

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

(Form **MUST BE** received by the Office of Student Activities in accordance with Efferson Student Union facility reservation policies.)

**Instructions**

The scheduling of activities/events is done on a first-come, first-served basis unless preempted by the necessity of university-sponsored activities/events. All requests for the use of university facilities must be submitted on this form. This request must be received by the Office of Student Activities at least **fifteen (15) working/business days** prior to the date of the proposed event. Incorrect, incomplete, or late requests may not be accepted or delayed in approval. No advertising or notice of the event can be given/advertised until the request has been fully approved in writing. This form is a request only and does not guarantee the facility or any services will be provided, available, or approved. This form is required for ALL non-university groups and entities, as well as individual students not a part of or representing a department/office or organization/club. ESUA Pricing

**ALL UNIVERSITY ORGANIZATIONS MUST BE OFFICIALLY REGISTERED IN [iSTRIKE](#) TO SUBMIT A REQUEST.**

**EVENTS ON-CAMPUS**

Venues with an (\*) indicate Non-University Use (Outside Organizations/Public Use) See the Back of the Form for Approved Venues & Capacity.

*Please type or print, ensuring all copies of this form can be read. Failure to comply with this may result in denial of the event.*

**SECTION I: REQUESTED ACTIVITY & CONTACT INFORMATION (FOR REQUESTOR USE ONLY)**

Date of Event: \_\_\_\_\_ Name of Sponsoring Entity: \_\_\_\_\_

This event will be in collaboration with another group: ☐ Yes/☐ No – Indicate group: \_\_\_\_\_

Time of Event: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm | Access to Space/Set-Up Time: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

(\*CHANGE in Event Date/or Event Time **CAN ONLY** be made with signed approval from the Building Coordinator & Student Activities)

Title of Event: \_\_\_\_\_

Event Description: Please provide a detailed description of the event.

☐ I Understand - By signing above and checking the box, the requesting person, advisor, and represented organization accept full responsibility for the equipment, facility, and resources requested.

Requester's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*If different from the requester, please provide the information below\*\*\*

**Point of Contact:** ☐ I understand - The contact person listed below will be the primary person that university administrators communicate with for event/activity logistics. The contact person must have the authority to speak on behalf of the aforementioned entity and be authorized to make logistical and financial commitments. This person must also be present at the event to address on-site management.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position/Title: \_\_\_\_\_

## SECTION II: ADDITIONAL EVENT DETAILS – FACILITY REQUEST (FOR REQUESTOR USE ONLY)

Please indicate the location(s) you are requesting (also indicate the specific room(s) that you are requesting):

--

**Event Type (select all that applies):** ☐ Meeting/Group Business ☐ Arts & Music ☐ Cultural ☐ Athletics ☐ Fundraising  
☐ Service ☐ Learning/Educational ☐ Social ☐ Spiritual ☐ Reception ☐ Awards Ceremony ☐ Performance ☐ Ceremony  
☐ Conference/Workshop ☐ Other: \_\_\_\_\_

**Expected Attendance:** \_\_\_\_\_ **RSVP for the event:** ☐ Yes/☐ No **Indicate RSVP Capacity:** \_\_\_\_\_

*\*\*Please note that some facilities and venues have an **attendance minimum** that needs to be met to reserve the space.*

**Will there be a speaker at the event? Yes / No | Number of speakers:** \_\_\_\_\_

If yes, please provide their information (full name, contact information, company name, and website).

**Guest Speaker Information: Speaker's Name:** \_\_\_\_\_ **| Phone #:** \_\_\_\_\_  
**Speaker's Email:** \_\_\_\_\_ **| Company Name:** \_\_\_\_\_

**Guest Speaker Information: Speaker's Name:** \_\_\_\_\_ **| Phone #:** \_\_\_\_\_  
**Speaker's Email:** \_\_\_\_\_ **| Company Name:** \_\_\_\_\_

**Guest Speaker Information: Speaker's Name:** \_\_\_\_\_ **| Phone #:** \_\_\_\_\_  
**Speaker's Email:** \_\_\_\_\_ **| Company Name:** \_\_\_\_\_

**Is the Event Open to the public?** ☐ Yes/☐ No **| Will you be selling or disturbing alcohol at event?** ☐ Yes/☐ No

**What is your target audience (Check all that apply):** ☐ FAMU Students ☐ Faculty/Staff ☐ Alumni ☐ General Public

☐ Children under 18 ☐ Businesses/Agencies/Employers ☐ Organization Members ☐ Outside Entity Staff/Personnel ☐ Family/Friends  
☐ Other: \_\_\_\_\_

**Will you be serving any type of food, snacks, or beverages? (FAMU On Campus/ Off Campus Venues)** ☐ Yes/☐ No

*\*\*FAMU utilizes Metz Catering for dining and catering services. Metz has the first right of refusal. Catering questions must be communicated through them.*

*Refreshments (if served) should be purchased items (maintain receipts), and outside vendor information must be supplied/approved (caterer, etc.). Should the meeting/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).*

**Will the Event be Advertised?** ☐ Yes/☐ No **| Will Tickets be Sold?** ☐ Yes/☐ No **| Admission Fee:** \$ \_\_\_\_\_

**Will you require special parking accommodations?** ☐ Yes/☐ No **| Visit Parking & Transportation Services for more information.**

### UNIVERSITY POLICE AND SECURITY REQUEST

All paid events and events with a large, expected attendance, or if money is exchanged hands or if FAMUPD deems it necessary, will require Campus Police and/or Security. Please contact the FAMU Police Department at least two weeks in advance of your event to arrange security/Police personnel and parking permits (if required). Proof of security is secured must be provided. **Contact Information for FAMUPD: P: (850) 599) 3256 | E: [famupol@famu.edu](mailto:famupol@famu.edu) | Address: 2400 Althea Gibson Way| POM Bldg. A, Suite 128 | Site: FAMUPD**

#### FOR ESUA OFFICE USE ONLY

<b>Set-up Date:</b> _____	<b>Set-Up Time:</b> _____ am/pm	<b>Total Cost:</b> \$ _____
<b>Received By</b>		
<input type="checkbox"/> OSA Staff: _____	<b>Date:</b> _____	<b>Time:</b> _____ am/pm
<b>Payment Received On</b>		
<b>Date:</b> _____ <b>Time:</b> _____ am/pm		
<b>Payment Type:</b> <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other: _____		
<b>Work Order Number:</b> _____	<b>Tracking Number:</b> _____	<b>EMS Number:</b> _____

**ADDITIONAL DOCUMENTS**

Please attach any additional documents for review, such as advertising graphics, agendas/run of show, etc.

### SECTION III: EVENT NEEDS AND SET-UP (FOR REQUESTOR USE ONLY)

#### AUDIO/VISUAL EQUIPMENT REQUEST

<b>Please check all equipment needed for the event. Please note that some facilities may not have certain items.</b>		
<input type="checkbox"/> Microphone <input type="checkbox"/> Microphone Stand <input type="checkbox"/> Cordless Microphone	<input type="checkbox"/> DVD/Blu-ray Player <input type="checkbox"/> Television <input type="checkbox"/> Extension Cord	<input type="checkbox"/> LCD Projector (For use with a computer/laptop) <input type="checkbox"/> Podium <input type="checkbox"/> VCR

☐ **Other Audio/Visual Equipment:** \_\_\_\_\_

#### EVENT SUPPORT – PLANT OPERATIONS & MAINTENANCE

**PRICES BELOW DO NOT INCLUDE VENUE RENTAL COST (CONTACT INDIVIDUAL VENUE COORDINATORS FOR COST)**

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

SMALL <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LARGE <input type="checkbox"/>	X-LARGE <input type="checkbox"/>
Size: Up to 150 Cost: \$250.00 Cleaning: \$50.00	Size: 151 to 300 Cost: \$375.00 Cleaning: \$100.00	Size: 301 + Cost: \$450.00 Cleaning: \$200.00	Size: Gaither Gym/Athletic Field/Pond Cost: assessment TBD (type of event) Cleaning: \$400.00

ADDITIONAL COSTS:			
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) workdays prior to the 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 (8 am-5 pm, M-F)* \$18.31 *After hours (5 pm-until, weekends/holidays)* \$27.47

#### **FOR POM OFFICE USE ONLY**

##### **POM Designee Information**

**Full Name:** \_\_\_\_\_ **Contact Phone/Email:** \_\_\_\_\_

**Set-up Date:** \_\_\_\_\_ **Set-Up Time:** \_\_\_\_\_ **am/pm** **Total Cost: \$** \_\_\_\_\_

##### **Received By**

☐ OSA/☐ POM Staff: \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **am/pm**

##### **Payment Received On**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **am/pm**

**Payment Type:** ☐ Cashier's Check ☐ Money Order ☐ Other: \_\_\_\_\_

<b>Work Order Number:</b>	<b>Tracking Number:</b>	<b>EMS Number:</b>
---------------------------	-------------------------	--------------------

**NOTE: If any physical cash is exchanged in person/onsite, the group is required to have proper security in place at the location where funds are being exchanged. Please coordinate this with FAMUPD.**

### 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@famou.edu](mailto:ehs@famou.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:		Sponsoring Entity:
Point of Contact Name:		Phone/Email
Are you responsible for event setup? Yes (complete the checklist below) No (work with your facility manager to ensure the information below is completed and a floor plan is provided to EH&S)		
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.		
Ensure hanging fabrics, decorations and tents are labeled flame retardant and have been reviewed by FAMU EH&S staff.		
Obtain approval from EH&S staff for use of smoke generating equipment, open flame devices or pyrotechnics.		
Ensure compressed gas cylinders are secured in an upright position and capped when not in use.		
Ensure appropriate crowd control staff is provided (1 person for every 250 attendees as per Life Safety Code 101).		
Additional Safety Concerns:		

Signature of Event Coordinator

Name (printed)

Date

# Floor Plan

## Environmental Health & Safety

### ATTENTION!

Environmental Health & Safety requires that a 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:

Email the completed floor plan to:

[esua@famu.edu](mailto:esua@famu.edu)

850-599-2580

**Subject Line:** Facility Request: Full Name – Event Name

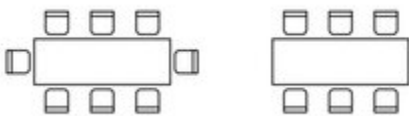
#### Floor Plans & Layouts

Below are links to the floor plans for rooms in this facility. Please download the floor plan for each room you will be using. In the Fire Marshal section, you can upload your proposed layout for your event. You are not required to upload the proposed layout when completing this form. However, you are required to submit one no less than four business days prior to your event. Facility Requests without approved layouts will be canceled.

Efferson Student Union: [Grand Ballroom](#) | [Multi-Purpose Room](#) | [Rattler's Den](#)

#### Floor Plan Icons

##### 6ft & 8ft Table Seatings



##### Round Table Seatings



##### Chair



##### Podium



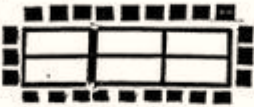

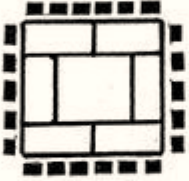
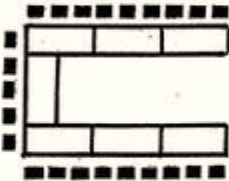
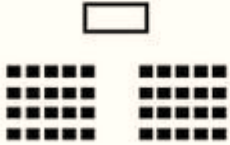

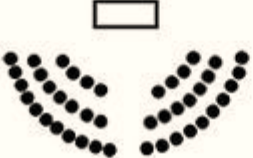



##### Stage

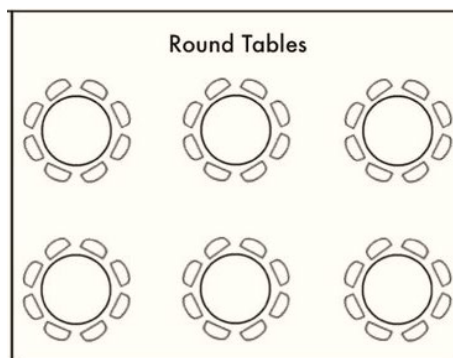


## Layout Ideas

### Meeting and Lecture Styles

<b>Setup 1</b> 2 tables up to 12 chairs		<b>Setup 2</b> 4 tables up to 18 chairs	
<b>Setup 3</b> 6 tables up to 24 chairs		<b>Setup 4</b> 4 tables up to 16 chairs	
<b>Setup 5</b> 6 tables up to 24 chairs		<b>Setup 6</b> 7 tables up to 24 chairs	
Auditorium <b>Setup 7</b> podium or table up to 80 chairs		<b>Setup 8</b> up to 9 tables up to 24 chairs	
Semi-circle <b>Setup 9</b> podium or table up to 40 chairs		<b>Setup 10</b> 9 tables up to 27 chairs	

### Banquet Style



**FOR COMMITTEE USE ONLY**

**SIGNATURES BELOW ARE REQUIRED BEFORE THIS EVENT IS CONSIDERED APPROVED**

Reviewer/Approver	Signature	Status
1. Risk Manager (Designee) Insurance/Waiver Requirements		Not Required: _____ Approved: _____ Denied: _____ (Proof of Insurance is 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: _____ Number of Enforcement/Security Officers: _____
3.Physical Plant Director (Designee)		Not Required: _____ Approved: _____ Denied: _____
4.Student Union/OSA Facilities Manager (Designee)		Not Required: _____ Approved: _____ Denied: _____
5.Student Union/OSA Director (Designee)		Not Required: _____ Approved: _____ Denied: _____
6.Environmental Health & Safety (Designee)		Not Required: _____ Approved: _____ Denied: _____
7.General Counsel (Designee)		Not Required: _____ Approved: _____ Denied: _____ (Contract Receipt REQUIRED 24 Work Days Prior to Event)
8.Vice President Affairs /Dean of Student (Designee)		Not Required: _____ Approved: _____ Denied: _____
Comments/Comment Code - Place Signatory Number Next To Comment		
<b>Example: #5 - 03</b>		
Comment Codes: 01=Insurance; 02=Financial Obligations; 03=Event Conflict; 04=Set Up/Break Down; 05=Judicial Hold; 06=Risk/unsafe conditions; 07=Security		
<p style="text-align: center;">This Event Has Been</p> <p style="text-align: center;"><input type="checkbox"/>Approved (EMS# _____)   <input type="checkbox"/>Denied</p> <p style="text-align: center;">Final Decision Made By: _____</p>		
<p style="text-align: center;">Reason(s) for Pending/or Denial:</p>		