Facilities Request Best Practices

1) Department	2) Admin Services/Custodial		
Determine desired location, date, and time for	After form is reviewed, requester is contacted		
event	with any questions for clarification		
Complete facility request form providing:	Provide input on desired location and		
requestee name/contact information,	availability of items requested, if needed.		
department, event date, event description, set-			
up time, event start time, and estimated			
guest count			
Indicate requested services for event by	After request is approved, a confirmation		
checking appropriate boxes on form	email is sent to all pertinent departments		
	(custodial, grounds, IT, maintenance) and		
	requester.		
Provide any additional detailed information in	Set-up is completed by desired set-up time		
the notes column on facilities request form	according to layout and information provided		
	on form.		
Create detailed layout of desired set-up	Contact person is asked to walk-thru and		
Create detailed layout of desired set up	approve event set-up prior to start time		
Submit form to facilities@maderacollege.edu	Pick-up and clean-up is performed after the		
(10) days prior to the event for review and	event end time indicated on facilities request		
approval	form		
- upprover			

Requester Requirements

If any changes are required after facility request is approved and confirmed, requester must follow up with facilities by emailing facilities@maderacollege.edu or by phone at 559-675-4195. Facilities support will follow up with supporting departments impacted.

The requester is responsible for handling and coordinating any items or services that are outsourced (canopies, heaters, etc.)

<u>All event items and decorations</u> are expected to be cleared and removed at the time specified as end time on the form prior to custodial pick-up and clean-up.

Madera Community College INTERNAL Facilities Request Form



Please complete and submit form to MCC Facilities 10 days prior to the event

Request Date		Requestee Name (First and Last name)			
Phone/Ext.		Email Address			
Department			Desired Room		
Event Date	Time Frame		Event Description		
Event Date	Time Hame		Event Description		
Setup Time	Start Time	End Time	Est. Guest Count		
Additional needs bevo	and hasic room setup	complete page 2 - R	equested Services section.		
Traditional fields bey	ona sadio room docap,	complete page 2	oquosicu dei vicco decilori.		
Area Supervisor	Date	College President or Vice President Date			
	Administra	ative Services to co	mplete		
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Approved/Not Approve	u VP, Admin	istrative Services	Date		
Notes:					

Madera Community College INTERNAL Facilities Request Form



Requested Services								
Building Services	Maint. Dept.	Police Services	Food Services	Ground Dept.	Computer/ Audio Visual Services			
□ Tables	□Heat	☐ Relax parking	□ Room use	☐ Event support staff	☐ Computer lab			
☐ Chairs	☐ Air Cond.	□Keys	□Food	□ Outdoor event	☐ Computer equipment			
□ Podium		□Officer	□Banquet	☐ Sprinklers off	☐ Sound system			
☐ Room divider			☐ Catering		☐ Overhead/video projector			
☐ Canopies			☐ Food sales		□Laptop			
□ Stage			□Potluck		□Screen			
☐ Water hookup			□ Concessions		□Microphone			
☐ Garbage Cans					□TV/VCR			
□ Cones					□Polycom			
☐ Access, Lockup					☐ Extension cords			
Event Request details (below, be specific):								