

**FACILITY RENTAL AGREEMENT**

<b>Lessee Information</b>			
Name of Organization:			
Address:			
City:	State:	Zip:	
Authorized Contact:			
Contact Phone:	Contact Email:		
Contact Address:			
City:	State:	Zip:	
<b>Facility Information</b>			
Conference Room	Cafeteria	Kitchen	Theater
Purpose:			
Rental Fee:			
Date(s):		Time:	
<b>Insurance Information</b>			
<p>NOTE: The Lessee shall hold harmless and indemnify the PeopleCare Center for Nonprofits Inc. and its officers, agents and employees from and for any and all payments, expenses, costs, attorney fees and from and for any and all claims and liability for losses or damage to property or injuries to persons occasioned wholly or in part by or resulting from any acts or omissions by Tenant or Tenant's agents, employees, guests, licensees, invitees, subtenants, assignees or successors, or for any cause or reason whatsoever arising out of or by reason of the presence, occupancy or business of Tenant.</p> <p>The Lessee shall deliver an original certificate of liability insurance to the Landlord, PeopleCare Center for Nonprofits, naming the Landlord as an additional insured, to be delivered at the time of signing of this lease.</p> <p>The Lessee is responsible for returning the rented space to the clean and orderly state in which it was found. Garbage is to be removed and placed in the outside dumpster unless arrangements made with custodian on duty.</p>			



PeopleCare Center For Nonprofits, Inc.  
120 Finderne Avenue  
Bridgewater, New Jersey 08807  
phone 908.725.2299  
fax 908.725.2607

Insurance Company:	
Policy Number:	
<b>Signatures</b>	
Authorized Lessee	Date:
Landlord	Date: