



Angela Center

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**FACILITIES USE CONTRACT FOR
ORGANIZATION - PROVIDED FOOD SERVICE**

Name _____ Group Organizer _____

501(c)(3) Organization

Address _____ Address _____

City/State/Zip _____ Telephone _____

e-mail address _____ e-mail address _____

Please attach IRS determination letter TIN _____

PROGRAM: Please describe in brief the purpose of your program and the type of planned activities. Note if you plan to have music, loud noise, periods of silence.

DATES REQUESTED _____ ARRIVAL TIME _____

DEPARTURE: DATE/TIME _____

OVERNIGHT ACCOMMODATIONS:

Please indicate the number of persons you expect:

_____ **Angela Center** (minimum 24, maximum 48) _____ **Ursula Hall** (minimum 24, maximum 37)

_____ **Brescia Hall** is available by special arrangement after Angela Center and Ursula Hall are filled (minimum 10, or the financial equivalent; maximum 54)

Angela Center Use Only

ANGELA CENTER FACILITIES: _____ Lounge _____ Studio _____ Chapel

_____ Garden Room _____ White Room _____ Dining Room _____ Kitchen _____ Pantry

URSULA HALL MEETING ROOMS: _____ Mary Kevin Room _____ Cecilia Room

_____ Mary Peter Room _____ Gabriel Room _____ Kitchen _____ Dining Room

_____ Chapel _____ Brescia Hall _____ Brescia Lounge

To fulfill the obligations for which the Organization is responsible, the Organization must have on site a Manager or Coordinator responsible, in coordination with the Licensed Food Manager, to ensure that the *Use Instructions for Ursula Hall/Angela Center Kitchen, Pantry and Laundry Room* (attached) as well as the *Manager/Coordinator Instructions* (attached) are fully executed and fulfilled. It is the Manager/Coordinator's duty to check in and out with the Angela Center staff on duty upon arrival and before departure. initial _____

USE OF KITCHEN/DINING ROOM FACILITIES: Organizations doing their own cooking and using the kitchen and dining room facilities **must provide a Licensed Food Manager. The Licensed Food Manager is responsible for and to be actively supervising** the kitchen and dining room facilities at all times during all food preparation and food service periods. *The Licensed Food Manager is responsible for ensuring* Health Department Food Safety and Handling Codes are observed and followed. *In coordination with the Organization's Manager/ Coordinator, it is this person's responsibility is to insure* that **Angela Center Kitchen, Pantry and Laundry Room Use Instructions (attached) or Use Instructions for Ursula Hall Kitchen, Pantries, and Laundry Room (attached)** are followed as they constitute part of this contract. initial _____

The Angela Center Director or her agent is the sole arbiter as to whether these instructions are followed. Failure to do so will result in termination of continued use of the food service facilities during the current event and will result in termination of future use of Angela Center facilities for additional contacted events as covered in this contract. Should the use of the cooking facilities be terminated, Angela Center makes no representation that it will then provide food service for the group. initial _____

If through the Organization's or the Licensed Food Manger's failure to execute Health Department Food Safety and Handling Codes, the food service facilities are closed by the Sonoma County Health Department, **the Organization will be held financially responsible to Angela Center for any and all costs associated with restoring the facilities to Sonoma County Health Department requirements to resume full licensing and operation.** initial _____

Shoes must be worn at all times by the Organizaiton's participants and food service personnel in and around dining and food preparation areas. initial _____

Should improper disposal of food, paper products, female sanitary products or other items into sewers or inappropriate disposal receptacles result in sewer blockage or equipment failure, Angela Center makes no representation that, despite its best efforts, failed sewers or equipment will be restored to full operational condition or proper working order during the scheduled event. initial _____

Failure on the part of the Organization's Manager/Coordinator/Licensed Food Manager and/or participants to properly secure the premises, including closure of outside door(s) and or windows resulting in an infestation, will result in additional charge. If failure to comply with any and all health and safety regulations results in conditions causing closure by the Sonoma County Health Department, the Organization will be held financially responsible for any and all costs associated with restoring the facilities to full operational condition as required by the Sonoma County Health Department. The Organization is responsible to secure all doors and windows on the premises during its events. initial _____

KITCHEN INVENTORY: A charge of \$25.00/hour applies for the Angela Center staff opening and closing inventory. initial _____

SET-UP/TEAR DOWN /FURNITURE MOVING: A charge of \$165.00 applies for Angela Center staff set-up/tear down/ furniture moving. initial _____

An \$800.00 Security Deposit is required for the use of cooking, serving and dining facilities, equipment and supplies. The deposit minus loss, damage or replacement costs will be refunded provided the premises, equipment and food service supplies are 1) left clean and in order, 2) all cooking, service and dining equipment/supplies are present and accounted for. At the Organizations expense, an inventory of all kitchen equipment and supplies is to be made at the beginning and closure of a scheduled event. An at-cost plus 15% replacement charge will be made for missing and damaged items. The determination of loss or damage to equipment, supplies, furnishings or facilities is the prerogative of Angela Center. The Organization is personally responsible for any and all damage beyond this security deposit. initial_____

CERTIFICATE OF INSURANCE: A certificate of insurance for \$1,000,000 must be provided to Angela Center naming the Ursuline Western Province and the Santa Rosa Ursuline Corporation as additional insured.

DEPOSIT: The deposit is 50% of the total estimated cost which applies toward the cost of the activity. The deposit, less a \$50.00 processing fee, will be refunded up to four months in advance of the scheduled start date. The deposit is non-refundable after that time. Cancellation within one month of the scheduled starting date will result in a billing for an additional 25% of the estimated cost. *The Organization is personally responsible for any and all damage beyond the security deposit amount.*

FINAL BILLING: The balance of the total fee is due and payable at the time of presentation. After ten days, a late charge of 2% will be assessed on the unpaid balance. After 30 days, any remaining unpaid balance will be subject to a 7% late charge.

Angela Center assumes no responsibility for items left behind. No storage space is provided for either the Organization's or personal belongings. initial_____

Price quoted:

Deposits/moving fees due:

Additional comments:

ANGELA CENTER

ORGANIZATION

BY _____ BY _____

DATE: _____ DATE: _____

This contract may be withdrawn if not accepted and returned by _____, 20____.
Contracts not accompanied by required deposits and/or fees will not be honored. Return one signed, dated copy of this contract with the *required deposit(s) and fees* to Angela Center, 535 Angela Drive, Santa Rosa, CA. 95403