



**AGENDA  
FACILITIES COMMITTEE**

**Wednesday, January 19, 2022 at 5:00 P.M.**

In accordance with California Government Code Section 54953 teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link: <https://us02web.zoom.us/j/84595811563>  
Meeting ID: **845 9581 1563** Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: **Dial in #: (310) 372-7549, Passcode 660448.**

Committee Members: Barbara Mroz and Stephanie Ortiz

Staff: CEO Rachel Mason, Executive Assistant Linda Bannerman, Wellness Center Administrator Theresa Geracitano, Administrative Officer Judith Oswald

Property Manager: Roy Moosa

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
  - a. Facility Use Agreement
  - b. Parking Lot at 138 S. Brandon Rd.
4. Update from Wellness Center Administrator
5. Update from Property Manager
6. Board comments and future agenda items
7. Adjournment

I certify that on January 18, 2022, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

A handwritten signature in blue ink that reads "Linda Bannerman".

Board Secretary/Clerk



Tele: 760-731-9187 ● Fax: 760-731-9131

FRHD Conference Room: 138 S. Brandon Road, Fallbrook, CA 92028  
Community Health & Wellness Center: 1636 E. Mission Road, Fallbrook, CA 92028

## FACILITY USE RENTAL AND USE POLICY

The Fallbrook Regional Health District (FRHD) administrative office is located at 138 S. Brandon Road, Fallbrook, CA. 92028 and is staffed from 9:00 a.m. to 5:00 p.m. Monday through Friday. The Facility calendars are kept at the District office and reservations by outside agencies for use of either FRHD property must be made with District staff. Priority of usage will be: (1) District sponsored services and programs; (2) health-related non-profit activities; (3) non-profit business meetings; and (4) all others. Some activities may be subject to usage fees and can include rental fees, cleaning fee and a security deposit. Facility users will be expected to respect and support the Mission, Values, and Vision of the Fallbrook Regional Health District. FRHD holds no preference for particular religious or political group.

### Requirements:

Participating organizations must provide a Certificate of Insurance Liability, listing the Fallbrook Regional Health District as additionally insured. Coverage should be for no less than one million dollars. Applicant accepts the premises subject to all local, county, state and federal laws, regulations, and ordinances. District makes no warranties regarding the current or future suitability for Applicant's required use. Applicant is required to do their own research regarding public health safety requirements for group gatherings.

Publication, notices and all advertising of events are to be approved by the District prior to announcing the event. Directions in a graphic format for access and egress from the Community Health & Wellness Center at 1636 E. Mission Rd will be provided and must be included in participant flyers/notices. All group participants are expected to follow directions for entry/exit from the Mission Rd. property.

All trash and debris is expected to be removed and placed in District receptacles at the termination of the event. Any additional District resources utilized during the use of the facility are expected to be returned in the same state in which they were provided. The District reserves the right to bill additional charges, damages or staff time associated with the use of the Facility by outside organizations.

### Rental Fees:

The charging of fees will be at the discretion of the Chief Executive Officer and/or Board of Directors. A \$200 (refundable) security deposit may be required from "non-health related" agencies and or private groups who wish to use the facility. All fees and rental rates are dependent on the resources used and or amount of time the facility will be occupied. Rental fees are estimated at a base-rate of \$25 per hour for a single room usage. The fees and deposits will be discussed with the applicant upon submission of the request.

### Prohibitions:

This is a smoke-free campus. No smoking or vaping on campus premises will be permitted within the Facility area. Food will be permitted under limited circumstances and only with prior written approval of the District.

## Directions to the Community Health & Wellness Center

1636 E. Mission Rd, Fallbrook CA 92028

Located 3.7 miles east of interstate 15, the entrance to the property will be on your right, just after you pass the N. Stage Coach Ln. intersection. When exiting the property, you may only turn right. Please adhere to the directions below.

### Entry and Exit Directions to users:



For your safety and for that of our neighbors, we ask that all participants please follow these instructions when entering and exiting the property.

District Use Only:  Insurance on File or  Insurance Waived  Rental Fee: \_\_\_\_\_ or  Fee Waived

Location being requested:

- FRHD Administrative Conference Room       Community Health & Wellness Center  
\*see details regarding directions and access

Date(s) of Use	Start Time	End Time
*If additional dates and times are requested, please list start and stop dates – recurring events should be explained below.		
Person Making Request		
Name and mobile number of Organization/Group Facilitator:		
Name of Organization		
Is this organization not for profit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address		
E-mail Address		
Telephone:      Primary (       )                              Secondary (       )		
Type of Activity/Purpose		
Number of Expected Attendees		
Will the following items be utilized for this meeting ( <i>not all items are available at both locations</i> ): <input type="checkbox"/> Food/Beverages <input type="checkbox"/> AV (Computer, Projector, Screens) <input type="checkbox"/> Electricity <input type="checkbox"/> Internet (WiFi) <input type="checkbox"/> Kitchen <input type="checkbox"/> Street Signage* <input type="checkbox"/> Exterior Water <input type="checkbox"/> Rental equipment (tents, canopies, tables, chairs, etc) <input type="checkbox"/> Other (please specify)		

**RELEASE OF LIABILITY**

As a further consideration for the use and occupancy of the space and premises, **Applicant** for him/herself, his/her agents, parking trust owners, executors, administrators and assigns does hereby agree that the Fallbrook Regional Health District, their agents, employees and assigns shall not be liable to the **Applicant**, his/her agents, administrators, executors and assigns, guests, licenses, or invitees for any loss or damage, injury or death caused to them on their property as a result of the use and occupancy of the spaces and premises.

It is further agreed that any stored property is placed in the space at the **Applicant's** sole risk and the Fallbrook Regional Health District, their agents, employees, parking trust owners, and assigns shall have no responsibility or liability for any loss or damage to said property from any cause whatsoever. It is agreed by the **Applicant** that this release of the Fallbrook Regional Health District's liability is bargained for condition of the rent set forth herein. The Fallbrook Regional Health District does not carry insurance to cover losses or damages to the **Applicant's** property for any cause whatsoever and that were the Fallbrook Regional Health District not released from liability as set forth herein, a much higher rent would have to be agreed upon.

The **Applicant** further acknowledges that insurance is available from independent insurance companies to protect the **Applicant** in the event of theft, damage or destruction of their store property in the event the **Applicant** acquires such insurance. The **Applicant** expressly agrees that the carrier of such insurance shall not be subrogated to any claim of the **Applicant** against the Fallbrook Regional Health District agents, employees or assigns for any liability released herein. The Applicant acknowledges that the Fallbrook Regional Health District does not warrant or represent that **Applicant's** property will be safely kept nor that it will be secure against theft nor that premises and space are secure against hazards caused by water, fire, or the elements of weather or earthquake.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CEO's Signature – Rachel Mason

\_\_\_\_\_  
Date

.....  
District Use Only:       Insurance on File or  Insurance Waived       Rental Fee: \_\_\_\_\_ or  Fee Waived

**Facilities Committee**  
**Wellness Center Administrator Report – December/January**

**Community Health & Wellness Center:**

- House heating system and water heater are being evaluated and repaired to be in working condition for use by Michelle's Place in February.
- Lock boxes are on all rooms available for use, house, community rooms and both classrooms.
- Wi-fi has been installed in the house and the education building.
- Doormats were installed at the Community Building to reduce tracking in water and prevent slips.
- Anti-slip epoxy has been purchased and will be applied to the walkway from the parking lot to the classrooms after two non-injury slip and falls.
- Working on removal of the basketball court markings on the concrete.