

## Meeting Rooms

### Cultural Arts Building

4477 Black Avenue  
Capacity: 49



### Senior Center Classroom

5353 Sunol Boulevard  
Capacity: 50



### Senior Center Meeting Room

5353 Sunol Boulevard  
Capacity: 25



### All Rooms:

- Available (limited on all days):  
Monday-Friday, 6:00pm-10:00pm  
Saturday, 10:00am-10:00pm  
Sunday, 10:00am-9:00pm
- 50 chairs (except the Senior Center Meeting room)
- Six, 8-ft. rectangular tables

### Also Available:

- LCD projector: \$75



# Facility and Picnic Rental Rates

## Rental Facilities

Senior Center Main Hall (Capacity 320)			Veterans Memorial Building Main Hall (Capacity 220)		Amador Recreation Center* (Capacity 80 inside, 130 inside and out) (Available Saturdays only mid-June to mid-August)		
Fee Categories	Hourly Rate (4 hour min) Includes Building Attendant	Cleaning/ Damage Deposit	Hourly Rate (4 hour min) Includes Building Attendant	Cleaning/ Damage Deposit	Hourly Rate (4 hour min)	Staff Fee for building opening and closing	Cleaning/ Damage Deposit
A	\$145	\$1,000	\$80	\$1,000	\$35	\$40	\$500
B	\$185	\$1,000	\$105	\$1,000	\$45	\$40	\$500
C	\$240	\$1,000	\$135	\$1,000	\$55	\$40	\$500
D	\$310	\$1,000	\$175	\$1,000	\$70	\$40	\$500
<b>\$200 due at contract signing applied toward rental fee</b>					<b>\$100 due at contract signing applied toward rental fee</b>		

City Insurance Rates			Security Guard Rate
	1-50 people	51+ people	\$28.00 per hour/per guard for duration of time alcohol is served at event, plus 30 minutes thereafter to ensure proper safety. (up to 149 quests= 1 guard; 150-250= quests 2 guards; 251 += 3 guards)
No Alcohol Served	\$135	\$167	
Alcohol Served	\$151	\$182	

**NOTE:** Liability insurance is required for ALL facility rentals, and may be secured through Homeowner's Policy or the City of Pleasanton at renter's expense.

**NOTE:** Security Guard services must be secured at renter's expense for rentals Where alcohol is served.

## Meeting Rooms

Cultural Arts Building (Capacity 49)				Senior Center Classroom (Capacity 50) Senior Center Meeting Room (Capacity 25)	
Fee Categories	2-Hour Rate (2 hour minimum) Includes Building Attendant	Each Additional Hour	Cleaning/ Damage Deposit	Hourly (2 hour minimum) Includes Building Attendant	Cleaning/ Damage Deposit
A	\$70	\$15	\$100	\$45	\$100
B	\$90	\$25	\$100	\$55	\$100
C	\$110	\$35	\$100	\$65	\$100
D	\$140	\$50	\$100	\$75	\$100

## Picnic Areas

Amador Valley Community Park Ken Mercer Sports Park (Capacity 200)				Val Vista Community Park (Capacity 250)		
Fee Categories	Flat 6-hr Rate	Each Additional Hour	Cleaning/ Damage Deposit	Flat 6-hr Rate	Each Additional Hour	Cleaning/ Damage Deposit
A	\$60	\$10	\$100	\$90	\$15	\$100
B	\$110	\$20	\$100	\$120	\$20	\$100
C	\$150	\$25	\$100	\$160	\$30	\$100
D	\$200	\$35	\$100	\$210	\$35	\$100

## Fee Category Descriptions

A	<ul style="list-style-type: none"> <li>Co-Sponsored Groups (Pleasanton Based Non-Profit Groups 75% residency requirement)</li> </ul>
B	<ul style="list-style-type: none"> <li>Pleasanton Resident – Private Use (Proof of residency at time of booking)</li> <li>All other Non-Profit Groups (less than 75% residency or located outside of Pleasanton)</li> </ul>
C	<ul style="list-style-type: none"> <li>Non-Resident – Private Use</li> <li>Pleasanton Based Businesses</li> </ul>
D	<ul style="list-style-type: none"> <li>All Non-Pleasanton Based Businesses</li> </ul>



## Meeting Room Reservation Procedure

1. **Call Office for Availability of Facility (925-931-5340)** - A tentative hold will be placed on date requested and an appointment will be scheduled to process paperwork, collect reservation deposit, and if necessary, view the facility.
2. **Complete an Agreement** - A duly authorized representative of the organization, or person responsible for the rental, must sign the completed agreement.
3. **Cleaning Deposit** - A cleaning deposit is required for use of the facilities, and is due 30 days prior to use. The cleaning deposit will be returned within three (3) weeks if the facility is left in satisfactory condition. Additional cleaning costs are charged at \$50 per hour for labor. Any damage repairs will be charged at the actual cost. Applicant will forfeit entire Cleaning Deposit and may be charged for costs related to Police or Fire response due to public safety intervention.
4. **Rental Fee Balance** - All fees are due **30 days prior** to your scheduled use. Checks should be made payable to: City of Pleasanton. Cash, VISA and MasterCard are also accepted.
5. **Insurance Certificate** - Each renter is required to provide the City of Pleasanton with a valid Certificate of Liability Insurance, written through acceptable carriers. Such certificate shall provide Bodily Injury and Property Damage Liability protection at a limit of \$500,000. The Certificate shall name the City of Pleasanton as an Additional Insured, in conformance with the Hold Harmless Agreement in the Facility Rental Application. The Certificate shall include the Endorsements page. Typically, homeowners insurance can be extended to cover such events. Additionally, the City has private insurance coverage available for purchase if needed.
6. **Additional Fees** - are required for specific uses and equipment. See facility descriptions for more details.
7. **Continuous Rentals** – the number of facility rentals allowed by an individual or organization may not exceed twelve (12) in a calendar year and pertains to all facilities. Extended rentals of a facility may not exceed three (3) months at a time and may not book more than six (6) months in advance.
8. **Cancellation Policy** - All cancellations must be in writing, and received at least 30 days prior to the event. Reservations cancelled less than 30 days prior to a scheduled use will forfeit 50% of the Rental Fee; 10 days prior will forfeit 100% of the rental fee. Damage/cleaning deposit will be fully refunded. Reservations may not be transferred, assigned, or sublet.
9. **The City of Pleasanton** reserves the right to reschedule, relocate, or deny a request previously approved. In those cases, the renter will be given as much notice as possible, and all fees paid will be refunded.
10. **Holiday Rentals** – City facilities are *not available* for rent on the following holidays: New Year's Eve, New Year's Day; Martin Luther King, Jr. Day, President's Day, Memorial Day, Easter Sunday, 4<sup>th</sup> of July, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving; Christmas Eve, and Christmas Day.



## Meeting Room General Rules

**Advertising** - No advertising may be posted, petitions circulated, or solicitations or sales made in the building or on the facility grounds without written permission from the Director of Community Services.

**Air Conditioning/Heating** -The Department will provide a comfortable temperature in all buildings. Building will not maintain temperature with doors repeatedly opened or left standing open.

**Banners or Signs** - May not be hung on the exterior of the facility or on the grounds unless previously approved by the Director of Community Services. All signs must comply with the City Sign Ordinance.

**Clean Up** - You are responsible for clean-up and the condition of the facility at the end of your rental. You will be charged for damage/abuse beyond normal wear, and additional clean-up, if required. All renters must:

- Place filled garbage containers outside in designated area.
- Pick up litter inside and outside the facility and restrooms.
- Clean spills and debris from tables and chairs.
- Clean all spills, gum, and wax from floors or rugs.
- Return chairs and tables to the original setup in all rooms used during the rental.

**Exit Doors and Paths** - Do not block or obstruct any stairway, hallway, corridor, vestibule, aisle, or exit door.

**Hand Cart/Dolly** - Must have large, clean rubber wheels, with all projecting edges protected.

**Inappropriate Uses** -

- Any party or organization, political or otherwise, that advocates the overthrow of the government of the United States or the State of California by force, violence or other unlawful means.
- Consecutive time use of more than three months at a time.

**Office Supplies/Equipment** - You must provide your own supplies (stapler, tape, scissors, etc) and equipment.

**Rental Time** - You must enter and leave within the time specified on your agreement which includes set-up and clean-up (we recommend allowing 15 minutes for each). Events that exceed the scheduled rental time will be billed at twice the hourly rental rate for the additional time. Renters reserve and pay for a continuous time block. Renters will not receive a refund or credit for time reserved but not used.

**Set-up** – Renter is responsible for set-up of meeting room and returning to original set-up.

**Smoking** - Is prohibited in buildings. Smoking is allowed at a reasonable distance from doorways and open windows.

**Storage** – Is not available, either before or after your event. At the conclusion of the event, all materials and supplies must be removed from the facility. The City is not responsible for items left after designated rental times.

**Tables/Chairs** - Do not slide tables across the floors. Do not stand, sit, or lie on tables.

**Vehicles**—Driving or parking on sidewalks, pathways, patios, or turf areas is prohibited.



# Meeting Room Rental Agreement

200 Old Bernal Ave. Pleasanton, CA 94566  
Mailing address: P.O. Box 520 Pleasanton, CA 94566  
Phone: 925-931-5340 Fax: 925-931-5477

Facility Booking  
Code:

## Meeting Room/ Date Information

(Check one):  Cultural Arts Bld. (49)  Senior Center:  Classroom (50)  Meeting Room (25)

Date(s)	Day of Week	Rental Start Time	Rental End Time	Meeting Start Time	Meeting End Time

## Renter Information

Name of Responsible Party: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## Meeting Information

Type of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Number of Tables: \_\_\_\_\_ Number of Chairs: \_\_\_\_\_ Room Set Up Style:  Classroom  Meeting

Insurance provided by:  Own Policy  Organization/Company Policy  Purchase from City of Pleasanton

## Hold Harmless and Compliance Agreement

I certify that the above information is accurate. I certify that I have read the Rules and Regulations pertaining to facility use and agree to comply with the Rules and Regulations. I further agree to be personally responsible for informing those using the facility as scheduled in the Agreement of the rules and regulations of the City. I, or organization, through me, agree to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility. Evidence of this Hold Harmless and Compliance Agreement shall be provided through a Certificate of Liability Insurance from any insurance carrier, or, if available, through special facilities insurance purchased through the City of Pleasanton.

Signature of Renter \_\_\_\_\_ Date \_\_\_\_\_ Organization \_\_\_\_\_

Initial \_\_\_\_\_ I have read the Meeting Room General Rules, and agree to, and will abide by those rules.

## Office Use Only

Meeting Date: \_\_\_\_\_ Facility Booking Code Number: \_\_\_\_\_

City/PUSD  A-Cosponsored  B-Resident  C-Non-Resident  D-Commercial

Authorized Signature: \_\_\_\_\_ Approved/Denied

Meeting Room (2 hour rental)	\$	_____
Additional Hour Meeting Fee: _____ Hours at \$ _____/hr	\$	_____
Damage/Cleaning Deposit: (refundable)	\$	100.00
Insurance Fee:	\$	_____
Extra Fees: _____	\$	_____
<b>Total</b>	\$	_____

Special Notes \_\_\_\_\_

Description	Amount Paid	Account#	Date/Staff	Balance Due
Fee	\$ _____	3701	_____	\$ _____
Damage/Cleaning Deposit	\$100.00	3706	_____	\$ _____
_____	_____	_____	_____	\$ _____





**SAMPLE OF REQUIRED INFORMATION FOR INSURANCE PROVIDED BY RENTER**



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
09/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>NAME, ADDRESS AND CONTACT INFORMATION OF ISSUER OR PRODUCER</b>	CONTACT NAME: <b>John Doe</b> PHONE (A/C, No, Ext): <b>(555) 555-5555</b> FAX (A/C, No): <b>(555) 555-5501</b> E-MAIL ADDRESS: <b>Jdoe@gmail.com</b>
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>Sentinel Insurance Company Ltd</b> NAIC # <b>11000</b> INSURER B : <b>Twin City Fire Ins Co</b> <b>29459</b> INSURER C : INSURER D: INSURER E : INSURER F :
<b>NAME AND ADDRESS OF INSURED</b>	

**COVERAGES** CERTIFICATE NUMBER: 26605 REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> No Deductible/SIR <input checked="" type="checkbox"/> <b>Liquor Liability Included (if serving alcohol)</b> GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		35SBAPQ3694	08/08/16	08/08/17	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED. EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		35SBAPQ3694	08/08/16	08/08/17	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	35WECBV6862	08/08/16	08/08/17	PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE-EA EMPLOYEE	\$ 500,000
							E.L. DISEASE-POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Name of City Facility being insured**

**Facility Address**

**Date of Event**

<b>CERTIFICATE HOLDER</b>  City of Pleasanton 200 Old Bernal Avenue Pleasanton, CA 94566	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   Mark Barrett
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# SAMPLE

POLICY #

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Named of Additional Insured Person(s) or Organization(s)**

The City of Pleasanton, its officers, agents, employees, and volunteers

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations;  
or
- B. In connection with your premises owned by or rented to you.