

# Southern California Region

## Baldwin Hills-Crenshaw Medical Offices Meeting Room Request



### Program Overview

As one of the nation's leading health care providers and nonprofit health plans, Kaiser Permanente is helping shape the future of health care by providing high-quality, affordable health care services to improve the health of our members and the communities we serve.

### Eligibility

To be eligible to use Kaiser Permanente West Los Angeles' meeting room facilities, an applicant organization must currently operate in California as one of these types of organizations:

- 501(c)(3) tax-exempt organization with a 509(a)-designation indicating that the organization is not a private foundation
- 501(c)(19)
- 501(c)(8) or 501(c)(10) operating under a lodge system, and only if used solely for charitable purposes and serving the general community
- A local, state, or federal government agency, including any of its subdivisions that perform substantial governmental functions
- 501(c)(4), 501(c)(5), 501(c)(6), or 501(c)(7)

### Space Restrictions

In general, the Kaiser Permanente Southern California Event Sponsorship Program will not consider meeting room requests from international, social, or recreational clubs, or for the following:

- Individuals
- Religious purposes
- Partisan political activities

### Space Availability

- Mondays, Tuesdays & Thursdays after 8 pm, Wednesdays after 7:30 pm, Friday after 5:30 pm and all day on weekends, **local community-based non-profit organizations** may request use of the conference rooms for a single-use event or recurring events on a first-come, first-served basis. Use may be limited due to set up or clean up following other events.
- To prevent strain on facilities and personnel, use of conference rooms by outside groups may be limited to two times per month, unless exceptions are arranged by Public Affairs.
- Community-based non-profit organizations are defined as government, education, and civic and charitable groups. Meetings sponsored by, or to benefit political organizations or candidates, restricted-membership social or fraternal clubs, religious groups for services, and events open to the public only for fundraising purposes **do not qualify under these criteria.**
- Events for fewer than 40 people may be reserved up to six months in advances, subject to availability.
- Events for more than 40 people may be reserved up to twelve months in advances, subject to availability.
- We are unable to hold meeting room space without the completion of this application.
- Requests submitted less than fourteen days prior to the event will not be accommodated.
- Please allow up to fourteen days to process the request.

**Please Note:** Completing this application does not guarantee use of Kaiser Permanente West Los Angeles' meeting room facilities. Requests for meetings during normal business hours (8am – 5:30pm) will not be approved as it would impact our normal business operations.



**Organization Profile**

Organization Name			Fed Tax ID Number		
Organization Legal Name			Tax Exemption Status		
Physical Address		City	State	ZIP Code	
Phone	Fax	E-mail		Web site	
Chief Executive		Prefix	E-mail		
Meeting Contact Person		Title			
Phone	Fax	E-mail			
Total Current Annual Operating Budget			Year Organization Established		
Organization Mission (Two (2) sentences maximum)					

**Fiscal Agent Information** (if different from above)

Organization Name			Fed Tax ID Number		
Organization Legal Name			Tax Exemption Status		
Physical Address		City	State	ZIP Code	
Phone	Fax	E-mail	Web site		
Chief Executive		Prefix	E-mail		
Organization Mission (Two (2) sentences maximum)					

**Meeting Details**

Meeting/Event Name	
Meeting/Event Date(s)	Type of Event (e.g., Board Mtg)
Time of Meeting	Number of Expected Attendees
Will refreshments be provided?	Is this a recurring meeting?
Event Description (What is the focus of the meeting/event? How will it benefit the community?)	

## Attestation

To ensure that Kaiser Permanente completes its due diligence, each organization requesting use of our facilities must answer the following questions.

**1. Kaiser Permanente asks each organization requesting a contribution to disclose any relationships with Kaiser Permanente that may be, or appear to be, a conflict of interest. Such relationships may not create actual conflicts of interest and do not necessarily prohibit your organization from receiving a contribution. However, they must be disclosed in order for Kaiser Permanente to complete its due diligence.**

Do any Kaiser Permanente executives, managers, directors, physicians, or other employees or their family members:

- Serve as a board member, director, officer, manager, employee or fiduciary agent of your organization; or
- Have a compensation arrangement or financial interest with your organization; or
- Hold any position of substantial influence with respect to your organization?

Requesting organization:  Yes  No

Fiscal agent (if applicable):  Yes  No

If **Yes**, state the name of the Kaiser Permanente employee or their family member and describe the nature of the relationship with your organization:

**Please Note:** If you are unaware of any relationship at this time, but become aware of one during the application process or funding period we ask that you still disclose the relationship by contacting [public-affairs-westla@kp.org](mailto:public-affairs-westla@kp.org).

**2. Does a Member of Congress, Executive Branch Official, State Official, or their staff:**

- Serve as a board member, director, officer, manager, employee or fiduciary agent of your organization; or
- Have a compensation arrangement or financial interest with your organization; or
- Hold any position of substantial influence with respect to your organization?

Requesting organization:  Yes  No

Fiscal agent (if applicable):  Yes  No

If **Yes**, state the name of the Member of Congress, Executive Branch Official, State Official, or their staff and describe the nature of the relationship with your organization:

**3. Will any portion of the meeting be used to honor or recognize the achievements of a Member of Congress, Executive Branch Official, State Official, or their staff?**

Requesting organization:  Yes  No

Fiscal agent (if applicable):  Yes  No

If **Yes**, state the name, title, and affiliation of the official and provide a brief description of the honor:

**4. Does your organization have a political action committee (PAC) or committee on political education (COPE)?**

Requesting organization:  Yes  No

Fiscal agent (if applicable):  Yes  No

If **Yes**, indicate whether or not any portion of this meeting request will be used to support the agenda of the PAC or COPE or any program that will support or oppose candidates for public office or political party:

**5. Does your organization have a statement or policy that prohibits discrimination on the basis of sex, age, economic status, educational background, race, color, ancestry, national origin, religious affiliation, sexual orientation, gender expression, gender identity, or marital status?**

Requesting organization:  Yes  No

Fiscal agent (if applicable):  Yes  No

**6. Do you anticipate media being present at your meeting?**  Yes  No

If yes, please state what outlets: \_\_\_\_\_

**7. Is your meeting open to the general public?**  Yes  No

If yes, how was your meeting being communicated to the public: \_\_\_\_\_

## Submission Information

**By E-mail:** [Public-Affairs-WestLA@kp.org](mailto:Public-Affairs-WestLA@kp.org) with the subject line: **Meeting Room Request – [Your Organization’s Name]**

**By Fax:** (855) 902-6966 with a clear cover sheet.