



Instructions: How to Complete the Form

Applications for Use of State Property must be received no later than 30 days prior to the requested event date. For multi-use dates or larger events (e.g. theater productions, vendor shows, festivals, farmer's markets, etc.) applications should be received no later than 90 days prior to the event date to ensure date security and ample processing time.

- [Download this form and save it to your computer.](#)
- Fill-out the information accurately and completely.
- Return the completed application following the instructions on page 4.

IMPORTANT!

Submission of this application does not constitute approval. Applicant should refrain from marketing/advertising the event until formal approval has been received from the OGS Convention & Cultural Events Office.

Providing incomplete, false, or misleading information on the application will result in an immediate denial of the request.

Please be advised of the insurance requirements and deadlines - see page 3.

The following instructions correspond to specific instructions for each field on the form application:

1. **Select Building Room/Area:** There are two areas available for use at the Adam Clayton Power, Jr. State Office Building: The Community Room or the Plaza.
2. **Name of the Requesting Organization or Individual "Applicant":** Please provide the full name of your organization. No acronyms or abbreviations. If you are not affiliated with an organization and are an individual applicant, please enter your name here.
3. **Organization Type:** Please indicate your organization type by checking all the options that apply. Individuals not affiliated with an organization should choose the "other" box. Tenants of the building must also select the tenant box.
4. **Applicant's Address:** Please provide the organization or individual's complete mailing address.
5. **Primary Contact:** Please provide the full first and last name, email, and phone number of the primary contact for the organization or individual applicant.
6. **Secondary Contact:** Please provide the full first and last name, email, and phone number of the secondary contact for the organization or individual applicant. If there is no secondary contact, leave blank.
7. **Requested Date and Time Period:** Please provide all of the dates requested for the planned activity.
8. **Alternate Date and Time Period:** Please provide all of the alternate dates requested for the planned activity. These are dates you may want to reserve in case your event is canceled due to inclement weather, etc. You must also include the start and end times for each day of the planned activity. This includes load in/ set-up and load out/break down times.
9. **Attendance:** Please provide an estimate of the number of people you will be hosting at your planned activity.
10. **Event Type:** Please choose one of the options provided to indicate the type of activity you plan to hold in the space. If your activity type is not listed, please check other and specify the type of activity you are planning and provide details.
11. **Will you be partnering with any other organization for the event?:** Will you or your organization be hosting another group to provide a service to your planned activity attendees? Please note, subletting of space is prohibited.
12. **Will you be having vendors?:** Please indicate if you are planning to have vendors participate in your planned activity. If you choose yes, a CCE Representative will reach out to you for more information and a complete list of all invited vendor participants.
13. **Event open to the public?:** Self-explanatory
14. **Charge for admission?:** Self-explanatory
15. **Planned commercial activity?:** Are you planning to, or planning to host vendors, that will be conducting commercial activities (e.g. sale of services, merchandise, goods, food, etc.)
16. **Name of Purpose of the Event:** Please provide an event name and event detail, or scope, that completely describes the planned activity.
17. **Food Service:** Please indicate if you are planning to have food service at your planned activity. Only licensed/insured caterers may serve food and applicants are responsible for providing the caterer's or food concessionaire's Department of Health Temporary Catering Permit, proof of Workers Compensation and Disability as well as their certificate of Commercial General Liability insurance meeting the State's requirements indicated in Section 2.
18. **Alcohol:** Please indicate if you are planning to have alcoholic beverage service at your planned activity. Only licensed/insured caterers may serve alcohol and applicants are responsible for providing the caterer's State Liquor Authority Permit, proof of Liquor Liability Insurance, Workers Compensation and Disability as well as their certificate of Commercial General Liability insurance meeting the State's requirements indicated in Section 2.
19. **Will you be having any third-party service providers supporting your event?:** Please indicate if you are planning to have a third-party service provider participate in your planned activity. Third-party service providers include, but are not limited to: audio companies, DJs or entertainer/musicians, stage and production companies, tent and/or furnishing rental companies, portable restroom companies, etc. All third-party service providers must meet the State's requirements indicated in Section 2. If you choose yes, a CCE Representative will reach out to you for more information and a complete list of all invited third-party service providers.



Date of Application: _____

Section 1: Applicant Information To be completed by the applicant

1. Select Room/Area (Community Room, Plaza) 2. Name of Requesting Organization or Individual ("Applicant")

3. Organization Type (For Profit, Not for Profit, NYS Agency, Other Government Agency, Tenant, Other) Check all that apply. Tenants of the building must also select the tenant box.

4. Applicant's Address (City, State, Zip Code)

5. Primary Contact (Email, Telephone)

6. Secondary Contact (Email, Telephone)

7. Requested Date (Start Time, End Time) 8. Alternative Date (Start Time, End Time) 9. Attendance (Estimated Total #)

10. Event Type (Meeting, Conference, Training, Fair/Festival, Other) 11. Will you be partnering with any other organization for the event? (Yes, No)

12. Will you be having vendors*? (No, Yes) *A "Vendor" is a business or organization that will be participating in the event (tabling, interactive activities, health screening, etc.)

13. Event open to the public? (Yes, No) 14. Charge for Admission? (Yes, No) 15. Commercial activity planned? (Yes, No)

16a. Name of the Event: Provide the name of the event.

16b. Purpose of the Event: Provide a complete description of the event and specific activities planned. Attach additional sheets if necessary.

17. Food Service: Only licensed/insured caterers may serve food. Applicants are responsible for providing the caterer's or food concessionaire's Department of Health Temporary Catering Permit (in some locations, a copy of the Food Service Handling permit may be required instead), proof of Workers Compensation and Disability as well as their certificate of Commercial General Liability insurance.

Will food be served at this event? (Yes, No) Breakfast, Lunch, Dinner, Hot, Cold. What is the caterer's name? Caterer Email, Caterer Phone Number

18. Alcohol: Only licensed/insured caterers may serve alcohol. Once the event is approved, applicants are responsible for obtaining a signed Landlord Authorization form from the state office building facility manager.

Will alcohol be served at this event? (Yes, No) What is the caterer's name? Caterer Email, Caterer Phone Number

19. Production Company Services (If yes, please enter the name of the third party service provider and what service is to be provided.) Will you be having any third-party service providers supporting your event? (Yes, No) *Vendor must submit proof of Commercial General Liability Insurance, Workers' Compensation coverage, and employee disability benefits.



Section 2: Insurance Requirements

A certificate of Commercial Liability Insurance and proof of Workers Compensation and Employee Disability insurance is required for the use of all OGS managed State property. Insurance requirements are in place to protect the State from all claims of spectator and participant personal injury or property damage resulting from the approved activity arising out of or in any way connected to the use of OGS managed State property. Proof of compliance with insurance requirements, self-insurance or self-retention must be presented once the application for use of State property is tentatively approved. All of the Applicant's vendors, production companies and other organizations using the space must also comply with these insurance requirements.

All insurance requirements are due no later than 15 days prior to the event date unless the event is a multi-date or large event. In these cases, all insurance requirements are due no later than 45 days prior to the event date. Failure to provide insurance documentation within the specified time frames will result in denial of your request and/or revocation of approval.

Please identify and check your organization type below for more information:

If you are a Commercial Business: A certificate of Commercial General Liability (CGL) insurance is required for use of OGS managed State property. General Liability limits must be a minimum of \$1M for each occurrence \$2M general aggregate. "The People of the State of NY, its officers, agents and employees" must be indicated as additional insureds on the Certificate of Insurance (COI). Appropriate Proof of Workers Compensation and Employee Disability insurance is also required.

If you are a New York State Agency/Authority: New York State Agencies are self-retained and are excluded from this requirement. However, State public authorities and public benefit corporations must either provide a letter of self-retention from their corporation counsel or the same documentation required for commercial businesses.

If you are a Federal or Municipal Agency: Federal and Municipal Agencies must either provide a letter of self-retention from their counsel or the same documentation required for commercial businesses.

If you are a Not for Profit: The same documentation as specified for commercial businesses is required unless the applicant applies for, and is granted, a waiver from the Commercial General Liability (CGL) requirement. Waivers are not available when food, beverages or high-risk activities will be involved. **Waivers are available by request only for limited, qualifying applicants.**

If you are an Individual: The same documentation as specified for commercial businesses is required unless the applicant applies for and is granted a waiver from the Commercial General Liability (CGL) requirement. Waivers are not available when food, beverages or high-risk activities will be involved. **Waivers are available by request only for limited, qualifying applicants.**

Proof of Workers Compensation and Employee Disability Benefits Insurance compliance or a CE200 Waiver is always required, except for individuals and NYS Agencies.

Automobile Liability and Liquor Liability coverage may also be required in certain circumstances.

Tenant Users Liability Insurance Policy

If any Applicant is unable to provide proof of liability insurance, the Applicant may satisfy the liability insurance requirements through the State's Tenant User Liability Insurance Policy (TULIP), which provides insurance coverage for the State. As only licensed/insured caterers may serve food and alcohol, if alcoholic beverages are to be sold, distributed, served or furnished, the Applicant must obtain proof of Liquor Liability coverage and Commercial General Liability coverage from the caterer as well as obtain TULIP coverage for itself. The Applicant must make application for the TULIP and pay the appropriate premium to the assigned insurance broker directly. Coverage for the applicant itself may also be available under the TULIP for an additional premium. The broker, upon receipt of the application and premium, and with the approval of the designated insurance carrier, will then issue a Certificate of Insurance to the Applicant. The Applicant must then forward the original copy to the CCE Office.



Section 3: Terms and Conditions

Terms and Conditions for Use of State-Owned Property

Before you submit this application, please review New York State's standard Terms and Conditions for the use of state-owned property.

Yes, I have read and agree to the terms and conditions.

No, I have not read nor agree to the terms and conditions.

Section 4: Check and Submit

Before you submit this application, check and confirm the following:

- Is the application filled out completely?
Have you indicated your organization type from the list provided by checking one of the boxes?
Have you read and do you understand the insurance requirements for your organization type, including compliance with Workers Compensation and Employee Disability Benefits Insurance?
Have you indicated that you have read and understand the Terms and Conditions section?

Ready to send?

Be sure to save your application. Send your completed application as an attachment by email to SpaceRental@ogs.ny.gov.

What happens after I submit this request? The Office of General Services, Convention and Cultural Events Office (CCE) will review your application and respond with the following:

- 1. Notice of tentative Approval or Denial
2. If the application is approved, CCE will forward a Permit Agreement and invoice for usage fees.
3. Applicant must sign and return the Permit Agreement, proof of insurance meeting the State's requirements and payment.

For questions about your application, call or email SpaceRental@ogs.ny.gov | 518-474-4759.

(FPO-30-Harlem 12/23)

OGS Use Only

Received On Date

Reason for Denial

Approved

Denied