

(Revised 6/1/15)

**FLORIDA A&M UNIVERSITY
FACILITY REQUEST & EVENT APPROVAL FORM**

(Form MUST BE received by the Office of Student Activities in accordance with REQUIRED RULES ON BACK OF FORM)

SECTION I (FOR REQUESTOR USE ONLY)

*CAMPUS EVENT DATE: _____ *CAMPUS EVENT TIME: From _____ am/pm _____ am/pm
(*CHANGE in Event Date/or Event Time CAN ONLY be made with signed approval from the Building Coordinator & Student Activities)

ORGANIZATION/AREA/AGENCY NAME (Print): _____

Mailing Address (city/state/zip) _____

***** ALL STUDENT ORGANIZATIONS MUST BE OFFICIALLY REGISTERED *****

**OUTSIDE ORGANIZATIONS WILL NOT BE APPROVED FOR SOCIAL (Dances, Parties, Etc.) EVENTS ON-CAMPUS
Venues with an (*) indicate Non-University Use (Outside Organizations/Public Use) See Back of form for Approved Venues & Capacity**

OUTSIDE ORGANIZATION: ___ YES ___ NO **PAID EVENT:** ___ YES ___ NO **TICKET SALES:** Beginning No. ___ Ending No. ___

TYPE OF EVENT _____ (Must adhere to submission deadlines): **Agenda** ___ **Proposal attached as appropriate**

ADVISOR/AREA OFFICIAL NAME (Print): _____ Signature: _____

ORGANIZATION President/Other (Print): _____ Signature: _____

EVENT CONTACT NAME (Print): _____ POSITION: _____

CONTACT SIGNATURE: _____ Tele. No(s): _____ E-Mail: _____

OSA approval/date required (Clubs/Organizations/Student Events): _____ **Date** _____

Building/Venue/Area/ Name/Room Number	Telephone No. Coordinator (Designee)	Signature	Date

******* DO NOT WRITE BELOW THIS LINE *******

SECTION II (FOR COMMITTEE USE ONLY)

SIGNATURES BELOW ARE REQUIRED BEFORE THIS EVENT IS CONSIDERED APPROVED

1. _____
Risk Manager (Designee)/Insurance/Waiver Requirements

Not Required: _____ Approved: _____ Denied: _____
(Proof of Insurance required prior to Approval)

2. _____
FAMU Police Chief (Designee) Allow for 24 Hours Hold
Required Number of Law Enforcement/Security Officers:
(Name of Other Law Enforcement Agencies If Required):

Not Required: _____ Approved: _____ Denied: _____
Enforcement Officers: _____ Security Officers: _____

3. _____
Physical Plant Director (Designee)

Not Required: _____ Required: _____ Denied: _____

4. _____
Student Union/OSA Director (Designee)

Approved: _____ Denied: _____ Date: _____

5. _____
Environmental Health & Safety (Designee)

Approved: _____ Denied: _____ Date: _____

6. _____
General Counsel (Designee)

Approved: _____ Denied: _____ Date: _____
(Contract Receipt REQUIRED 24 Work Days Prior to Event)

7. _____
Vice President or Dean of Student Affairs (Designee)

Approved: _____ Denied: _____ Date: _____

COMMENT(S)/Signatory Number: _____

Florida A&M University
University Facility Request & Approval Form
EVENT DESCRIPTION/AGENDA

(Attach to form/or additional information to Facility Request & Event Approval Form)

NOTE: OSA COORD. APPROVAL REQUIRED FOR STIDENT EVENTS PRIOR TO SUBMISSION. _____

ORGANIZATION/AREA (Full Name/Student Organizations MUST BE CERTIFIED):

ORGANIZATION

CONTACT (Name):

TELE.NO.

E-MAIL ADDRESS:

DATE OF EVENT (Month/Day/Year):

TIME OF EVENT (AM/PM):

NAME OF EVENT (Full Title – Same as will be used for Advertisement):

VENUE/BUILDING/AREA (Name):

TYPE OF EVENT (Executive Board Meeting/General Body Meeting/Committee Meeting/etc.):

ATTENDANCE (Anticipated/Expected – Based on size of Venue):

AGENDA/DISCUSSION TOPICS/SPEAKER(S)

NOTE: Refreshments (if served) should be purchased items (maintain receipts), outside vendor information must be supplied/approved (caterer, etc.). Should the meeting/or workshop be of a conference size and/or will include non-university participants, names, contact information/agency, etc. information is required (contact facility committee representative @ 850-599-3400 for questions/concerns).

Florida A&M University
Student Union & Activities/Plant Operations & Maintenance
Event Support Request Form

This form is to be completed and returned to the POM SRC 10 days prior to event.

Tracking Number: _____

Work Order Number _____

Building Name: _____ Room Name/Number _____

Date Request Received: _____ Date of Event: _____

Type/Name of Event: _____

Time of Event: From _____ am/pm To: _____ am/pm

Anticipated Number of Participants/Guest: _____ Paid Event: _____ Yes _____ No

Type of Payment: FAMU Department ID _____ Money Order _____ Cashier's Check _____

Name of Organization: _____

Contact person: _____ Telephone Number: _____

POM Designee _____ Approved _____ Pending _____ Denied _____

Reason(s) for Pending/or Denial:

PRICES BELOW DO NOT INCLUDE VENUE RENTAL COST (CONTACT INDIVIDUAL VENUE COORDINATOR'S FOR COST)

Check the set-up event size that fits your event. A valid form of payment (money order/or cashier's check) due 5 days prior to event.
ALL EVENTS SET UPS MAY INCLUDE TABLES, CHAIRS, PODIUM, AUDIO EQUIPMENT W/MICROPHONES, AND TRASH RECEPTICLES.

SMALL _____ Size: Up to 150 Cost: \$250.00 Cleaning: \$50.00	MEDIUM _____ Size: 151 to 300 Cost: \$375.00 Cleaning: \$100.00	LARGE _____ Size: 301 + Cost: \$450.00 Cleaning: \$200.00	X-LARGE _____ Size: Gaither Gym/Athletic Field/Pond Cost: Assessment TBD (type of event) Cleaning: \$400.00
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ADDITIONAL COST:

ITEM	QUANTITY	ITEM	QUANTITY
Table (8ft/6ft) @ \$3.50 ea	_____	Table (Round) @ 4.00 ea	_____
Chairs (arm) @ \$1.50 ea	_____	Chairs (Folding) @ \$.50 ea	_____
Table Top Mic @ \$5.00 ea	_____	Standing Mic @ \$5.00 ea	_____
Electrical Cord (25ft) @ 12.50 ea	_____	Trash Drums @ \$5.00 ea	_____
Podium @ \$5.00 ea	_____	Banner Framing @ \$35.00 ea	_____
PA System @ \$35.00	_____	Cleaning Services (vary)	_____

Tents & Stages (POM does not supply tents or stages for events; however, we will provide a list of local vendors for your convenience).

Banners (MUST be supplied by the customer and must be delivered five (5) work days prior to event for framing/hanging):
FAMU – Plant Operations Building – 2400 Wahnish Way – Bldg. “B”, Suite 218 – Tallahassee, FL 32307 – Tele. (850) 599-3525

EVENT SUPPORT: On-site monitoring is charged by the hour based on normal or overtime hours for Building/Room Access.
 Opening/Closing: *Normal hours (8am-5pm, M-F)* \$18.31 *After hours (5pm-until, weekends/holidays)* \$27.47

FOR OFFICE USE ONLY

SET UP DATE: _____ SET UP TIME: _____ TOTAL COST: \$ _____

CASHIER'S CHECK/or MONEY ORDER #: _____ RECEIVED BY: _____ DATE: _____

_____ OSA/POM STAFF: _____

Event Safety Checklist

Instructions:

This checklist must be completed and submitted to the Department of Environmental Health and Safety within 24 hours of the event and must be on hand during the event. The checklist may be emailed to ehs@fam.u.edu, faxed to (850)599-8024 or hand delivered to 2400 Wahnish Way Suite 100. Depending on the size and nature of the event EH&S and the State Fire Marshal may perform a site visit to ensure that safe conditions are maintained.

Please note that if any of the conditions below are not met, the event may not proceed. Please contact EH&S (850)599-3442 or FAMU Fire Safety Specialist (850) 264-3833 if you have questions or concerns.

Event Date:	Event Time:	Location:
Event Name:	Sponsor or Department:	
Responsible Person:	Phone/Email:	
Are you responsible for event setup? <i>Yes (complete the checklist below) No (work with your facility manger to ensure the information below is completed and a floor plan is provided to EH&S)</i>		
Ensure fire alarm pull stations and fire extinguishers are not blocked.	<input type="checkbox"/>	
Ensure there is 18" of clearance around sprinkler heads.	<input type="checkbox"/>	
Report to the facility manager or EH&S any exit signs that are not illuminated or visible.	<input type="checkbox"/>	
Ensure exit doors are not locked and are clear of obstruction.	<input type="checkbox"/>	
Ensure all corridors, aisles, stairs or exit routes are clear of obstructions (no power cords, chairs or tables)	<input type="checkbox"/>	
Ensure the number of event guests does not exceed the room capacity.	<input type="checkbox"/>	
Provide a floor plan and seating arrangement to FAMU EH&S staff for review and approval.	<input type="checkbox"/>	
Ensure extension cords are in good condition with no frayed wires and secured to prevent tripping hazards.	<input type="checkbox"/>	
If using outdoor extension cords, ensure a ground fault circuit interrupter is used.	<input type="checkbox"/>	
Ensure all portable generators are at least 25 feet from any structure, isolated from the public, and of sufficient capacity to run without refueling during the event.	<input type="checkbox"/>	
If cooking will occur, ensure that a class K fire extinguisher is in the area and exterior cooking appliances are at least 10 feet from walls and at least 20 feet from any building air intakes, doors or windows?	<input type="checkbox"/>	
If food is provided ensure that cold foods are kept below 40 degrees and hot foods above 140 degrees.	<input type="checkbox"/>	
Ensure hanging fabrics, decorations and tents are labeled flame retardant and have been reviewed by FAMU EH&S staff.	<input type="checkbox"/>	
Obtain approval from EH&S staff for use of smoke generating equipment, open flame devices or pyrotechnics.	<input type="checkbox"/>	
Ensure compressed gas cylinders are secured in an upright position and capped when not in use.	<input type="checkbox"/>	
Ensure appropriate crowd control staff is provided (1 person for every 250 attendees as per Life Safety Code 101).	<input type="checkbox"/>	
Additional Safety Concerns:		

Signature of Event Coordinator

Name (printed)

Date

Floor Plan Environmental Health & Safety ATTENTION!

Environmental Health & Safety requires that safety checklist be filled out and signed.

Events may also require a review of an intended layout on a floor plan of the requested venue.

To receive a copy of a blank floor plan of your requested venue contact:

Mr. Freddie Hall 850-264-3833 freddie.hall1@famu.edu
(Environmental Health & Safety)

Or

850-561-2580
(ESUA Faculties Manager)