

Islamic Cultural Center of Northern California
1433 Madison Street, Oakland, CA 94612, 510-832-7600, info@iccnc.org

Facility Rental Request and Agreement Form

Application Date: _____

Organization Name: _____ Status: Nonprofit For-profit Individual

Organization Address: _____ Phone #: _____

Contact Person Name: _____

Mobile Phone #: _____ Email Address: _____

Type of Event: _____

Date(s) Needed: _____ Times: _____ # of people: _____

Facilities and Services Required: _____

What areas or rooms you like to rent?

Main Auditorium Upstairs Lecture Hall #1 Upstairs Lecture Hall #2
Downstairs Lecture Hall #3 Dining Room Kitchen Cafe Others _____

Need Access to Kitchen? Yes No. If yes, for what purposes? _____

Are You Serving Food? None Refreshments Tea/Coffee Light Meal Full Meal

INDEMNIFICATION/HOLD HARMLESS CLAUSE: The above contracting individual(s) does each personally contract to indemnify and hold ICCNC harmless from and against any damages, claim, or demand arising out of the use of ICCNC premises by any person participating in, or present because of, the scheduled activity and agree to reimburse ICCNC for any expenses incurred defending such claim or demand.

CONTRACTING INDIVIDUALS promise to closely supervise all activities on ICCNC premises, protect the property of ICCNC, and strictly observe the following rules:

1. Using individual or organization is required to obtain any necessary insurance.
2. This facility is weapon, controlled substance and smoke-free.
3. No alcoholic beverages will be possessed or consumed on ICCNC property.
4. No commercial activity shall be conducted without prior approval.
5. Contracting individual(s) will pay for all damage and cleaning expenses beyond normal use.
6. There must be a minimum of one responsible adult supervisor present at all times for every ten participants or fraction thereof.

7. All rules for the facilities must be observed.
8. This form must be completed, signed by the contracting individual(s) and ICCNC representative, and rental payment and deposit must be made before the event will be scheduled.
9. Inappropriate behavior or use of the facilities will be cause for immediate termination of the Rental Agreement.

Agreed Fees: \$ _____ (See the attached forms for the details)

Date Deposit Received: _____ By: _____

Contracting Individual Name

Contracting Individual Signature

Date

ICCNC Representative Name

ICCNC Representative Signature

Date

**Islamic Cultural Center of Northern California Facility
Rental Fee Schedule**

Name of Organization: _____

Date of Event: _____

Rental Rates Table (rental fees are for a minimum of 4-hours rental)

Room	Nonprofits	For-Profits	Security Deposit	Fee
Main Auditorium 450 People	\$300 – 4 hours + \$30 x _____ additional hrs	\$500 – 4 hours + \$50 x _____ additional hrs		
Lecture Hall #1 100 People	\$200 – 4 hours + \$20 x _____ additional hrs	\$300 – 4 hours + \$30 x _____ additional hrs		
Lecture Hall #2 100 People	\$200 – 4 hours + \$20 x _____ additional hrs	\$300 – 4 hours + \$30 x _____ additional hrs		
Lecture Hall #3 100 People	\$200 – 4 hours + \$20 x _____ additional hrs	\$300 – 4 hours + \$30 x _____ additional hrs		
Dining Room 400 People	\$350 – 4 hours + \$35 x _____ additional hrs	\$600 – 4 hours + \$60 x _____ additional hrs		
Kitchen	\$200 – 4 hours + \$20 x _____ additional hrs	\$350 – 4 hours + \$35 x _____ additional hrs		
Café 50 People	\$150 – 4 hours + \$15 x _____ additional hrs	\$250 – 4 hours + \$25 x _____ additional hrs		
Total Room Rental Fees				

Equipment Request

Audio System Video Projector Projection Screen Easel #_____ Chairs (#) _____

Tables (#)_____ Others (Please specify): _____

Setup and Staffing Rates Table

Room Set-up Fees	<i>1-20 People</i>	<i>21-99 people</i>	<i>100+ people</i>
Minimal Set-Up	\$35	\$70	\$100
Substantial Set-Up	\$50	\$100	\$150
Staffing Fee	<i>Hourly Rate</i>	<i>Hours Needed</i>	<i>Total Fee</i>
Audio Visual Technician	\$20		
Childcare Attendant	\$20		
Kitchen Attendant	\$20		
Event Attendant Host/Hostess	\$20		
Custodial Attendant	\$15		
Total Set-Up/Staffing Rental Fees			

FOR OFFICE USE ONLY

Total Room Rental Fees: \$ _____ Total Set-Up/Staffing Fees: \$ _____

Total Fees Paid to ICCNC \$ _____ Total Deposit: \$ _____

Payment Received: Check # _____ Cash _____ Credit Card # _____

TERMS OF AGREEMENT AND INSURANCE

1. A signed Rental Agreement is required before any use of the facilities. The activity shall not be considered scheduled until all deposits and fees have been received. The Rental Agreement must be signed by one or more responsible contracting individuals who will be legally responsible to ICCNC for supervision of use of the facilities, as well as any damage or misuse.
2. The contracting individual(s) will be required to indemnify and to hold ICCNC harmless from and against any damages, claim, or demand arising out of the use of Church premises by any persons participating in, or present at, the event. The contracting individual(s) will be responsible to assure compliance with the rules as contained in the Agreement and any rules posted on the premises.
3. All Multi-Use Agreements shall be on an annual basis. "Multi-Use" is defined as situations in which ICCNC facilities will be used on an on-going, regular basis. To facilitate record keeping, all arrangements shall begin on January 1st and end on December 31st.
4. Multi-Use Agreements are subject to change based upon ICCNC needs.
5. As a condition for use of the facility, the person signing the Rental Agreement shall procure Comprehensive General Liability (CGL) Insurance naming ICCNC as a Name Insured or Additional Insured having the same coverage and coverage limits as the "Named Insured". The CGL policy shall have bodily and personal injury coverage limits of no less the \$1 million and property damage coverage limits of no less than \$500,000. The CGL policy must include effective dates covering the time period user has contracted to use the facility. At least 48 hours before user commences use of the facility, it shall provide written proof of its procurement of the CGL policy required by this provision, including an acknowledgement by the insurance carrier providing the CGL policy that if the CGL policy is cancelled for any reason prior to the effective dates identified in the policy, it will immediately notify, in writing, ICCNC of the cancellation.