

Allegan County Policy

Title: Meeting Room Use Policy

Document Code No.: CS1
Department: Administration
Effective Date: July 12, 2007
Approved: July 12, 2007
Type of Action: Establish policy

1.0 **SUBJECT TITLE:** Meeting Room Use

2.0 **PURPOSE:** To ensure consistent application of the use of meeting room space throughout County-owned facilities.

3.0 **ORGANIZATIONS AFFECTED:** Administrative Departments, Elected Offices, Outside Agencies

4.0 **REFERENCES:**

5.0 **DEFINITIONS:**

5.1. **Not-for-Profit Use:** An organization with principal offices located within Allegan County holding a current 501c(3) tax-exempt designation from the Internal Revenue Service.

5.2. **Government Use:** An incorporated municipality within Allegan County, not including components of Allegan County government itself.

5.3. **Legislative Body Use:** An organization or committee established by resolution by one or more incorporated municipalities within Allegan County.

5.4. **Business Meeting:** An assembly of the members of an organization to develop, plan, or make arrangements to conduct the mission of the organization. This does not include banquets or social events of the organization.

5.5. **Regular Business Day:** A day in which the Human Services Building is regularly scheduled to be open for business and between the hours of 8:00 a.m. and 5:00 p.m.

6.0 **POLICIES:**

6.1 **DEPARTMENTS AND AGENCIES OF THE COUNTY**

6.1.1. **Locations:** This policy applies to all designated meeting space in County-owned facilities. Facilities within the Allegan County Parks System are specifically exempt from this policy.

6.1.2. **Use:** Departments and Agencies of the County are permitted to schedule the use of meeting room space for their own use in conducting the business of their Department/Agency. Tenants with valid rental agreements which include provisions for meeting room use are permitted to schedule the use of meeting room space for their own use in conducting the business of their Agency and in accordance with their rental agreement.

It is recognized that the Michigan State University Cooperative Extension (MSUE) provides, as a part of its core mission, educational programs through the resources of Michigan State University. Therefore, use of meeting rooms by MSUE to conduct mission-related programs to non-profit entities is considered compliant with this policy.

6.1.1 **Scheduling:** Each meeting room shall have a scheduling agent assigned to coordinate the scheduling. The Department Head of the area where the meeting room is located shall assign the scheduling agent.

6.1.2 A list of all meeting rooms including the capacity, amenities, location, and scheduling agent (contact information) of each room shall be available to all County Departments. Facilities Management shall maintain the list. Departments are responsible for keeping Facilities Management updated with current information.

6.1.3 **Setup/Breakdown:** If the meeting requires heating, cooling, lighting, or other special conditions, the host of the meeting must contact Facilities Management at least one week prior to the meeting.

6.1.4 **Technology:** When meetings will require the use of technology already available in the meeting room, the requesting department should contact the approved scheduling agent of that room. If additional technology is required (i.e., remote demos, telephones, screens, projectors, etc.), the requesting department must notify Information Services one week in advance of the meeting. Assistance and support of the requested technology is limited to County regular business days and hours (Monday-Friday, 8:00a-5:00p, excluding holidays) and availability of Information Services personnel.

6.2. **OTHER USERS**

6.2.1. Locations: This policy applies to the Karl W. Zimmerman Training Center located within the Human Services Building.

6.2.2. Use: Not-for-profit organizations, Government organizations, and Legislative bodies, each as defined above, are permitted to utilize the Karl W. Zimmerman Training Center located within the Human Services Building under the following conditions:

6.2.1.1 The organization or body as defined above must meet the insurance requirements listed in the Allegan County Risk Transfer Manual.

6.2.1.2 The organization or body must complete the Meeting Room Use Agreement and agree to the terms and conditions of use.

6.2.1.3 The scheduled use by the organization or body as defined above must occur during the regular business day as defined above.

6.2.3. Application for Use: Not-for-profit organizations, Government organizations, and Legislative bodies, each as defined above, shall make application for use of the Karl W. Zimmerman Training Center through the office of the County Administrator with adequate notice to satisfy the conditions of use.

6.2.4. Scheduling: Each meeting room shall have a scheduling agent assigned to coordinate the scheduling. Other users shall contact the scheduling agent at the Health Department.

6.3. GENERAL

6.3.1. Scheduling: Meeting room use shall be scheduled on a first-come-first-served basis with priority provided to Departments and Agencies of the County or tenants with appropriate rental agreements over Not-for-profit organizations, Government organizations, and Legislative bodies, each as defined above; however the appropriate Court Administrator or the County Administrator reserves the right to prioritize the use of a meeting room in the event of a scheduling conflict.

Departments and Agencies of the County, and Tenants are prohibited from reserving, sponsoring, or otherwise arranging for meeting room space on behalf of another group that would not qualify to utilize the space.

6.3.2. Setup/Breakdown: Anyone using a meeting room are responsible for all setup and breakdown. Meeting rooms are to be returned to the arrangement set prior to use by any user; and are to be restored to equal or better condition than prior to use.

6.3.3. Modifications: Modifications to a meeting room are not permitted without advance permission from the office of the County Administrator. No tacks, tape, putty, paste or glue are to be applied to the walls, ceilings or furniture.

6.3.4. Technology: Technology in the meeting rooms will only be made available for official County business. Any use outside the scope of County business is prohibited. Any and all use of technology made available in the meeting rooms is subject to the Allegan County Acceptable Use Policy.

Wireless Internet Access that may be available in any meeting room is provided as a courtesy for general and/or County use. There should be no expectation of availability or support of this service. Misuse or inappropriate activity will result in a disconnection of service. In addition, all appropriate legal and/or disciplinary actions may be pursued.

The Conditioned Power System, orange electrical receptacles are to be used only to power County-owned sensitive electronic equipment such as computers.

Not-for-profit organizations, Government organizations, and Legislative bodies, each as defined above, shall not make or attempt to make connection to any technological equipment/systems or the Conditioned Power System (orange receptacles).

7.0 RESPONSIBILITIES:

7.1 Budget Requirements:

7.2 Interpretation/Clarification: Questions or appeals regarding interpretation or clarification of this policy should be directed to the County Administrator.

8.0 APPENDICES:

8.1 Sample IRS 501C(3) Tax-Exempt Certification

8.2 Sample Insurance Certificate

Created: March 31, 2007

Updated:

APPENDICES 8.1

INTERNAL REVENUE SERVICE
P. O. BOX 8100
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 07 2006

Employee Identification Number:
25-002267
OEN:
17052077617046
Contact Person:
GREGORY S BAJDA 204 31575
Contact Telephone Number:
(877) 829-5595
Public Charity Status:
170 (2) (1) (3) (vi)

DEF COMPANY
456 MAIN STREET
ANYWHERE, MI 00000

Dear Applicant:

Our letter dated November 2002, stated you would be exempt from Federal income tax under section 501(c)(2) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under tax Code section 501(c)(2) of the Internal Revenue Code. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(2) of the Code.

Publication 157, Tax Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-5595. Information is also available on our Internet Web site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lottner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 12/05/03

APPENDICES 8.2

AGENCY		POLICY NUMBER		ISSUE DATE	QUANTITY
<p>A.B.C. Insurance Agency 123 Main Street Anywhere, U.S.A.</p>		<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE POLICIES BELOW.</p>		00/00/00	
INSURED		COMPANIES AFFORDING COVERAGE			
<p>D.E.F. Construction Company 456 Main Street Anywhere MI 00000</p>		<p>COMPANY LETTER A K.Y.Z. Insurance Company</p>			
		<p>COMPANY LETTER B</p>			
		<p>COMPANY LETTER C</p>			
		<p>COMPANY LETTER D</p>			
		<p>COMPANY LETTER E</p>			
COVERAGE PROVIDED					
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>					
POLICY NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRES DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				GENERAL AGGREGATE \$ 000
	X COMMERCIAL GENERAL LIABILITY	00-00-00-00	00/00/00	00/00/00	PRODUCT-GOODS AGG. \$ 000
	CLAIMS MADE X OCCASIONAL CONTRACTORS PROT.				PERSONAL & AUTO AGG. \$ 000
	X CONTRACTUAL COVERAGE INCLUDES DEFENSE COSTS OF INDEMNITIES				EACH OCCURRENCE \$ 000
	ANTHROPOLE LIABILITY				TOT. DAMAGES (Per Occurrence) \$ 100
	X ANY AUTO	00-00-00-00	00/00/00	00/00/00	AREA COVERAGE (Per Occurrence) \$
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 000
	SPONSORED AUTOS				BODILY INJURY (Per Person) \$
	HIRED AUTOS				BODILY INJURY (Per Occurrence) \$
	NON-OWNED AUTOS				PROPERTY DAMAGE \$
	CHANGED LIABILITY				
	X INCLUDING HIGH PER & PPL "NO-FAULT" COVERAGE				
A	EXCESS LIABILITY	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 000
	BASED UPON FORM				AGGREGATE \$ 000
	WORKERS COMPENSATION				INDIVIDUAL LIMITS \$
	NO EMPLOYERS LIABILITY	00-00-00-00	00/00/00	00/00/00	EACH ACCIDENT \$ 000
					AGGREGATE - POLICY LIMIT \$ 000
					AGGREGATE - EACH EMPLOYEE \$ 000
A	OWNERS' PROTECTIVE LIAB.	00-00-00-00	00/00/00	00/00/00	Each Occurrence \$ 000
	Certificate Holder Named Insured + Occurrence Limit				Aggregate \$ 000
<p>DESCRIPTION OF OPERATIONS/INDUSTRY/COMMERICAL USE: County of Allegan named as Additional Insured except Workers' compensation; Notice of Cancellation/Material Change/Reduction plus alternate Employer endorsements, if applicable MUST be attached to Certificate of Insurance or otherwise evidenced as in effect under the policies listed.</p>					
<p>COUNTY OF ALLEGAN 3283 - 122ND AVENUE ALLEGAN, MI 49010</p>			<p>CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL IMMEDIATELY MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY REGISTERED MAIL OR BY FIRST CLASS MAIL WITH RETURN RECEIPT REQUESTED IN DAYS OF DELIVERY PAYMENT AS PERAIN WITHIN 10 BUSINESS DAYS.</p>		
			John Doe		



COUNTY OF ALLEGAN ROOM RESERVATION APPLICATION

Karl Zimmerman Conference Room in the Allegan County Human Services Building (3255 - 122nd Avenue, Allegan MI 49010) is available for reservation Monday through Sunday, 8:00 a.m. to 5:00 p.m. Include time in your reservation request for both set-up and clean-up. Please mail the application, to: Allegan County Administration, County Services Building, 3283 122nd Avenue, Allegan, MI 49010 or email to administration@allegancounty.org.

Event date: Hours of reservation: From: To Must Include Set-Up and Clean-Up

Organization requesting use: _____

Contact person: _____

Mailing address: _____

City: State: Zip Code: _____

Day phone: Evening phone: _____

Phone Number To Reach You During Your Event _____

Type of event: _____

Size of group: _____

Please read and check the following items:

To the fullest extent permitted by law, I and the organization I represent agree to defend, pay on behalf of, indemnify, and hold harmless Allegan County, its authorized agents, elected and appointed officials, employees and volunteers and others working on behalf of Allegan County against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Allegan County, its authorized agents, elected and appointed officials, employees and volunteers and others working on behalf of Allegan County, relating to or by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the use of Allegan County rooms, facilities and/or equipment.

I have included a copy of my IRS 501C(3) tax-exempt certification.

I have included a copy of my insurance certificate meeting or exceeding the insurance requirements as attached to the policy.

I have read the County of Allegan Meeting Room Use Policy CS1 and the information on this form. I further agree to abide by the Policies and Procedures as well as the ordinances of the County of Allegan, and laws of the State of Michigan, and I accept responsibility for any violations and agree to pay for any damages, cleanup, or restoration of the room, as they may pertain to the application.

I have been provided with the Human Services Building Evacuation Quick Sheet and acknowledge I am responsible to provide evacuation information to all staff, presenters and attendees for the meeting(s) being requested. (Any questions, please contact Bob Wakeman, Facilities Management Director at 269-673-0203)

Signature Date

FOR OFFICE USE ONLY

Room Use: Approved Disapproved Date: _____

Administrative Department: _____

Date Applicant Notified: _____