairs (no audio-video required), plan on up to 2 hours for setup, depending on meeting size – must be approved by GRCF

\*Invoice will be sent upon approval of reservation and due prior to reservation date.

**Agreement & Authorization**

I have read, understand and agree to the terms of the Grand Rapids Community Foundation Conference Room Reservation Kit. Any violation of the policy may result in denial and/or cancellation of future use of the meeting rooms.

Approval to use conference rooms is not an endorsement by the Grand Rapids Community Foundation.

\_\_\_\_\_  
Signature of Organizations Primary Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Organizations Primary Contact

\_\_\_\_\_  
Signature of Community Foundation President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Community Foundation Controller

\_\_\_\_\_  
Date

**For internal use only:**

Approved by executive director:       Yes       No

Approved by Controller:       Yes       No

Additional information requested:       Yes       No      Date: \_\_\_\_\_

Room reserved:

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINAL INSPECTION CHECK LIST**

The following "Final Inspection Check List" must be completed by the organization's representative and reviewed by the Controller or his/her designee prior the representative leaving the Community Foundation premises.

- 3. **Check-Out:** Meeting attendees should sign out at reception.
- 4. **Conference Room & Kitchen:** Our goal is to have conference rooms available immediately following a completed meeting. Refer to the Final Inspection Checklist for a list of items that need to be checked. After the checklist is completed organization representative should sign and date form. GRCF Controller will then sign acknowledging condition of room. Following are some items that will be checked.

**Conference Room:**

- Tables & Chairs in original position prior to meeting
- Table tops and counter tops clean
- Trash containers emptied if excessively full or contain food waste
  - o All trash taken to dumpster outside (ask receptionist for location)
- Carpet free of dirt and stains
- Walls in original condition
- Lights turned off
- Equipment turned off and returned (Mics, Wireless pointers, other)
- Markers returned to receptionist
- All meeting items brought in are removed
- All meeting attendees have departed
  - o Organization representative needs to stay until all attendees have departed
- Setup fee paid, if applicable.

**Kitchen:**

- All food and catering supplies removed from room and kitchen
  - o Refrigerator free of items brought in for meeting and clean
  - o Microwave clean
  - o Coffee maker empty and clean
  - o Counter tops clean

Please list any damage and/or issues that resulted during the meeting with any property of the Community Foundation:

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The above items have been reviewed and completed.

\_\_\_\_\_  
Signature of Organizations Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Community Foundation Representative

\_\_\_\_\_  
Date