

Community Center

Short-Term Space Use Application



Office of
Community Care

Dr. Martin Luther King, Jr. Community Center
2922 MLK Boulevard, Dallas, Texas 75215, 214-670-8418
West Dallas Multipurpose Center
2828 Fish Trap Road, Dallas, TX 75212, 214-670-6341

Short-Term Space Use Application

The primary use of any City of Dallas (“City”) facility shall be for purposes public benefit. The City of Dallas’ community centers are public resources and as such, shall provide services free of charge, that offer a direct benefit to the public, specifically low to moderate income individuals throughout the City and in the communities surrounding each facility. These organizations should provide (at minimum) programs that address educational and/or financial empowerment, physical and mental health and wellness, social services, and/or community engagement programs and services. We also look for collaborative efforts and partnerships with NGO’s, groups, state and regional community organizations, and government agencies to garner the greatest community impact.

Our Martin Luther King, Jr. Community Center (“MLKJCC”) and West Dallas Multipurpose Center (“WDMC”) (hereinafter referred to as “Community Centers”) seek to partner with nonprofit organizations and other community-based organizations that deliver services free of charge to Dallas residents by fostering needed, relevant, appropriate, and adequate community-based services for residents of southern and western Dallas.

These organizations should provide (at minimum) programs and services that address one or more of the below identified areas:

- Financial empowerment, including job skills and job placement.
- Educational programming for children, youth, or adults.
- Physical and mental health and wellness programming.
- Social services, such as rental assistance, emergency assistance programming or other direct client assistance and programming.
- Community engagement programs and activities.

Target Populations: The Community Centers are intended to be a hub of services and to provide inclusive programming and engagement opportunities for all residents of the City. The Community Centers are prioritizing zip codes: 75210, 75215, 75208, 75212 and 75223; and seeking to partners that provide direct client services to the following population(s):

1. Neighborhoods of Concentrated Poverty (40% or more of the residents are living in poverty).
2. Low-to-moderate income individuals.
3. Single female heads of household.
4. Families with children living in poverty.
5. Individuals with Limited English Proficiency.
6. Individuals with transportation challenges.
7. Individuals with lack of educational attainment.
8. Youth and teens at increased risk of pregnancy or risky behaviors.
9. Dallas residents ages 60 and older.

SHORT-TERM SPACE USAGE TERMS FOR PROGRAMMING AND/OR SERVICE DELIVERY

The community centers strive to minimize barriers to access and utilizing facilities to enable organizations with appropriate outreach and programming to reach and provide important services to Dallas residents. The Community Center Manager reserves the right to cancel any reservations that were misrepresented or made under false pretenses.

The following space utilization options are available:

| Use & Purpose | Frequency | Document | Available Spaces | Terms | Fees | Process | Requirements |
|--|--|------------------|---|-----------|--|--|--|
| Short-term Meetings, classes, and activities. | Daily or Weekly usage within a 1-90 day period | Space Usage Form | Classrooms, meeting rooms, event rooms, outdoor spaces, foyer areas | 1-90 days | \$0 for reservation during facility operating hours. | Complete and submit Space Use Form; decision based on program alignment and availability | Summary on activities, attendance, or program metrics as proposed by applicant |



Short-Term Space Usage Agreement

Organization Name (“Organizer”): _____
Requester: _____ Title: _____
Date: _____ Email: _____
Phone: _____
Address: _____ Zip: _____

Meeting/Event Information

Name of Meeting: _____ Estimated attendance: _____
Event Date: _____ Time: _____
Target Audience or Participants: _____

Description of Activity: _____

| | |
|---|--|
| Martin Luther King, Jr. Community Center 2922 MLK Boulevard, Dallas, Texas 75215 | West Dallas Multipurpose Center 2828 Fish Trap Road, Dallas, TX 75212 |
| <input type="checkbox"/> Foyer (After 5 p.m.) | <input type="checkbox"/> Atrium |
| <input type="checkbox"/> Activity Room #A | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Activity Room #B | <input type="checkbox"/> Activity Room #1 |
| <input type="checkbox"/> Room #135 (After 5 p.m.) | <input type="checkbox"/> Activity Room #2 |
| <input type="checkbox"/> Outdoor Areas (Distribution, Stage/Grass) | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Parking Lot (If drive-thru, must submit route) | <input type="checkbox"/> Small Conf Room |
| <input type="checkbox"/> | <input type="checkbox"/> Large Conf Room |
| <input type="checkbox"/> | <input type="checkbox"/> Outdoor Area (Gazebo) |
| | <input type="checkbox"/> Parking Lot (If drive-thru, must submit route) |

City & Center staff reserves the right to cancel any room/space reservation at any time*

1. **INDEMNITY: USER AGREES TO DEFEND, INDEMNIFY AND HOLD CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES, HARMLESS AGAINST ANY AND ALL CLAIMS, LAWSUITS, JUDGMENTS, COST AND EXPENSES FOR PERSONAL INJURY (INCLUDING DEATH), PROPERTY DAMAGE OR OTHER HARM FOR WHICH RECOVERY OF DAMAGES IS SOUGHT, SUFFERED BY ANY PERSON OR PERSONS, THAT MAY ARISE OUT OF OR BE OCCASIONED BY USER'S BREACH OF ANY OF THE TERMS OR PROVISIONS OF THIS AGREEMENT, OR BY ANY OTHER NEGLIGENT OR STRICTLY LIABLE ACT OR OMISSION OF USER, ITS OFFICERS, AGENTS, EMPLOYEES OR SUBCONTRACTORS, IN THE PERFORMANCE OF THIS AGREEMENT; EXCEPT THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH SHALL NOT APPLY TO ANY LIABILITY RESULTING FROM THE SOLE NEGLIGENCE OR FAULT OF CITY, ITS OFFICERS, AGENTS, EMPLOYEES OR SEPARATE CONTRACTORS. IN THE EVENT OF JOINT AND CONCURRING NEGLIGENCE OF THE USER AND THE CITY, RESPONSIBILITY AND LIABILITY, IF ANY, SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAW OF THE STATE OF TEXAS, WITHOUT WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CITY UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW. THE PROVISIONS OF THIS PARAGRAPH ARE SOLELY FOR THE BENEFIT OF THE PARTIES HERETO AND NOT INTENDED TO CREATE OR GRANT ANY RIGHTS, CONTRACTUAL OR OTHERWISE, TO ANY OTHER PERSON OR ENTITY, AND SHALL SURVIVE TERMINATION OR EXPIRATION OF THIS USE AGREEMENT.**

2. **Insurance Requirements**

- a. User shall procure, pay for, and maintain, and require its subcontractors to procure, pay for and maintain, during the term of this Agreement, with a company authorized to do business in the State of Texas and otherwise acceptable to City, the minimum insurance coverage required will be determined by the Office of Risk Management.

3. **Governing Law/Venue**

- a. This Agreement shall be governed by and construed in accordance with the laws and court decisions of the State of Texas, without regard to conflict of law or choice of law principles of Texas or of any other state.
- b. The obligations of the parties to this Agreement shall be performable in Dallas County, Texas, and if legal action is necessary in connection with or to enforce rights under this Agreement, exclusive venue shall lie in Dallas County, Texas.

I hereby state that I understand and agree to all Community Center policies governing use of meeting rooms. Organizer is responsible for any injury or damage to persons or property.

Authorized Signature _____ Print Name _____

Date _____

FOR CITY USE ONLY

| | | | | |
|------|----------|----------|-----------------|------------|
| | | | Name _____ | Date _____ |
| OCC: | Approved | Rejected | | |
| ORM: | Approved | Rejected | Signature _____ | Date _____ |

Post Program/Event Report

Event Title

Event Dates

Attendance

Org. Name

Event & Demographic Summary

Please provide a summary of the event, its purpose, and the demographics of the participants (age, gender, race/ethnicity, zip code).

Event Summary:

Demographic Summary:

Age

Gender

Race/Ethnicity

Zip Code

Please ensure that your report is submit within 30 days of your event.

Program Participant Information Form

Completing this form (or submitting this information) helps keep these events free to the public

| | |
|---|--|
| | |
| Age: | |
| Gender: | |
| Zip code: | |
| Contact Email: | |
| | |
| Single, Female, Head of Household: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Household Income: | Less than \$97,400? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Children in Household Under 18: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| Race: A_____ AI/PI _____ AA _____ W_____ Other_____ |
| Ethnicity: _____ Hispanic _____ Latino _____ Spanish |

Program Participant Information Form

Completing this form (or submitting this information) helps keep these events free to the public

| | |
|---|--|
| | |
| Age: | |
| Gender: | |
| Zip code: | |
| Contact Email: | |
| | |
| Single, Female, Head of Household: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Household Income: | Less than \$97,400? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Children in Household Under 18: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| Race: A_____ AI/PI _____ AA _____ W_____ Other_____ |
| Ethnicity: _____ Hispanic _____ Latino _____ Spanish |

Formulario de Información del Participante en el Programa

Completar este formulario (o enviar esta información) ayuda a mantener estos eventos gratuitos para el público.

| | |
|---|--|
| | |
| Edad: | |
| Género: | |
| Código postal: | |
| Correo electrónico de contacto: | |
| | |
| Soltero(a), Mujer , Cabeza de Familia: | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Ingresos del núcleo familiar: | Menos que \$97,400 dólares <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Hijos menores de 18 años en el hogar: | <input type="checkbox"/> Sí <input type="checkbox"/> No |

| |
|---|
| Raza: Americano____ Nativo Americano/Isla del Pacífico ____ Afroamericano ____ Blanco____ Otra____ |
| Etnicidad: ____ Hispano ____ Latino ____ Español |

Formulario de Información del Participante en el Programa

Completar este formulario (o enviar esta información) ayuda a mantener estos eventos gratuitos para el público.

| | |
|--|--|
| | |
| Edad: | |
| Género: | |
| Código postal: | |
| Correo electrónico de contacto: | |
| | |
| Mujer, soltera, cabeza de familia: | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Ingresos del núcleo familiar: | Menos que \$97,400 dólares <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Hijos menores de 18 años en el hogar: | <input type="checkbox"/> Sí <input type="checkbox"/> No |

| |
|---|
| Raza: Americano____ Nativo Americano/Isla del Pacífico ____ Afroamericano ____ Blanco____ Otra____ |
| Etnicidad: ____ Hispano ____ Latino ____ Español |