TEACHING KITCHEN USE REQUEST

Please complete and return this application with a copy or sample of any material or items proposed for distribution. If applicant represents an organization, a letter authorizing the applicant to represent the organization must be filed with this form.

Type or print all items clearly in ink.

Name of Organization ____________________________________________

Contact Person ____________________________________________ Phone ______________________

Fax __________________________ Email __________________________

Address ______________________________________________________

City __________________________ State _________ Zip Code _________

Date(s) of Event ___________________________ Time of Event __________ to ____________

Please include 1 hour before and after for set up and clean up.

Description of proposed activity

________________________________________________________________________

________________________________________________________________________

Please indicate which of the following applies:

☐ IRS code 501C3 ☐ Mass Chapter 108 non-profit ☐ Unincorporated group ☐ Other

Number of people expected to attend ___________ Is this intended as a fundraiser? ☐ Yes ☐ No

☐ I certify that above information is true, complete and correct.

☐ I have read and agree to abide by the General Conditions for use of the Teaching Kitchen at Codman Square Health (450 Washington Street Dorchester, MA 02124) as specified below (see p.p. 2-3, sections 1-16)

_________________________________________ Date

_________________________________________ Date

Signature of Applicant

Authorized Signature of Organization

Revised: October 2018
General Conditions for use of the Teaching Kitchen at the Codman Square Health ("CSHC"), 450 Washington St., Dorchester, MA 02124

1. The proposed meeting/event must contribute to building a sense of community. It may be educational or cultural in nature. Political fundraisers, commercial activities, religious services, private group or family functions are prohibited as are any activities which may damage the facility or which are inconsistent with the mission of the Health Center.

2. The Teaching Kitchen at 450 Washington Street is available only during the hours that the building is open, Monday through Friday, 9am to 9pm and Saturday, 9am to 3pm. The Health Center reserves the right to relocate meetings or events when necessary. We will make every effort to notify you in advance to ensure minimum disruption.

3. The Health Center must have prior knowledge and approval of any media coverage of the event and must be notified at least one week in advance of the event regarding speakers, performers, films or programs and the set-up of such programs.

4. Alcoholic beverages, open flames except appropriate ones in Kitchen, smoking anywhere in the building and attaching things to or removing them from the walls are prohibited.

5. The Health Center does not provide food service. The Kitchen is for teaching and staff use.

6. You must arrange for all deliveries in advance with the Health Center. The doors to the building may not be left open unless access is controlled by a Health Center staff member or a designated person in your party. The Health Center is committed to confidentiality for patients and clients and to the personal safety of all who use the building. The person(s) organizing the meeting can admit you. You must arrange for a representative to accept and sign for all deliveries.

7. Your organization is responsible for all clean-up immediately after the meeting, including appliances and utensils and floors. All trash must be disposed of properly. All food items must be removed from the premises. Furniture should be left as is. The areas used must be in the same condition as you found it upon entering.

8. Your organization will provide adequate proof of insurance prior to use of the Kitchen, (adequate being defined as proof of General Liability coverage in an amount not less than $1,000,000 each occurrence) and include the endorsement of Codman Square Health Center, Inc. as an Additional Insured.

9. Your organization and its principals will solely be responsible for any and all damages, claims, injuries, etc ... sustained during your use of the Kitchen. Your organization and its principals hold CSHC completely harmless for any damages, claims, injuries, etc ... sustained during use of the Kitchen.
10. Your organization and its principals will meet with a health center representative prior to use of the Kitchen, to review the use of the Kitchen and its appliances, and will abide by all requirements imposed on use of the Kitchen and appliances.

11. Your organization’s staff will only occupy the Kitchen area. Staff should not venture into any other parts of the 450 Washington Street building.

12. Your organization is solely responsible for the food it prepares and serves. CSHC is not liable for any matters arising out of the food that your organization serves to its clients.

13. Your organization’s staff will work with CSHC Facilities staff to gain access to the Teaching Kitchen.

14. A maximum of 12 people will occupy the Kitchen at any one time with a constant 1-3 adult/teen ratio at all times.

Authorized signature_________________________ Date_________________________

Please ensure that all involved in planning and executing your meeting/event have read these guidelines. Thank you!