Nonprofit Facility Use
Information & Policies

A fee waiver or rate reduction for use of space at Mt. Si Senior Center may be extended to nonprofit groups. To be granted a fee reduction or waiver, applicants must complete the form on the back of this page, and fully comply with the following guidelines:

1. All requests are subject to approval by the Mt. Si Senior Center Executive Director.

2. To qualify for a fee waiver or rate reduction, the requesting organization must provide proof of nonprofit status as defined by the Internal Revenue Service 501(c)3 guidelines. The nonprofit discount is 25%.

3. Mt. Si Senior Center room usage and scheduling priority is as follows:
   a. Scheduled senior center programs take precedence over all other facility usage requests.
   b. Mt. Si Senior Center-sponsored public meetings, public events, public activities and organizations that have a contractual relationship with the Center take precedence over outside requests.
   c. Fee-based rentals take precedence over nonprofit reservations that have received a full fee waiver. Nonprofit reservations will not be cancelled, but room locations are subject to change.
   d. The same priority structure applies to facility tables, chairs and audio-visual equipment.

4. Fee waivers apply to only those events that pertain directly to the business of the organization. Personal and social occasions will not be recognized by the Center as a nonprofit event. Examples of personal and social occasions include birthday celebrations, holiday parties, anniversary parties and retirement events.

5. The main contact person or the alternate contact person must be on-site during the entire reservation including setup and cleanup time.

6. The nonprofit group is responsible for room setup, breakdown and cleanup in its entirety.

7. Reservations are accepted in person, Monday through Friday from 9:00am – 5:00pm. Reservations are accepted up to 3 months in advance, unless otherwise approved by the Director.

8. The nonprofit organization agrees to abide by all other facility policies and procedures as outlined in the Rental Application Packet.

9. Registered 501(c)3 non-profit organizations do not pay retail sales tax on rentals for activities, events and fundraisers that advance the mission of their organizations. If an event does not advance the mission of the organization, the renter must pay retail sales tax.
APPLICATION FOR WAIVER/REDUCTION OF RENTAL FEES

Submit proof of 501(c)3 status and a Washington State Reseller Permit with application.

NonProfit Organization: ____________________________________________________________

Organization Address: ____________________________________________________________ City: ___________ Zip: ___________

Primary Contact Person: ___________________________ Phone (______)__________ E-mail address __________

Alternate Contact Person: ___________________________ Phone (______)__________ E-mail address __________

Please describe the Intent/Purpose of the Organization (attach additional pages if necessary):

________________________________________________________________________________________

________________________________________________________________________________________

Please describe the purpose of your event (attach additional pages if necessary):

________________________________________________________________________________________

________________________________________________________________________________________

Is this meeting/event open to the public? _____Yes _____No
If no, who will be attending the meeting? _______________________________________________________

Does your organization carry liability insurance? _____Yes _____No
If yes, who is your insurance carrier? ___________________________________________________________

Is this request for a waiver of rental fees for monthly meetings? _____Yes _____No
If yes, please indicate your facility needs: _______________________________________________________

Estimated Attendance: ______ Preferred Day: (circle one) MON TUE WED THUR FRI SAT SUN
Preferred Date:___________ Preferred Time: ________ to _________

NOTE: If application is approved, you are required to submit a completed Rental Agreement contract.

Authorization: I hereby warrant and certify that I am the authorized representative of the organization named above, that the statements are true to the best of my knowledge, and that our organization and I agree to be bound by the regulations and policies governing the rental use of the Mt. Si Senior Center.

Signature: ________________________________________________________ Date: ________/_______/_______

FOR OFFICE USE ONLY

Date Received: ____/____/____

_____APPROVED FOR: ___ Monthly Meetings ___ One-time event at reduced rate of:

__________________________

_____DENIED Reason:

________________________________________________________________________________________

________________________________________________________________________________________

Application Expiration Date: _____/_____/_____ Executive Director: Initial: _____________ Date: _____/_____/_____