



Facility Application Request Form

Please complete this form and send it to the Public Affairs Department via Karla.Fernandez@cityofdoral.com. Your Request Form will be reviewed, and you will be contacted accordingly. You may not proceed with an invitation or advertisement of the event until your request has been approved. **For requests approved administratively, application must be received with all required documentation, a minimum of (2) weeks prior to proposed event date. For requests requiring Council approval, please allow a minimum of (2) months prior to proposed event date.**

Note: Type Use Categories requiring Council approval also require this Form and are routed to the Requestor/sponsoring Councilmember.

Name of Requestor/Sponsor: Julie Hoppe/ Divine Savior Academy

Date: 8/27/2024

Applicant	SECTION 1	
	Applicant Name: <u>Julie Hoppe</u>	
	Agency Name: <u>Divine Savior Academy</u>	
Date/Time/Location	Office Address: <u>10311 NW 58th St Doral, FL 33178</u>	
	Contact No.: <u>786-612-7285</u> E-mail: <u>julie.hoppe@divinesavioracademy.com</u>	
	SECTION 2	
Requested	Meeting/Event Title: <u>Tour of City Hall</u>	
	Date(s): From <u>November 14, 2024</u> To _____	
	Weekend or Observed Holiday <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Type of Use	Time: Begins: <u>9 am</u> Ends: <u>11 am</u>	
	Frequency: <u>X</u> One Time Request, ___ Annual, ___ Monthly, Other: _____	
	Preferred Facility Location: <input type="checkbox"/> Government Center 1 st Floor Multipurpose Room <input type="checkbox"/> Government Center 1 st Floor Lobby <input type="checkbox"/> City Council Chambers <input type="checkbox"/> Government Center 3 rd Floor Training Room <input type="checkbox"/> Police Training and Community Center	
Council's Participation Requested* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>*The City reserves the right to extend an invitation to any elected body or charter official.</i>		
SECTION 3		
Please refer to the Use of Facility Guidelines for Category Definition <input type="checkbox"/> Government Collaboration <input type="checkbox"/> Sister Cities Program <input type="checkbox"/> Public Education Institution <input type="checkbox"/> Visiting Dignitary <input checked="" type="checkbox"/> Non-profit Organization <input type="checkbox"/> Civic Association		

SECTION 4

Required Attachments

The following documents are required:

- Provide letter with full description of request, purpose, and benefit to the Doral residents and/or City staff, must use official letterhead (Exception – Visiting Dignitaries Category);
- Proposed schedule of activities, meetings, and agenda;
- Number of expected guests (including speakers/presenters) - # 83;
- Plans for security (if required);
- Proof of 501 (c) (3) Non-for-profit status (if applicable);
- Sample of advertisement (e.g. flyer/brochure/invite, etc.), include listing of all media (if applicable);
- Drawing/sketch of room/table layout;
- Proof of residency (if required);
- All applicable Insurance/Liability (Event purpose only); and
- List IT equipment being utilized by Applicant.

(Note: Only items included in request Letter and submitted will be considered.)

SECTION 5

For Logistical Purpose

Select purpose of use: [select only one]

- Meeting or
 Event (select event type below)
- Workshop Reception Symposium Ceremony Gala Other:

Select if applicable:

- Open to City residents "Only"
 Open with no restrictions "Open to all"
 Use of facility for art or cultural purpose
 Food and drinks will be served
 Media attending/recording during use of Facility

The following exhibit to this application is fully incorporated herein as if set forth herein:

- Exhibit A – Use of Facility Guidelines
- Exhibit B – Facility Use Policies and Procedures

By signing this Application, the Applicant affirms receiving and reviewing the Facility Application Request Form, Use of Facility Guidelines, and Policies and Procedures.

This Applicant further certifies that the Applicant's policy-making body shall adhere to all stipulated requirements per the City's Policies and Procedures.

Applicant Name & Title: Julie Hoppe 3rd Grade Teacher
(Print Name/Title)

Applicant Signature:  8/27/2024

ADMINISTRATION USE ONLY

Date

Approved Denied by: _____
 Public Affairs Department Date

Approved as to Form & Legal Sufficiency for the _____
 Use and Reliance of the City of Doral Only: Office of the City Attorney Date

Approved Denied by: _____
 Office of the City Manager Date

If applicable:

