

## COVID 19 PROTOCOL EFFECTIVE GOING FORWARD

1. Wipe down tables with bleach water or sanitizing wipes prior to and after each use.
2. Room used should be fogged after each use until rates fall below 25 per 100K.
3. We will be following Washington State and Benon/Franklin County Health Guidelines on Masking and will not choose to be exempt as a religious organization.
4. We urge all Leadership to be vaccinated (unless a medical condition allows them to be exempt) in keeping with our concern for others.
5. Make sure hand sanitizer and masks are available to all at all times.
6. Maintain a 10 foot distance between those speaking (if unmasked) and the rest of the group.
7. We will follow Washington State and Benton/Franklin County Health guidelines on the serving of snacks and beverages.



Group/Event Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

17 SOUTH UNION ST.  
KENNEWICK, WA 99336 (509) 783-3012

# WEST HIGHLANDS

# Building Use Agreement

17 S. Union  
Kennewick, WA 99336

**We agree to the following conditions for using the facility of West Highlands United Methodist Church:**

- 1) Provide Proof of Insurance, listing West Highlands United Methodist Church as additional insure.
- 1) Make payment for building use in advance or by prearranged agreement with the church office.
- 2) It is the responsibility of the user groups to set up the rooms and ensure rooms are fully returned to the condition in which they were found. Only the rooms made by this written agreement may be used. If additional rooms are needed for special occasions, pre-arrangement must be made through the church office.
- 3) One person from each user organization will accept responsibility for access keys and see that, upon departing:
  - All exterior and interior doors are locked. (Failure to check doors could lead to false alarm fines and your group not being allowed to use the facility in the future.)
  - All lights are turned off.
  - All toilets flushed.
  - All electrical appliances turned off or unplugged.
  - Any supplies used (e.g.: coffee pots, dishes, etc.) cleaned and put away in their proper places.
  - All wastebaskets/garbage containers are emptied. (Dumpster is in the fenced area by the garage in back.)
- 4) All food, beverages, paper cups, napkins, tablecloths, etc. are to be provided by the user group. Church supplies are not to be used.
- 5) User groups will accept responsibility for any broken or damaged equipment while in their use. Bring to the attention of the church office any equipment needing repair.
- 6) User groups will not tamper with thermostats. (The thermostats have 3 hour over-ride buttons that can used to make temporary adjustments for your group's comfort.)
- 7) Children are NOT permitted to run freely throughout the building. Supervision of children is REQUIRED at all times.
- 8) When using the nursery, supervision by a person 16 years of age or older is REQUIRED.
- 9) **NO** alcoholic beverages allowed on the premises.
- 10) **NO** smoking is allowed in buildings (including restrooms) or within 25 feet of building.
- 11) **NO** parking parallel to the building except for loading and unloading.
- 12) **NO** tacks, nails, tape, etc. are to be used on walls. Staples may be used but PLEASE remove staples while paper is still in place.

**Fees:** Fees are payable to **West Highlands UMC**. (Monthly fees are due the first day of each month.)

Rooms	One Time Use	Once a Month	Weekly Use
Education Room	\$50.00	\$40/month	\$100/month
Fellowship Hall (southwest corner)	\$50.00	\$40/month	\$100/month
Fellowship Hall (full space)	\$110.00	\$100/month	\$230/month
Fellowship Hall & Kitchen	\$140.00	\$130/month	\$290/month
Chapel	\$150.00	\$100/month	\$400/month
Main Worship Space	\$150.00	\$200/month	
Additional Rooms	\$40.00	\$30/month	\$80/month

Name of Organization/Group: \_\_\_\_\_

**Lead Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Descriptions: \_\_\_\_\_

Requested Room(s): \_\_\_\_\_ Room Fee(s): \$\_\_\_\_\_

Dates of Event(s)\*: \_\_\_\_\_

One Time Use     Monthly     Weekly

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*When scheduling, allow for set-up / clean-up time so multi-use of rooms does not overlap.*

\*For Weekly Rentals, you are required to fill out the calendar and return it with this application. Please mark any days (e.g.: Holidays, summer break, etc.) when your group will not be here on a scheduled day.

**Please Note:** Your reserved times are used as a basis for setting the security alarm. Therefore any changes to your pre-arranged days/times must be made in advance through the church office:

**Phone - 509-783-3012; Email - whumc@westhighlandsumc.com**

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This is a contract between yourself/your group and West Highlands United Methodist Church (WHUMC). Please be reminded that the primary function and operation of WHUMC is a church, a place of worship. Church activities and events must, therefore, have **priority** for building use. We will do our best to make accommodations for your group if a church activity is scheduled during your pre-arranged time, but ultimately, church activities hold primary consideration.

Additionally, your cooperation is appreciated and expected to help us preserve the good working condition and well-maintained environment of our building and its surroundings. **THIS INCLUDES FOLLOWING COVID PROTOCOL (SEE BACK)** Please immediately contact us regarding any areas or incidents of malfunction or property damage you encounter or incur.

You will be required to pay any fees incurred if your group is the direct cause of an inadvertent security alarm trigger (currently \$100 per incident).

**SIGNATURES:**

By signing this, you agree to the terms as is stated in this agreement. You are responsible for informing the church office of any change in the information provided.

\_\_\_\_\_  
**Lead Contact Signature**

\_\_\_\_\_  
**Date**

Office Use Only

Approved \_\_\_\_\_ Payment Received: \$\_\_\_\_\_ by \_\_\_\_\_

Proof of Insurance Received

Declined Reason: \_\_\_\_\_

\_\_\_\_\_  
**Signed by** Facility Team Leader, Trustee, or other Church Rep.

\_\_\_\_\_  
**Date**