



## BUILDING/CONFERENCE ROOM GUIDELINES

As a service to the community, the Erie County Board of Developmental Disabilities offers the use of its conference room when it is not being used by the Board of DD for its programs. The group or agency which herein makes consideration for the use of the room for a nominal charge, agrees to hold the Board, employees, Lessees, harmless for any act or failure to act, damage, or loss to Board of DD property, materials distributed, or viewpoints advocated, on the Applicant's part.

The Building Use Application (see attached form) may be obtained from the receptionist between 8:00 a.m. and 4:00 p.m. weekdays. Applications must be entirely completed and submitted to the Erie County Board of Developmental Disabilities Facility Manager with a minimum of (1) week advance notice for agencies not located on the grounds and included with any applicable fees. **Please read the following provisions:**

1. Board sponsored or co-sponsored programs take precedence over other groups at all times. The Board reserves the right to change or cancel reservations in emergency situations.
2. Please make all payments payable to: Erie County Board of Developmental Disabilities and include it with your Building Use Application. Rooms will not be reserved until application and payment have been received.
3. Advance notice of at least 24 hours is requested in the event that a scheduled meeting is to be cancelled. If not, the room fee is non-refundable.
4. The superintendents designee or custodial/ maintenance representative may not be barred from any meeting but shall enter for good and sufficient reason only. Meetings shall be public unless entered into executive session under the Ohio Sunshine Law.
5. Meetings cannot be scheduled to include activities or purposes of partisan politics or religious activities or meetings.
6. A custodian shall be present at all weekend and/or evening functions.
7. The applicant shall be responsible for cleaning up those materials or items unique to the meeting, including the wiping off of table tops and placing all trash in trash receptacles.
8. Maintenance/ custodial staff will be responsible for the placing and removing tables, chairs and other special items as requested on the application.
9. The Superintendent of the Erie County Board reserves the right to cancel or deny any requests made by community groups. Any abuse or violation of these regulations may result in meeting privileges being withheld for a period of twelve (12) months. Questions should be directed to the Superintendent.
10. The Superintendent reserves the right to hire or assign security personnel for special activities.
11. All applicants must be at least 18 years of age.

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- 12. Smoking is not permitted on the grounds of the Erie County Board of Developmental Disabilities, this includes the Picnic Shelter.**
13. There will be **“NO ALCOHOLIC BEVERAGES”** served or brought onto the Erie County Board of Developmental Disabilities property at any time.
- 14. Attendance at each meeting shall be recorded. It is the responsibility of the group using the room to see that this is completed and turned in at the receptionists’ desk.**
15. For building usage during weekends and after normal working hours parties may be subject to a fee of \$40.00 per hour.
16. Outside Picnic Shelter can be reserved for usage for a flat fee of \$25.00. It is recommend that all trash is picked up and put in trash receptacles and tables cleaned.
17. There are no public facilities available during the use of the picnic shelter. If you would like to rent appropriate facilities for your use you may do so at your own cost. Notification to the Facility Manager is required when application is submitted. Removal should be scheduled for the next working day.
18. If needed, please contact the Erie County Board of Developmental Disabilities Facility Manager at 419-502-4197.



# Building & Conference Room Usage Application

Today's Date: \_\_\_\_\_

- Board Related Usage
- Board Lessee
- Government Entity
- Other: \_\_\_\_\_  
(See Charges)

Applicant/Contact Person: \_\_\_\_\_

Phone Number/Ext.: \_\_\_\_\_

Requesting Date: \_\_\_\_\_ Requesting Times: \_\_\_\_\_ to \_\_\_\_\_

Size of Room Requesting/Occupancy:  1/4 (8)  1/2 (20)  Full Room (40)  Gym  Shelter

Number of People Attending: \_\_\_\_\_

**Charges:**

Monday thru Friday 7:30 a.m. till 5:00 p.m. – No Charge

After Hours or Weekend Usage- See #15 of Guidelines

Shelter Usage- \$25.00

**Requesting Equipment:**

- Overhead Projector  Screen  Flip Chart  TV/VCR/DVD
- LCD Projector  Others: Please list \_\_\_\_\_

**Set-Up Style:**

- Classroom  Meeting  Speaker Table  Food Table

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Covering Event: \_\_\_\_\_ Phone No. \_\_\_\_\_

Approved  Disapproved  Rental Fee Paid \_\_\_\_\_ Check Number