



Facilities Rental Policy

Policies and Procedures – Facilities Rental Policy

Purpose

The following policy is provided to make planning your special event easier in hopes that it will be memorable.

Section 1 -Use of Facilities

All facilities are provided for the sole use of residents of Bolling Family Housing. Use of the facilities is limited to resident use and each event must have a minimum of 25% Military residents in attendance. The use of the facilities is not intended for corporate, clubs or organizational events but exceptions may be made at the discretion of the Community Director and exceptions can be requested by filling out an Exception to Policy form. Exceptions may also be granted under the provisions of Section 5. Bolling Family Housing reserves the right to deny the use of any facility for any reason. ____ *Initials*

Facilities may be rented for a maximum of 12 hours and keys must be returned by 9:00AM the morning after the event. At that time, a facilities inspection will be completed by a Bolling Family Housing employee. ____ *Initials*

Facilities reserved during the business hours of 7:30AM thru 5:30PM, Monday- Friday will be limited to the Kitchen use only. If a reservation occurs after business hours, the facility available for use will include the Kitchen and Great Room. Please note, set-up for an evening event must occur after business hours. ____ *Initials*

Section 2 - Reservations

A resident on the lease must be over 18 years of age to reserve any facility. Initial reservation arrangements may be made by phone or in person at the appropriate management office. Your reservation is considered tentative until all paperwork along with a check deposit and fee have been submitted. Tentative reservations will be held for 48 business hours. After 48 business hours the tentative reservation will be cancelled. Reservations can be made up through the last day of the following month. No more than two reservations can be booked during this specified period by one resident or family. ____ *Initials*

Section 3 - Pricing, Deposits, and Fees

Facility rentals are available for resident use with receipt of a \$250.00 security deposit and a \$50.00 non-refundable fee, except otherwise required herein or in Section 5. This \$50 non-refundable fee for use will go into effect for any reservations taking place 1 April 2017 and thereafter. All reservations that do not include 25% military residents or will generate profit will be charged a \$50.00 hourly rate. ____ *Initials*

Fees due to damage found upon final inspection for reservations placed by a resident will be taken out of the security deposit and if there are additional charges they will be placed on their resident ledger for payment. Failure to pay these charges could result in revocation of the privilege to use the facility. ____ *Initials*

Section 4 - Food and Beverages

Alcohol is not permitted in the facilities. ____ *Initials*

Section 5 - Use of Facilities for Profit, Fundraising, Games of Chance, and Gambling

Facilities that are reserved by residents for fund raising or profit activities will require the \$50.00 per hour usage fee in addition to any applicable deposit. Facilities that are reserved by residents for profit activities will require the \$50.00 per hour usage fee. ____ *Initials*

Illegal gambling is prohibited at all of the facilities. ____ *Initials*

Section 6 - Furniture, Displays, Decorations, and Concerns

Furniture in the facility is solely for the use of the room it is in and is not to be moved to another facility unless authorized in advance by filling out an Exception to Policy. Flammables will be contained, and kept a minimum of 15 feet away from the facility. No pets are allowed within the facilities. Tacks, pushpins, nails and adhesive tape may not be used on any walls in any room. All candle flames must be contained in a votive holder or hurricane type of container. Smoking is not permitted inside any facility. ____ *Initials*

Section 7 - Liability and Damage

Bolling Family Housing reserves the right to inspect and control all functions. Bolling Family Housing shall not be liable for any damage to or loss of, equipment, merchandise or articles left in facilities prior to, during, or following the function. The person who booked the facility will be responsible for any loss or damage to the building, equipment, or fixtures belonging to facility. Damages will be billed to the person who booked the facility at replacement cost plus labor. I do hereby release Hunt Military Communities and its affiliates, officers, employees and agents, and any other people officially connected with this rental of property, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while I utilize this facility. ____ *Initials*

Section 8 - Cancellation and Refunds



Cancellations for confirmed bookings are not effective until received in writing. Facsimile and email are acceptable. Resident will not be held responsible for fees or deposits if they cancel a reservation. ____ Initials

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Facilities Reservation Request Form

Name or Organization: _____

Address: _____

Phone: _____ Alternate Phone: _____

Are you a resident? Yes No

Facility requested for use:

Community Center to include Great Room and Kitchen (after business hours)

Community Center Kitchen (during business hours)

Date facility needed: _____

Nature of event: _____

Expected number of guests: _____

Percentage of guests who are residents: _____

A. Will this event generate any profit for you or an organization?

(If yes, a \$50 per hour charge will apply)

Yes No If yes, please explain _____

If yes is selected for section A Community Director Approval is required: Approved Denied

Signature _____

Flat Rental Fee: \$ _____ Hourly Fee: \$ _____

Check # _____ (Attach a copy of the check)

Deposit Amount: \$ _____ Check # _____

(Attach a copy of the check)

ETP Needed Yes No (If yes, is selected attach ETP)

Agreement

The Lessee assumes full responsibility for the condition of the area(s) described below at the termination of use, and agrees to abide by the following:

The lessee assumes all responsibility for care of furnishings and for securing the building when leaving. The lessee will be held liable for damages to the facility. While in possession of keys for a facility, the lessee is responsible for all activities and actions of participants. The lessee must provide any cleaning supplies needed, including but not limited to, trash bags, and cleaning agents. A broom will be available for use of the lessee. The Lessee is responsible for returning the facility to its pre-event condition, prior to the second facility inspection scheduled or risk loss of deposit. No debris or garbage is permitted on the landscaping surrounding the facility. The lessee is liable for the health and welfare of all participants of their event.

The person executing this agreement expressly represents that he/she is authorized on behalf of the said organization to execute this agreement. Where the lessee is an unincorporated association, partnership, social or private group, or other entity, this agreement shall be binding on such legal entity.

Management and owner are held harmless against any and all liability incurred as a result of use of the above-described area(s). Management reserves the right to make any and all judgments regarding excessive noise and/or disturbances emitting from the area(s) described above during time of use.

I assume full responsibility for the conduct of my guests and the condition of the facility rented at the termination of the event. I acknowledge receipt of Bolling Family Housing Facilities Policy. I agree that cleaning and damages may be charged to me at actual cost. I agree to hold owner and management harmless against any and all liability incurred as a result of my use of the facility. I acknowledge the right of management to make any and all judgments regarding excessive noise and/or disturbances emitting from rented facilities.

Resident Name (printed)

Staff Name (printed)

Resident Signature

Date

Staff Signature

Date



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Facilities Inspection

A facility inspection will occur prior to the reservation date, and after keys have been returned to the office. Keys will be made available for resident pick-up during normal business hours the day of the event. If the event falls over the weekend, the resident will be required to pick-up the key no later than Friday, close of business. Keys will not be distributed without a complete facility inspection. A second inspection of the facility will occur after the event has taken place. Any incurred damages by Lessee will be deducted from the deposit. The lessee can call our maintenance work order line at (202-562-2631) for assistance during use of the facility.

Key: ND – No Damage RPR – Needs Repair NC – Needs Cleaning D – Damage SN – See Notes

Equipment/Item	Pre Insp.	Post Insp.	Cost	Notes
Blinds				
Cabinets				
Carpets				
Ceiling				
Decor				
Dishwasher				
Exterior Grounds				
Garbage				
Garbage Disposal				
Lights				
Microwave				
Oven/Range				
Refrigerator				
Restrooms				
Tables and Chairs				
T.V.				
Walls				
Windows				
Resident Initials				Total Cost
Staff Initials				

Pre-Inspection Time: _____ Pre-Inspection Date: _____

Post Inspection Time: _____ Post Inspection Date: _____

Non-Resident: I have received my deposit check back Yes No

 Resident Name (printed)

 Resident Specialist Signature Date (printed)

 Resident Signature Date

 Resident Specialist Signature Date



Facility Damage & Cleaning Charge List

Appliance Cleaning	\$25.00 per appliance
Kitchen Cleaning (Floors/Counters/Cabinets)	\$30.00
Great Room Cleaning	\$30.00
Bathroom Cleaning	\$50.00
Foyer/Ceramic Tile Cleaning	\$60.00
Furniture/Décor Damage	Actual Invoice Cost
Drywall Repairs/Touch-Up Paint	Actual Invoice Cost
Trash Removal	\$20.00 per bag

NOTHING HEREIN WILL BE CONSTRUED AS A LIMITATION ON MANAGEMENT'S RIGHT TO PURSUE RESIDENT FOR DAMAGES NOT SPECIFICALLY LISTED HEREIN.

Resident Signature: _____ Date: _____