



CITY OF GREENFIELD FACILITY USE APPLICATION AND KEY USE POLICY

Company/Organization: County of Monterey, on behalf the Health Department

Contact Name: Tiffanie Morla Driver's License #:

Address: 1270 Natividad Rd., Salinas, CA 93906

Phone #: 755-4950 Alternate Phone #: 202-1119

Email: morlat@countyofmonterey.gov Fax #:

Type of Event: Client Community Event

Event Date: 2026-2029 Day of the Week: tbd Start

Time: tbd End Time: tbd Number of People Attending: 20-50

Facility/Field Requested: Community Center Option 1

Specific Areas: 1351 Oak Ave. Greenfield, CA 93927

INITIAL ^{Initial} EMJ I hereby attest that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee that a permit will be issued. If a permit is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; or (3) should any applicable city, county, state or federal rules, regulations, codes or laws be violated, any reservation issued shall automatically become null and void and any activity associated with this reservation will immediately cease.

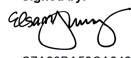
INITIAL ^{Initial} EMJ I agree that my access to and use of, and/or my company/organization's access to and use of, the requested facilities is NON-EXCLUSIVE and is subject to access and use as granted by the City to other individuals, organizations, and companies. I acknowledge, understand, and agree that neither I, nor my company/organization have the authority to deny access to other individuals, organizations, or companies that have been granted access to the requested facilities by the City.

INITIAL ^{Initial} EMJ I also agree that if provided a key for non-exclusive use of any city facility, that the key will remain in my sole possession and that I will lock all doors following use. All keys issued are the property of the City of Greenfield and must be returned no later than 24 hours following completion of the event. No user is permitted to duplicate City keys. Report loss or theft of keys to the City Manager.

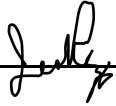
INITIAL ^{Initial} EMJ I also agree that I will: (1) be financially responsible for any costs incurred by the city for damages to city property; (2) be financially responsible to reimburse city reasonable attorney fees to enforce the provisions of any permit that is issued for the event described in this application; (3) forfeit all fees and deposits as partial compensation to city for any costs associated with the enforcement of the provision of the application or permit; (4) forfeit all fees and deposits if it is determined that I have provided false information on the application; (5) be financially responsible for any city costs that exceed fees and deposits already collected by the city for enforcement of provisions related to this application or reservation.

INITIAL ^{Initial} EMJ The users agree to indemnify, defend and hold harmless the City of Greenfield, its officials, employees, agents, and volunteers from all actions, liabilities, claims, damage to personals or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted or claimed by any person , firm, or entity arising out of or in connection with the activities conducted by the applicant, whether or not there is concurrent passive or active negligence on the park of the City of City Personnel. This shall be a continuing release and shall remain in effect until revoked in writing.

BY SIGNING THIS FORM, I/WE HEREBY CERTIFY THAT I/WE HAVE READ AND UNDERSTAND ALL THE RULES AND REGULATIONS ASSOCIATED WITH THE USE OF THE SPECIFIED CITY FACILITY. I/WE AGREE TO ABIDE AND ENFORCE THE RULES AND REGULATIONS OF THE CITY OF GREENFIELD DURING MY/OUR USE OF THE FACILITY. I/WE FURTHER CERTIFY THAT I/WE UNDERSTAND THAT FAILURE TO COMPLY WITH THE RULES AND REGULATIONS ASSOCIATED WITH USE OF THE SPECIFIED FACILITY, INCLUDING THOSE SET FORTH IN THIS APPLICATION, MAY RESULT IN THE CITY RESCINDING, RESTRICTING, LIMITING, OR DENYING MY/OUR USE OF CITY FACILITIES.

Signed by:

C7A00DA58CA0423...

Signature of Applicant

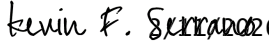


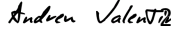
Recreation Manager Signature

3/26/2026 | 2:44 PM PDT

Date

Date: 2/3/2026

Signed by:

CF464EA4829E4B5...
Deputy County Counsel

DocuSigned by:

25834C99491E449...
Auditor-Controller Analyst I

PARKING PLAN / MITIGATION OF IMPACT

Note: Parking, traffic congestion and environmental pollution are all factors for concern with events. Please consider and encourage the use of car pools and alternate modes of nonpolluting transportation when planning your event.

Please provide a detailed description of your PARKING plans:

Program staff will carpool and utilize available street parking or public parking spaces around the facility.

Clients will be notified to come anytime between 1pm-4pm. Clients will trickle into the event in batches not

all at once. Clients will be instructed to carpool with their family members.
Please describe your plan for DISABLED PARKING:

Program staff and invited clients will be asked to park at designated disabled parking spots

Please describe your plans to notify all residents, businesses and churches impacted by the event:

This will be a 4hr event held in one day with about 20-50 people that may trickle in between 1-4pm and likely will not have more than 10-15 clients in any given hour between 1-4pm. We anticipate minimal impact to business and churches around the area.

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

X NO YES Are there any musical entertainment features related to your event? If yes, please state the number of stages, number of bands and type of music.

Number of stages _____ Number of Bands _____

Type of Music _____

X NO YES Will sound amplification be used? If yes, please indicate:

Start Time: _____ AM / PM Finish Time _____ AM / PM

Please describe the sound equipment that will be used for your event:

Not Applicable

Contact the Greenfield Police Department at (831) 674-5111 for further information and permit.

NO X YES Any Signs, Banners, Decorations, Special Lighting? If Yes, Please describe:

Signs directing participants to the location and decorations in the actual room to fit

theme of the event .

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both crowd control and internal security:

Program staff will be stationed in each activity location (i.e. check client blood pressure station)

as appropriate to the amount participants expected. We have clients who will trickle in

and leave at various times between 1pm - 4pm.

Please describe your accessibility plan for access at your event by individuals with disabilities:

The program staff are trained Registered Nurses and the families invited are their

client whom they've worked with for several months. Each nurse will assist their clients.

X NO

YES

Have you hired any professional security organization to handle security arrangements for this event? If yes, please list:

Security Organization Name: _____

Address: _____

Contact Name: _____

X NO

YES

Is this a night event? If yes, please state how the event and surrounding area will be illuminated to ensure safety of the participants and spectators:

Rental Insurance Requirements

The Greenfield Cultural Arts Center (Facilities) is operated by the City of Greenfield. All City of Greenfield facility rentals for user groups as specified in the agreement between the City of Greenfield are administered by the City of Greenfield. Users of our Facilities and /or vendors or other participants shall defend, indemnify and hold harmless the City of Greenfield Partners, and associated officers, directors, agents, employees and volunteers from and against any and all demands, claims, actions, losses, liabilities, damages and costs, including payment of reasonable attorney’s fees arising out of or resulting from the facility use agreement, except and in proportion to the extent caused by the negligence or willful misconduct of the City of Greenfield or associated officers, directors, employees, agents, and/or volunteers.

Organizations Renting the Facilities:

We require that you indemnify and hold harmless the City of Greenfield. You must supply a certificate of insurance that include the following information before renting the facilities:

1. The name of the insured must be the same as the organization renting or presenting at the Greenfield Cultural Arts Center, Community Center or other Facilities.
2. The current policy dates must encompass the dates you plan to use the facilities.
3. The certificates must state clearly that Participant Liability is included.
4. A separate certificate shall be issued naming each of the following entities as an additional insured:

Certificate #1:

City of Greenfield
1351 Oak Ave
Greenfield, CA 93927

Presenters:

Each Presenter running programs or events at our facilities must first supply one certificate of Commercial General Liability insurance. The coverage must be no less than \$2,000,000. The certificate must show clearly that product liability coverage is included, and must otherwise conform to the requirements above.

I have read and agree to abide with the terms of this Rental Application, including the companion

Rental Insurance Requirements Document that details the total scope of the agreement.

Authorized Representative’s Signature _____ Date ____/____/____