



**Community Foundation of South Alabama  
Application for Facility Use**

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

**Community Foundation of South Alabama**

**212 St. Joseph Street**

**Mobile, AL 36602**

**Email: [events@communityfoundationsa.org](mailto:events@communityfoundationsa.org)**

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**Organization information**

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Are you a 501(c)3? \_\_\_ Yes \_\_\_ No Tax ID Number (nonprofits only) \_\_\_\_\_

Primary contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Representative attending meeting \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

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

**Conference Room information**

Requested Meeting Space (check all that apply):

Longleaf Conference Room

River Birch Conference Room

Cypress Lobby (*after hours only & in addition to other meeting space*)

Holly Conference Room

Magnolia Roof Terrace

Name of meeting \_\_\_\_\_  
(Please make sure this is the name of the meeting that your guests will use)

Date of meeting \_\_\_\_\_

Setup time \_\_\_\_\_ Meeting time \_\_\_\_\_ End time \_\_\_\_\_

Number of attendees expected\* \_\_\_\_\_

**A Foundation representative will be in contact to discuss your meeting needs, such as seating style and other amenities (Catering/food, IT needs, etc.).**

## Facility Rates

**Nonprofit rates** - Rental fees are waived for nonprofit organizations during business hours (Mon-Fri. 8 a.m.-5 p.m.), we simply ask for a \$45 cleaning fee for each booking. For After Hours use, contact [events@communityfoundationsa.org](mailto:events@communityfoundationsa.org) for rates/fees.

**For-profit rates** - contact [events@communityfoundationsa.org](mailto:events@communityfoundationsa.org) for rates/fees

For relevant events, an invoice will be sent upon approval of reservation and due prior to reservation date. Some events will require a Certificate of Insurance (COI) for general comprehensive liability insurance with limits of at least \$1,000,000 and/or include a Liquor Liability Endorsement. This COI will need to name the Community Foundation of South Alabama as "Additional Insured" and "Loss Payee." A Foundation representative will discuss more details and requirements if relevant to your event.

## Agreement and authorization

By signing this agreement, \_\_\_\_\_ agree(s) to the following:

- To ensure all participants have left the meeting area at the conclusion of the rental period.
- To indemnify, defend and hold harmless Community Foundation of South Alabama, its Board of Directors, and any agent or employee of Community Foundation of South Alabama from and against all claims and liabilities, whether proceeding to judgment, settlement, or otherwise brought to conclusion, arising out of any activities or operations occurring during use of the facility premises.
- To ensure that all procedures and policies established by Community Foundation of South Alabama for the use of its facility are followed by all those attending.
- To be responsible for any charges resulting from non-compliance with these procedures.

By signing below, I certify that I have authority to sign on behalf of \_\_\_\_\_ and confirm that I have read, understand and agree to the terms of Community Foundation of South Alabama's Facility Use Policies. Any violation of the policies may result in denial and/or cancellation of future use of the meeting rooms. Approval to use facility space is not an endorsement by the Community Foundation of South Alabama.

\_\_\_\_\_  
Signature of organization's primary contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/typed name of organization's primary contact

\_\_\_\_\_  
Signature of Community Foundation representative

\_\_\_\_\_  
Date