



EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098
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Idaho Falls, Idaho 83405
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EICAP Boardroom Rental Agreement

Renter/Organization Name: _____

Mailing Address: _____

Contact #: _____ Alt. #: _____

Briefly Describe Type of Function: _____

Date of Function: _____ Beginning Time: _____ Ending Time: _____

CHARGES: The room rental fees are non-refundable and are due and payable prior to the start of the rental activity. The fee for room rental will include use of tables, chairs, projection system, refrigerator, and white board. EICAP employees will receive the same rate as non-profit organizations.

Table with 3 columns: Rental Type, Regular Rate, Non-Profit Rate. Rows include Half-Day (up to 4 hours) and Full Day (4+ hours).

Rules and Restrictions:

Alcohol Policy: The possession, consumption, or serving of alcoholic beverages is strictly prohibited on EICAP premises due to insurance requirements. Failure to comply may result in immediate termination of the rental agreement, forfeiture of fees, and liability for damages.

The room is expected to be returned to its original state – i.e., garbage cans emptied, tables and chairs in their original set up, cleaned and no damage to carpet.

Renter agrees to be responsible for any damage to the room or any other part of the accessible area of the building, by the renter, his/her guests, invitees or other agents under the renters control. Damages to equipment or facility will be billed to the renter at replacement costs.

Further, renter agrees to indemnify and hold Eastern Idaho Community Action Partnership (EICAP) harmless for any and all liability, loss, damage or claims, of any description, which result from the rental of the EICAP Boardroom or negligence of _____ and its employees or guests that EICAP may suffer arising out of or in connection with the Agreement.

If the renter borrows and fails to return the key for the above room within 1 working day of the scheduled completion of the event, the renter agrees the room will be re-keyed at the renter's sole expense.

Renter's Signature

Date

EICAP Personnel Signature

Date



Return form to info@eicap.org