

Facility Usage Request

- I. Date Request Submitted: 1/12/22
- II. Overview of Proposed Event: "THANK YOU" EVENT FOR HEALTH CARE HEROES
- III. Date and Time of Event: 19th FEB / MARCH 26th 10AM - 12PM (2 HOURS)
- IV. Requestor(s): BHUVI & TEJAS
- V. Community Sponsor(s): NONE
- VI. Solicitation Event (Yes/No) NO
- VII. Objective: THANK HEALTH CARE WORKER
EDUCATION ABOUT LIFE BEYOND COVID-19
EDUCATION ABOUT BASIC LIFE SUPPORT
- VIII. Alignment with Our Charter:
- IX. Strategic Value to the Community: INTEGRATE COMMUNITY MEMBERS
- X. References: DR. VINOD PAXVAL, DR. CHANCHAL MALHOTRA, DR. PRAEM
CARDIOLOGY PATHOLOGY DR. KAPOOR
DR. MUNIR, DR. SHAUKAT, DR. BEDI
- XI. Financial Impact to CDD Budget:
- a. Staffing Requirements (Hrs./Cost) NONE (ALL VOLUNTEER KIDS)
- b. Materials TABLE
- c. Facility Requirements CLUB HOUSE
- d. Others _____
- XII. Risk(s) NONE
- a. Homeowner/Community Safety _____
- b. Equipment _____

c. Security _____

XIII. Insurance Coverage **NOT APPLICABLE**

a. CDD _____

b. Vendor _____

XIV. Risk Control Measures

a. Food and Beverage **COOKIES, WATER FOR RUNNER/WALKER**

b. Traffic **NONE (WALK IS ON SIDEWALK)**

c. Waste Management **BY VOLUNTEER KIDS**

d. Site Safety **N/A**

e. Environmental **N/A**

f. Added Security **NONE**

g. Impact to Homeowner **NONE**