





**MARIN HEALTH AND WELLNESS CAMPUS
CONNECTION CENTER**

CONFERENCE ROOM RESERVATION KIT



Main Health and Wellness Campus—Connection Center
3240 Kerner Blvd., San Rafael, CA
Conference Room Reservation Line: (415) 473-6783
Main/General Information: (415) 473-4300
Email: hhsfacilitiesmanagement@marincounty.org

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Requests for accommodations may be made by calling 415.473.4300 (Voice), 415.473.3344 (TDD/TTY) or by e-mail at hhsfacilitiesmanagment@marincounty.org. Copies of documents are available in alternative formats, upon request.

Marin County Health and Wellness Campus—Connection Center Conference Rooms GUIDELINES FOR ELIGIBILITY

The Marin Health and Wellness Campus Connection Center, located at 3240 Kerner Blvd. in San Rafael, provides conference room space for hosting community activities, meetings, programs, and events. The reservation guidelines contained in this document apply to County of Marin programs (including the Department of Health and Human Services) as well as to community agencies utilizing conference room space. If you have any questions, please contact the reservation staff at (415) 473-6783.

Availability

Conference room space is available from 8:00am to 9:00pm Monday through Thursday and from 8:00am to 5:00pm on Fridays. The Health and Wellness Campus is closed for County observed holidays. Agencies wishing to use the building during closed/weekend hours are expected to pay for custodial services and additional security. HHS Facilities Management will determine custodial and security staffing needed for an event. Factors considered include the number of participants expected, the nature of the event, and time needed for breakdown and cleaning. The charge for weekend use is based on the cost for custodial and security services, and applies to all users including County and HHS agencies.

Eligibility

- The program/activity/event must address a health, wellness, access or Prevention Priority Area as set forth below; and
- The program/activity/event must be of direct benefit to the community served by Marin County Health and Human Services; and
- The program/activity/event must be low or of no fee to participants; and
- The program/activity/event must be affiliated with a non-profit, community based, or government organization.

Priority Order for Use

- 1) Activities that are part of regular operations of programs on the Health and Wellness Campus.
- 2) Activities that address a health, wellness, or Prevention Priority Area as set forth below.
- 3) General HHS and County use for non-priority activities.

Prevention Priority Areas (in alphabetical order)

The Connection Center aims to invite a variety of programs and activities to the campus. The Connection Center Prevention Group identified the following areas as areas of need in the community as a result of an extensive needs assessment using community, campus, and health data:

- Alcohol and Other Drugs
- Chronic Disease (Diabetes, Asthma, Cancer, Heart Disease)
- Economic Self Sufficiency
- Family Support (related to wellness for children and families)
- Mental Health (Stress, Depression)
- Nutrition and Physical Activity
- Oral Health
- Sexual and Reproductive Health

Marin County Health and Wellness Campus—Connection Center Conference Rooms APPLICATION PROCESS

Interested parties must complete and submit an **Activity Proposal Form** (page 8 of this kit) along with the required supplemental forms. The usage agreement form must be received no later than 30 days prior to the start date of the proposed program/activity/event. Applications to use conference room space will be screened by HHS Facilities Management and/or the Campus Management Committee. Applications will be approved for a diverse range of programs/activities/events and approval may be limited where the proposed activity duplicates current approved programs or events. To be approved, the proposed program/activity/event can not be part of any private commercial enterprise or promotion thereof.

Liability Insurance Requirement

Groups and/or individuals hosting events in the Connection Center rooms and spaces shall have general liability coverage not less than \$1,000,000 per occurrence. Upon approval of the Activity Proposal Form, a current Certificate of Insurance naming the County of Marin as an Additional Insured shall be attached or provided not later than 10 business days prior to the scheduled date of use. Certificates of Insurance are valid for repeat event use until the expiration date noted on the document. HHS and County of Marin users are not required to provide proof of insurance.

Approval Process

The following factors will be considered when reviewing applications for use of the space:

- Program/activity/event fits within the eligibility guidelines
- Space is available at the requested date/time
- Current community interest in the proposed programs/activities/event as determined by HHS Facilities Management and/or the Campus Management Committee
- Number of community members likely to participate in proposed program/activity/event
- Impact of proposed program/activity/event on the space and/or community

Please submit completed Activity Proposal Form and Certificates of Insurance to:

Marin Health and Wellness Campus—Connection Center
3240 Kerner Blvd
San Rafael, CA 94901
Fax # (415) 473-2211
Email: hhsfacilitiesmanagment@marincounty.org

Once your application has been processed, you will receive an email which will include approval/disapproval information. Upon approval, programs/activities/events may be promoted through Campus marketing materials, calendars, and newsletters.

Usage Agreement

First-time users of conference room space will be asked to meet with HHS Facilities Management to finalize paperwork after event approval. Please be prepared to sign a usage agreement at that time.

Evaluation

We are committed to making the Connection Center a welcoming place and we ask our partners to evaluate their experience in using the Connection Center Conference Rooms. Please fill out the Connection Center Evaluation Form upon check-out to help us monitor our efforts.

Marin County Health and Wellness Campus—Connection Center Conference Rooms USAGE GUIDELINES

Scheduling

It is recommended you schedule a site visit the first time you use the conference rooms. Please add 30 minutes to the beginning and end time of your reservation for set-up and clean up. Note that building doors are programmed to remain locked during non-business hours. The facility opens at 8 a.m. Meeting facilitators should arrive at least 20 minutes before the event to verify and/or complete room set-up.

Cancellation/Reschedule

If you need to cancel or reschedule your reservation, please call or email reservation staff at least 3 business days prior to the reservation date. In the rare event that an unforeseen circumstance arises, we may ask you to reschedule or will move your event to another one of our conference room spaces.

Recurring reservations

Recurring reservations are valid for one year. It is the end user's responsibility to renew the series of reservations before the expiration date. If your group has a recurring reservation and you need to cancel a date or dates, please provide prompt notification to reservation staff. If you do not show up for two consecutive recurrences without giving prior notification, it will be assumed you no longer need the room and remaining recurrences will be cancelled to make the room available for other user groups.

Parking

Event facilitators must instruct attendees to park in marked Marin County parking spaces at 3110 Kerner Blvd. Limited carpool parking is available near the Campus. Qualifying vehicles can obtain a day use carpool parking pass from reception staff. County employees possessing a County issued carpool sticker do not need a day use carpool pass. Marin County Sheriff monitors the appropriate use of marked parking spots (carpool, handicap, etc.). Campus visitors are advised not to park in the Mi Pueblo parking lot as vehicles may be towed away at the vehicle owner's expense.

Supplies/Equipment:

It is the event facilitator's responsibility to bring necessary supplies and copies for events. Copy making services, flip charts, regular markers, and office supplies are not provided for conference room events. Laptop computers and a polycom/phone are available for use by special arrangement for weekday meetings. Please schedule time to do a test run of your presentation before the date of your event if you do not have experience with our audio/visual equipment.

Conference rooms are equipped with:

- ◆ LCD projector and screen
- ◆ Microphone and cables
- ◆ DVD/VCR capability
- ◆ Flip chart holder
- ◆ Wi-Fi access
- ◆ Data ports for a laptop computer
- ◆ White (dry erase) board
- ◆ Dry erase markers and eraser

Items Prohibited in the Connection Center:

- ◆ ***No scotch tape, glue, glitter, push pins, or thumbtacks*** on surfaces: dry-erase boards, walls, tables, windows, carpet, or flooring. Please use painter's tape (available at reception) for ALL displays.
- ◆ ***No alcoholic beverages***
- ◆ ***No use of styrofoam materials***

**Marin County Health and Wellness Campus—Connection Center Conference Rooms
USAGE GUIDELINES (cont'd)**

Safety precautions for children

- **No child is to be left unsupervised on the Campus.** Room 107 can be reserved for child supervision in conjunction with other scheduled events. Only washable crayons are allowed in that room—no use of permanent markers, pens, or crayons.
- If you remove any child safety outlet plugs, please return them to the outlet(s) before you leave.
- Use caution around the water feature in the courtyard.

Environmental Concerns: The Marin Health and Wellness Campus is a LEED certified green building. Please consider the environment when hosting a class or meeting at the Connection Center.

Food Service:

We encourage healthy eating and healthy events. Please ensure your event's room set up includes tables and chairs when planning to provide food and/or drinks at your event. Plates, napkins, plastic ware, cups, coffee, tea, sugar, cream, stirrers, etc. are not provided by HHS Facilities Management.

Catering: Please speak to our reservation staff if you would like information on caterers who are familiar with our facility. If you plan to use a caterer, you or a designee must be on-site to receive deliveries. Please let reservation staff know who your caterer will be and what time they will deliver your food. It is also important that the delivery person knows the name of the group contact person.

NOTE: Catering materials cannot be left overnight in our conference rooms or kitchen. Please schedule a pick-up time for these items or take them with you.

Kitchen Galley:

Food may be prepared and stored for the day in the Kitchen Galley (Room 111 - adjacent to Conference room 110); Department policy discourages the use of individual water bottles. The galley kitchen provides filtered water and cold water pitchers for everyone to use. The following are also available:

- ◆ Sink
- ◆ Microwave
- ◆ Wipes and detergent to clean tables
- ◆ Refrigerator
- ◆ Hot water pot

Clean-up/Check out Procedures:

Our goal is to have the conference rooms readily available for all reservations. Please read through the **Conference Room Clean-up/Check-out Form** (page 9) in advance of your event. We do not have on-site janitorial service. User groups are responsible in doing their part in keeping the space as clean as possible.

Check-out is to be completed with the reception staff. Once your event concludes, please complete the items on the Clean-up/Check-out Form and the **Evaluation Form** (page 10). Turn in completed forms to reception. If you prefer to discuss feedback directly with a supervisor, please provide your contact information on the bottom portion of the Evaluation Form. After hours or when reception is closed, please check out with the on-site security by calling 415-302-0670. A courtesy telephone is available near reception for your convenience. Your responses and comments are important as they will be used to evaluate operations and will help us better serve your conference room needs.

**Marin County Health and Wellness Campus—Connection Center Conference Rooms
USAGE AGREEMENT**

Applicant _____ Agency _____
Date(s) _____ Day(s) _____ Time(s) _____
Room _____ Max attendance _____
This Agreement is valid from ____/____/____ to ____/____/____

RULES AND REGULATIONS

1. Proof of non-profit/tax exempt status is required.
2. Proof of general liability insurance not less than \$1,000,000 per occurrence, naming the County of Marin, H&HS Health & Wellness Campus as an Additional Insured is required.
3. No alcohol can be served.
4. Applicant is responsible for adhering to and enforcing the non-smoking ordinance, room maximum occupancy limitations, and all other general rules of use.
5. Hours stated on this agreement include set-up and clean up which are the responsibilities of the applicant. Additional staff attendant charges may apply for usage on weekends or holidays.
6. Applicant must be 21 years of age. An adult sponsor must complete reservations for use of the Center by youth groups.
7. At the discretion of the Health and Wellness Campus, additional security police officers, staff attendants, bonds or insurance may be required at the applicant's expense.
8. The applicant whose signature appears on this agreement should be present for the full length of the event. If the applicant cannot be present, he/she should designate an individual and write that name on the agreement.
9. All facilities must be returned to the condition previous to the event. A clean-up checklist is included in this agreement and will be provided.
10. Reservations may be revoked at any time whenever the use of buildings or facilities may interfere with H&HS program activities or where there has been a violation of approved regulations.
11. The County reserves the right to cancel this agreement at will.
12. Violation of any part of this agreement could result in being banned from future facility use.

RELEASE AND HOLD HARMLESS AGREEMENT

The Agency, in consideration of the usage of aforementioned facilities and equipment, agrees to indemnify and hold harmless, and to release, waive and discharge the County of Marin and its employees, officers, and agents from any and all liability for any injury or property damage arising out of or in any way connected with the use of the facilities and equipment under this contract, including injuries and property damage due to the active or passive negligence of the County and its employees.

I HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I have read the terms and provisions of this agreement and the rules and regulations which are incorporated herein by reference and agree to be bound thereto. I am authorized to sign for my agency/organization.

Signature of Applicant _____ Date _____

Name/Title _____ Organization _____

Fee Required: YES NO Fee Amount : _____

APPROVAL BY COUNTY OF MARIN

ID Verified: YES NO ID# _____ Type: _____ Exp. Date _____

Insurance Received: YES, Exp. Date: _____ NO Fee Received: YES NO Amount: _____

Signature _____ Title: _____ Date _____



**Marin County Health and Wellness Campus—Connection Center Conference Rooms
ACTIVITY PROPOSAL FORM**

Date Submitted: _____
 Department/Agency: _____
 Address: _____
 Contact Person: _____
 Phone: _____ Email: _____
 Program/Activity/Event Title: _____

Please check off all of the prevention topics that pertain to your meeting, event, or activity taking place at the Connection Center and fill in the information below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol Awareness | <input type="checkbox"/> Family Support | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Asthma & Allergies | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Breast & Prostate Health | <input type="checkbox"/> Healthy Aging | <input type="checkbox"/> PH Week |
| <input type="checkbox"/> Breastfeeding Awareness | <input type="checkbox"/> Heart Health | <input type="checkbox"/> Pre-conception Health |
| <input type="checkbox"/> Binational Health Week | <input type="checkbox"/> Hep C | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Built Environment | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Communicable Disease Prevention | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Sun Safety |
| <input type="checkbox"/> Diabetes Awareness | <input type="checkbox"/> Injury Prevention/Safety | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Disaster Awareness | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Economic Self Sufficiency | <input type="checkbox"/> Month of the Young Child | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Environmental Health Issues | <input type="checkbox"/> National Depression Screening | <input type="checkbox"/> Other _____ |

Type of Activity: Class Event Screening Training Other _____

Recurrence: One time only Series (# of days or weeks _____) On-going (1 year max.)

Date(s), Day(s), and Time Requested: _____

Space Requested: Select from the choices below, which list the maximum occupancy for each room:

| Chairs only (lecture style) | Chairs with tables |
|---|---|
| <input type="checkbox"/> Room 105—22 people | <input type="checkbox"/> Room 105—16 people |
| <input type="checkbox"/> Room 107—20 people | <input type="checkbox"/> Room 107—16 people |
| <input type="checkbox"/> Room 109—43 people | <input type="checkbox"/> Room 109—24 people |
| <input type="checkbox"/> Room 110—52 people | <input type="checkbox"/> Room 110—32 people |
| <input type="checkbox"/> Rooms 109/110 Combined—95 people | <input type="checkbox"/> Rooms 109/110 Combined—70 people |
| <input type="checkbox"/> Lobby—162 people | |
| Expected Attendance: _____ (Max. # Of Participants) | |

Key Messages Summary: _____

Target Audience: _____

Prevention materials presented in what languages? _____

Please list any fees charged or eligibility requirements: _____

Please list any community partners in this activity: _____

Non County/HHS events only: Does your organization have liability insurance? Yes No

Please provide your Non Profit Tax ID # _____

Please fax this form to (415) 473-2211 or send via email to: hhsfacilitiesmanagment@marincounty.org



**Marin County Health and Wellness Campus—Connection Center Conference Rooms
CONFERENCE ROOM CLEAN-UP/CHECK-OUT FORM**

Our goal is to have our conference rooms readily available for your event as well as for those immediately following yours. Please keep the furniture, walls and carpets in the Connection Center Conference Rooms clean and well-maintained. Notify reception staff of any items you notice that require attention. Cleaning materials are available under the sink in the kitchen galley (room 111). A small carpet sweeper is located beside the door. If you have questions, please let us know.

Before leaving the building please complete check-out. Please check off each item as you complete it. Sign and date this form and give it to the receptionist. After hours or when reception is closed, give the form to the on-site security officer.

Meeting Room:

- Erase white boards and remove all flip pads and papers. If you accidentally used permanent markers, notify the reception staff for instructions on how to remove any markings.
- Place trash/recyclables in designated bins available in each room. If the trash is overflowing, please speak to reception staff or call custodial at x6573.
- Empty drink containers in the kitchen sink before placing them in the recycle bins provided.
- Return water pitchers and other supplies to the kitchen.
- Remove catering items and left over food.
- If you moved any furniture, return the room to its original configuration.
- Wipe down table and counters.
- If there is anything that needs to be reported to the Custodian, such as liquid spills, please contact the Reception Desk at 473-4300 (or ask on-site security for assistance when reception is closed).
- Remove every item that was brought into the room by your participants, i.e., coffee cups, papers, food containers, clothes, etc.
- Remove all signage you may have posted.
- Turn all conference room lights off.

If you used the kitchen galley:

- Clean and/or remove all dishes, utensils, tableware.
- Clean, dry, and place all coffee makers, water pitchers, and hot pots back in storage.
- Clear and wipe down counters.
- Scrub and clean sink, empty sink disposal filter.
- Removed garbage and place in trash. If full, then remove with liner & tie off.
- Remove catering containers and/or food items.
- Report any spillage to the reception or security staff for cleanup.

Thank you!!

Comments: _____

Name _____ Date _____

Room(s) Used: _____ Check out time: _____

HHS Facilities Use

Staff Initials _____ Follow up needed: _____



**Marin County Health and Wellness Campus—Connection Center Conference Rooms
EVALUATION FORM**

EVENT DATE:

| | | | | |
|---|---------------|--------------------|-----------|----------------|
| How effective do you think your event was in achieving its goals? | Not Effective | Somewhat Effective | Effective | Very Effective |
|---|---------------|--------------------|-----------|----------------|

How did you conduct outreach for this event?

Please rate the quality of your experience in using the Connection Center:

| | | | | |
|---|------|------|------|-----------|
| Application Process/Customer service from Reservation Staff | Poor | Fair | Good | Excellent |
| Accessibility of Location | Poor | Fair | Good | Excellent |
| Cleanliness of Meeting Room Space | Poor | Fair | Good | Excellent |
| Customer Service from Reception Desk Staff on the day of the event <i>(if applicable)</i> | Poor | Fair | Good | Excellent |
| Overall experience | Poor | Fair | Good | Excellent |

Were you informed of the room usage guidelines prior to your event? Yes No

Is this the first time you used our Conference Rooms? Yes No,—If answer is no, how often do you make use of the Conference Rooms? _____

How can we assist you in achieving a successful event/activity in the future

Any additional comments?

Thank you for your feedback!

Would you like a HHS Facilities Management supervisor to contact you? Yes No

Contact Name: _____ Contact Phone: _____

Contact email address: _____

