

NON COUNTY ORGANIZATION OR VENDOR PERMIT:
REQUEST FOR USE OF COUNTY SPACE



Space Request #

Name: _____ Organization: _____ 501(c)(3)
Title: _____ Phone: _____ E-mail: _____

1. What is the goal of this Program or Service?

• **Is this a for profit or a not-for-profit activity?**

• **Who is the client population?**

• **What dates are being requested?**

Start Date

Termination Date

Start Time

Termination Time

2. What is the address or location of the space being requested?

3. What is the type and amount of Space requested (office, parking lot, medical, etc.)?

4. How many staff will be on site during use and how many client visits are expected daily?

5. Will you be charging a fee for your clients to use the service/program offered?

YES NO

6. Does this request have any direct positive impact on Children or Youth?

7. Does this request have any direct positive impact on Seniors?

8. Does this request have any direct positive impact on the Sustainability efforts in the community?

9. Do you have any additional information that would be useful for the decision maker?

Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Address: _____



BELOW FAIR MARKET JUSTIFICATION

1. Demonstrate that this proposed use is serving a public purpose (beneficial to the majority of the county population.)
2. Are there other viable alternatives to the proposed use?
3. Demonstrate that the fee, rent or payment at fair market value is not economically feasible and the proposed below fair market fee, rent or payment is otherwise justified. Try to quantify the public benefit associated with the use.
4. Can the party requesting use of County space demonstrate that it has the financial and operational ability or expertise to provide this program or perform the public service?

Upon completion of this form please scan and e-mail it to: space.request@faf.sccgov.org. If you have questions regarding this request, please contact us at 408-993-4600

For Administrative Use

Is CEQA Applicable?

YES NO

If CEQA applicable but not satisfied, explain:

AUTHORIZATION OF FACILITIES DEPARTMENT:

- Approved as Requested
- Approved With Conditions
- Not Approved
- Return to Client for More Information; Resubmit

Comments:

Director, Facilities and Fleet

Date