



SILVER SPRING CIVIC BUILDING AT VETERANS PLAZA

## COMMUNITY ACCESS PROGRAM CAP

FY25

**July 1, 2024 - June 30, 2025**

Open to groups that hold public events at the Civic Building and/or Veterans Plaza that benefit the community.

### APPLYING:

- Deposit is required at time of application.
- Great Hall and/or Veterans Plaza: \$250 (this fee is applied to the cost of the permit).
- Activity/Conference Rooms: \$100 (this fee is applied to the cost of the permit).
- Note: if CAP funding is not awarded, the user is responsible for the full balance.

### REQUIRED:

1. **SSCBVP APPLICATION FOR USE** must be submitted to book the space. CUPF staff will determine fees for dates, times, and rooms. CAP Review Committee will determine award amount.
2. **ANSWERS TO CAP QUESTIONS** must be submitted by a member of the group receiving the award authorized to make financial commitments on behalf of the group.
3. **FACILITY USE LICENSE AGREEMENT (FULA)** must be signed and user must comply with all applicable building use guidelines and policies.
4. **COPY OF APPLICANT'S PHOTO ID**, with current address, must be provided to CUPF.

### TIMELINE:

- **Incomplete applications will not be accepted or processed.**
- All dates approved must occur during the fiscal year (July 1, 2022 - June 30, 2023).
- CAP applicants must follow CUPF policies and procedures for the Civic Building and Veterans Plaza.

### ADDITIONAL:

- Group is financially responsible for any additional costs incurred after the award is made.
- CUPF staff provides logistical support in schedule and using space only.
- Applicants are required to provide for event management, equipment, or other services not customarily available.
- Additional rooms/equipment may not be requests on the day of the event.
- Award is non-transferrable and may not be extended to include another group.
- CAP applicants will be contacted by County staff with award decisions.
- Additional information may be required.



APPLICATION FOR USE

Allow 10 business days for processing single room use; up to 30 days for special event use.



Form #: Staff use only
Date Received:
Permit #:

A. Event Name: Estimated Attendance:
Event type: Banquet Class Conference Cultural Activity Faith-based Meeting Performance/Dance Private Celebration
1. Will you serve alcohol? (Beer / wine / liquor)..... Yes No
2. If requesting the Great Hall, will you need Audio/Video or Stage? ..... Yes No If yes: Audio/Video (\$100) Stage (\$250)
3. Are you advertising this event? ..... Yes No
4. Will you serve food? ..... Yes No If yes: Self-prepared Catered
5. Would you like to bring in outside equipment? ..... Yes No
6. Will event include music/performance? (DJ, live band, recorded, other)..... Yes No If yes: include contact information of DJ / band / other below
7. Will monies be accepted on site? (Donation, ticket sale, registration fee, sales, etc.)... Yes No
If answering Yes, to any of the above questions, please describe:
Please note: Commercial or Special Event Permit(s) may be required for some events. Please ask staff for details.

=> In order to ensure Civic Building events go well, users are required to meet with the logistics specialist leading up to the event (e.g. finalize plans, answer any outstanding questions, etc)
Ratio requirement for youth events under 18 = one adult (21 years+) per 15 youth. No alcohol during events with a majority of participants under age 21. Youth events end at 11:00 pm Sun. -Thurs., and 11:30 pm Fri.-Sat.

B. Day of Week (circle one): Sun. Mon. Tues. Wed. Thur. Fri. Sat. Date of Event: / /
Room Request and Event Occupancy Time
=> Room names for reference: Great Hall (Full or Half) • Atrium • Warming Kitchen • Courtyard • Ellsworth Room (Full or Half) • Fenton Room • Spring Room • Colesville Room
Table with columns: Room Preference, Set-up time, Event Begin Time, Event End Time, Cleanup & out Time, Planned use of room?, Number of Youth, Adults
Example: Great Hall (Full) 6:00 AM 7:30 AM 5:00 PM 6:00 PM Business expo 0 300
Additional applications may be required for some events (example: events with alcohol). Users are responsible to adhere to all applicable laws and regulations.

C. (Name of Applicant) First Name: Last Name:
Address: Street Apt. # City State Zip Code
Home Phone: Work Phone: Cell Phone:
Email Address:
Gender (check one): Male Female Date of Birth: / /

D. Applying on behalf of: ORGANIZATION: (Complete this section) SELF: (Skip section D)
Organization Name: Non Profit TIN?
Address: Street Suite # City State Zip Code
Email: Phone: Ext:
Website: Customer Type (check one): For Profit Non Profit Public Agency

E. Agree To Waiver (CUPF - FULA) Yes No, incomplete application \*Federal Gov. applicants: (CUPF - Federal FULA) Yes No, incomplete application

F. Payment submitted? Yes Amount: \$ No, incomplete application Form of payment: Credit Card Money Order Check

I have read the Community Use of Public Facilities User License Agreement (FULA) and agree to abide by the conditions of the Agreement. It is understood that the County is hereby expressly released and discharged from any and all liability for any loss, injury, or damage to persons or property which may be sustained by reason of this event. I understand that I may be required to provide a certificate of insurance that satisfies the requirements specified in the FULA before the date of the event for which this Application is being submitted. I understand the cancellation policy for special events and other requirements that may apply to my request. Application is not valid until all authorizations have been obtained. Photo ID required with application. Certification of non-profit status may be required. I am responsible for compliance with all applicable Federal, State or Local Laws. Violation of the terms of the permit or County laws and regulations may result in immediate cessation, forfeiture of all fees paid or other legal action as applies.

Every event requires Liability insurance



Responsible Person's Signature Date



# The Community Access Program (CAP) Review Committee will determine funding levels based on the information that you provide.

*Please answer all questions below. The CAP Review Committee thanks you for your submission!*

The CAP Review Committee is committed to a more equitable and inclusive Montgomery County and supporting Priority Outcomes. To receive Community Access Program (CAP) funding, the CAP Review Committee expects your event will align with Montgomery County's Priority Outcomes and add value to Montgomery County.



Name of organization:

1. Tell us about your organization.  
Please include website link.

2. Tell us about this event.

3. How does this event benefit the residents of Montgomery County, Maryland?  
Tell us how this event will add value to our community.

Please keep in mind your answers should align with the County's priority outcomes:

**PRIORITY OUTCOMES**

|   |   |   |   |  |   |   |
|---|---|---|---|--|---|---|
|  |  |  |  |  |  |  |
| Thriving Youth<br>& Families  | Safe<br>Neighborhoods   | A More<br>Affordable,<br>Welcoming<br>County                                      | A Growing<br>Economy  | A Greener<br>County  | Easier<br>Commutes  | Effective,<br>Sustainable<br>Government   |

4. How does this event align with the County's priority outcomes?  
Tell us how this event will enhance the priorities and outcomes listed above.

5. Why are you requesting CAP/county funding?  
How is your organization currently funded?  
Include not-for-profit status documentation with this application.

Please submit your CAP Application to Eric Rasch, Operations Manager, Silver Spring Civic Building at Veterans Plaza.

We are looking forward to receiving your CAP application for county funding to support your efforts and the county's goals!

**Please answer all questions above.  
The CAP Review Committee thanks you for your submission!**

**Community Access Program**

**Contact:** Eric Rasch, CPM, MPS, Operations Manager, Silver Spring Civic Building at Veterans Plaza  
One Veterans Place, Silver Spring, MD 20910  
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