



Honolulu Community College
Facilities Use Request

Internal Application
 (for UH System related events only)

Completed request must be submitted to the Business Office at least **ten (10) work days prior to the event**.
 The Business Office will inform the applicant of the total rental charges based on the information provided below.

REQUESTOR	UH Campus:	Department:	Organization/Club:	<input type="checkbox"/> RISO	
	Name of Contact Person:	Title:	Phone No.:	Email:	
EVENT INFO	Event Title:		Est Attendance:	Outside vendors participating in this event: (Liability insurance for each vendor must be submitted)	
	Purpose of Event (if this is a fundraising event, check here <input type="checkbox"/> and explain below):				
	Su M T W Th F Sat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date(s):		Time (incl set up/break down):	
	Bldg/Lot/Area(s):	Room(s):	<input type="checkbox"/> Willing to share space (explain below):		
SPECIAL REQUESTS	Auxiliary Requests:		Media Requests:		
	<input type="checkbox"/> Set up/Break Down (attach diagram) <input type="checkbox"/> Tables Qty: _____ <input type="checkbox"/> Chairs Qty: _____ <input type="checkbox"/> Janitorial Services (specify below) <input type="checkbox"/> Other (specify below)		<input type="checkbox"/> Media services requested Online GLPI ticket must be submitted at: http://its.honolulu.hawaii.edu/ . GLPI# _____		
	Security Requests:		Other Requests:		
<input type="checkbox"/> Unlock Door(s) <input type="checkbox"/> Lock Door(s) <input type="checkbox"/> Other (specify below)		<input type="checkbox"/> Air Conditioning (specify time if different from above) _____			
		<input type="checkbox"/> Parking Qty: _____		<input type="checkbox"/> MELE Classroom & Stage (BLD04-005): Approval REQUIRED from Eric Lagrimas, (808) 844-2342, ericbl@hawaii.edu, <input type="checkbox"/> Hale Kawelohea Approval REQUIRED from Mark (Alapaki) Luke, (808) 844-2372, markluke@hawaii.edu or Paul (Kalani) Flores-Hatt, (808) 845-9489, pflores@hawaii.edu	
MINORS	Minors (anyone under the age of 18 years old) are participating in this event			YES (complete below) NO	
	I CERTIFY I am aware and have reviewed UH Executive Policy 2.202, Safety & Protection of Minors I CERTIFY , in accordance with UH Executive Policy 2.202, the University's requirements and expectations for a safe and secure environment for minors are being met. I further certify I am aware this includes, but is not limited to, minimum standards for background checks, training, and Mandated Reporter obligations.				

I understand that the facility is for instructional use and must be left in its original condition. Food and beverages are not permitted in certain areas on campus. Consuming alcoholic beverages and smoking on the premises are prohibited. **All damages to property, equipment, or facility which are a direct result of this event will be the responsibility of the applicant.** Reimbursement for damages is expected within thirty (30) days. I have read and completed the indemnity and insurance information on page 2, and have attached all required documentation.

Requestor's Name	Requestor's Signature	Date
Coordinator/Division Chair's Name	Coordinator/Division Chair's Signature	Date
Administrator's Name	Administrator's Signature	Date

For HonCC Use Only		
R25 Conf #: _____	Date: _____	Staff: _____

INDEMNITY	<input type="checkbox"/> The organization shall indemnify, defend and hold harmless University of Hawai'i, its officers, employees, agents or any person acting on its behalf from and against any claim or demand for loss, liability or damages, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, based upon any accident, fire or other incident on the premises and areas adjacent thereto and arising from any act or omission of the organization, its officers, employees, contractors agents or invitees, or occasioned by any failure on the part of the organization to observe or perform any of the terms and conditions herein or any regulations, ordinances and laws of the federal, state, municipal or county governments. Furthermore, the organization shall reimburse University of Hawai'i, its officers, employees, agents or any person acting on its behalf for all attorney's fees, costs and expenses incurred in connection with the defense of any such claims.
INSURANCE	<input type="checkbox"/> _____ shall, during the period of this agreement, at its own cost and expense, maintain liability insurance providing Combined Single Limit Coverage (bodily injury and property damage) in the minimum amount of \$1,000,000 per occurrence; said policy shall name the University of Hawai'i as additional insured and a copy thereof shall be deposited with the Vice Chancellor of Administrative Services. <input type="checkbox"/> Copy of insurance attached <input type="checkbox"/> Copy of insurance already on file Name _____ Signature _____ Date _____

For HonCC Business Office Use Only:

BREAKDOWN OF CHARGES	Type of Charge	Rate	x	Hours	x	Days	=	Total
	Facility Rental -	\$		hrs		days		\$
	Air Conditioning	\$		hrs		days		\$
	Security Overtime	\$	# guards:	hrs		days		\$
	O&M Overtime	\$	# staff:	hrs		days		\$
	Parking -	\$	# stalls:	hrs		days		\$
	Set-Up / Break Down	\$		hrs		days		\$
	Media Requests:	\$		hrs		days		\$
		\$		hrs		days		\$
		\$		hrs		days		\$
TOTAL:								\$
Comments:								
Payment is due by _____ to confirm reservation. Please make check payable to Honolulu Community College and send to: 874 Dillingham Blvd Honolulu, HI 96817 Attn: Cashiers Office								
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ _____ Vice Chancellor of Administrative Services Date								

PAYMENT INFO	KFS Invoice No.	Payment Amount	Payment Date	Payment Doc No.
	_____	_____	_____	_____
Copies sent to: <input type="checkbox"/> Applicant <input type="checkbox"/> O&M <input type="checkbox"/> Security <input type="checkbox"/> Cashier <input type="checkbox"/> Apprentice <input type="checkbox"/> Cafeteria <input type="checkbox"/> IT <input type="checkbox"/> MELE				