



Community Meeting Room Guidelines and Request Form
250 N 21 Street, Suite 2
Lincoln, NE 68503

The Community Health Endowment offers use of our **Community Room** at no charge to local nonprofit organizations for business-related purposes Monday through Friday, from 8:00am to 5:00pm. All guests, coordinators, and caterers must not arrive prior to 8:00am and must be of the premises by 5:00pm. Classroom style seating is available for 20 individuals (10 tables, two chairs at each table). Private parties, religious services, fundraising, and sales solicitations are not permitted in the space, and CHE's approval of a reservation in no way constitutes an endorsement or promotion of the individual, entity, or organization making such reservation.

Please request the room as soon as possible, and no less than 72 hours prior to the event date. Room requests are processed on a first-come, first-serve basis and are not guaranteed until confirmation is sent from CHE staff. Submission of this request form does not guarantee your reservation.

Once complete, please submit your request by email to kyra.nilson@chelincoln.org. A written confirmation will be returned by email within 48 business hours after your request has been received. If you have not received confirmation, please call 402-436-5516

ORGANIZATION INFORMATION

Organization:

Address:

City:

State:

Zip:

Phone:

Are you a 501(c)(3) non-profit?

Yes

No

Primary Contact:

(This should be the individual who is responsible for scheduling)

Phone Number:

Email:

Cell phone or after hours contact information:

MEETING INFORMATION

Name of Meeting:

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

Purpose:

Date of Meeting:

Arrival for Setup:

Meeting Start Time:

Meeting End Time:

Clean-Up End Time:

Number of People Expected (including speakers/coordinators):

AUDIO-VISUAL NEEDS

The CHE Community Room includes a television screen and HDMI cable for laptop projection. Apple brand adapters are not included.

CATERING INFORMATION

Will the meeting be catered? Yes No

If yes, name of the caterer:

Caterer's arrival time:

OTHER COMMENTS OR QUESTIONS:**INDEMNIFICATION**

To the fullest extent permitted by law, the applicant organization shall indemnify and hold harmless CHE, its officers, agents and employees from and against any and all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of use of the Community Room, including without limitation, any bodily injury, sickness, disease, death or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by the intentional or neglect act or omission of the organization, anyone directly or indirectly employed, or anyone for whose acts any of them may be liable. This section shall not require indemnification of CHE or any losses, claims arising out of the sole negligence of CHE.

RULES

- CHE reserves the right to cancel previously approved reservations.
- All food, beverages, and garbage must be removed immediately upon the conclusion of the reservation. Guests are responsible for their own catering arrangements and must provide their own cutlery and serve ware.
- It is the guest's responsibility to set up the tables and chairs in the desired setting.
- It is the guest's responsibility to return the room to its original state immediately upon conclusion of the reservation (tables, chairs, visual/audio devices, etc.).
- CHE does not provide signage for guest events or meetings; however, guests are permitted to display signage that does not damage CHE property or disrupt permanent CHE signage or branding, and must be removed immediately upon the conclusion of the event.
- Guests are financially responsible for damages to the CHE property that occurred during the event.
- The organizational representative may not leave until all meeting attendees have exited the premises.

COVID-19 Related:

- Guests will be provided cleaning supplies from CHE and are required to disinfect all table surfaces and touch-points prior to their departure.

AUTHORIZATION

I have read, understand, and agree to the terms of the CHE Conference Room Policy. Any violation of the policy may result in denial and/or cancellation of future use of the Community Room.

_____ **Signature of Meeting Primary Contact**

_____ **Date**

_____ **Printed Name of Meeting Primary Contact**