



1880 Princeton Ave, Lawrenceville, NJ 08648 . Phone (609) 989-9417
Fax (609) 989-9423 Email: homefront@homefrontnj.org . Website: www.homefrontnj.org

DEAR PARTNER OF THE LAWRENCE COMMUNITY CENTER:

We are thrilled for your interest in using space at the Lawrence Community Center! With your presence here, we'll be able to further improve our offerings of high quality programs and services for the greater Lawrence community.

To memorialize our commitment to you for use of space, and to ensure you get what you need to carry out your work, please review, complete and sign the attached Partner Space Agreement. We'll countersign, get you a copy, file the insurance certificate you provide us and that'll be it!

We really look forward to having you around. Please don't hesitate to let me know at any time if you have any questions or concerns.

Brian Helmuth
Director
Lawrence Community Center
609-883-3379

PARTNER SPACE AGREEMENT
Lawrence Community Center

This Partner Space Agreement (“Agreement”) is made between **HomeFront, Inc.** located at **1880 Princeton Avenue, Lawrenceville, NJ 08648** (“HomeFront”) and _____ located at _____ (“Partner”), memorializing HomeFront’s intent to provide designated space/rooms (“Space”) to Partner at the Lawrence Community Center (“Project Site”) located at 295 Eggerts Crossing Road, Lawrenceville, NJ 08648.

HomeFront acknowledges and appreciates Partner’s interest in and ability to deliver valuable services to residents of Lawrence Township and the greater Lawrence community. In consideration of this, HomeFront has designated Space at the Project Site that may be used by Partner to provide services to the community including, but not limited to:

Other provisions of this Agreement are as follows:

- **HomeFront and Partner agree to schedule the use of Space on an as-needed basis; specific Space shall be assigned by HomeFront for each date of use. **Attachment A** contains more detail.
- **The fee to be charged to Partner for use of the Space is \$ _____ per _____, due and payable on _____. Checks are to be made payable to HomeFront, Inc. Fees will be returned to Partner if cancellation is made no less than 48 hours prior to Partner’s use of the Space. Cancellations must be sent to BrianH@HomeFrontNJ.org
- **Partner agrees that no other entity, agency or affiliate may use the Space it schedules with HomeFront without HomeFront’s consent. Partner cannot assign its rights and duties under this Agreement.
- **HomeFront shall identify common areas and meeting space at the Project Site that Partner can use during its scheduled use of the Space under this Agreement.
- **HomeFront shall make available and maintain current furnishings and equipment in the Space. Any additional furnishings and/or equipment needed by Partner shall be provided by Partner upon HomeFront’s prior written consent and shall be maintained by Partner.
- **HomeFront shall supply all utilities at no charge except for long-distance calls made on a landline telephone, if such landline telephone is provided as part of the Space. Any bill(s) generated by HomeFront to Partner for such calls shall include a copy of the applicable phone bill(s) and any other relevant documentation.
- **HomeFront shall provide Partner access to the following equipment/supplies: _____

- **Partner agrees to minimize hazards and maintain the Space in clean condition at all times during its scheduled use and shall remove at the end of its use any documents, files and other items it brings and/or generates while using the Space.

**Partner shall provide HomeFront with a Certificate of Insurance showing evidence of adequate coverage at the minimums shown below. This certificate shall also list HomeFront, Inc., 1880 Princeton Avenue, Lawrenceville, NJ 08648 as additional insured for all types shown below except for Worker's Compensation and Professional Liability. Partner's insurance must always be current and in full effect during any scheduled use of the Space. HomeFront shall be provided with thirty (30) days written notice of any modification, change or cancellation of any of the insurance coverages.

General Liability:	\$1,000,000 each occurrence/\$2,000,000 aggregate
Products/Completed Operations	\$2,000,000 aggregate
Personal and Advertising Injury:	\$1,000,000
Damage to Rented Premises:	\$100,000
Medical Payments:	\$5,000
Automobile Liability: (Owned, Scheduled, Non-Owned Or Hired Automobiles)	\$1,000,000
Worker's Compensation:	\$500,000/\$500,000/\$500,000
Professional Liability:	\$1,000,000 each occurrence/\$2,000,000 aggregate

**Partner agrees to defend, indemnify, and hold HomeFront harmless from any loss, injury or damage occurring in conjunction with Partner's use of the Space that results from any act or omission by or negligence of Partner or its employees and other agents. HomeFront agrees to defend, indemnify, and hold Partner harmless from any loss, injury or damage occurring in conjunction with Partner's use of the Space as a result of any act or omission by or negligence of HomeFront or its employees and other agents to the extent permissible and without waiving any of HomeFront's rights under the New Jersey Charitable Immunity Act, N.J.S.A. 2A:53A-7(a).

The term of this Agreement shall begin upon _____, 201__ and shall remain in force for as long as Partner schedules use of the Space at the Project Site (See **Attachment A). Notwithstanding any provision to the contrary, HomeFront reserves the right to terminate this Agreement at any time upon five (5) days written notice to Partner.

**All terms and conditions of this Agreement shall be construed under applicable New Jersey law.

Signed by signatories with authority to enter into this Agreement:

HOMEFRONT, INC.

PARTNER: _____

Signed: _____

Signed: _____

Print: **BRIAN HELMUTH**

Print: _____

Title: **DIRECTOR, LAWRENCE COMMUNITY CENTER**

Title: _____

Date: _____

Date: _____

Attachment A

This Attachment A is hereby incorporated by and made a part of the Partner Space Agreement.

1. PARTNER CONTACT INFORMATION

Contact person: _____

Email Address: _____

Phone number _____

Phone number for day of event (if applicable): _____

2. EVENT DESCRIPTION AND BASIC INFORMATION:

Brief Description of Event/Use: _____

Event/Use **Start** Date(s): _____ Event/Use **End** Date(s): _____

Event/Use **Start** Time: _____ Event/Use **End** Time: _____

Event/Use Location Room(s): _____

Estimated number of attendees: _____

3. OTHER CONDITIONS:

No cooking is permitted at any time (no candles, sternos or flames of any kind);

No alcohol beverages are permitted at any time.

All private events must end by 8:00pm, in consideration of our neighbors.

4. ADDITIONAL DETAILS REGARDING THIS EVENT/USE, IF ANY:
