Released 08/05/99.

APPLICATION FOR THE OCCASIONAL USE OF NIH-CONTROLLED FACILITIES

PART I

Date of application: _____
Applicant Name: _____
Mailing Address: _____
Phone Number: _____
Sponsoring Organization: _____
(Attach documentation showing applicant's authority to represent the organization)

PART II

Individual(s) responsible for supervising the activity:
Name: _____
Organization: _____
Phone: _____

PART III

Provide a detailed description of the proposed activity. Include date and time, the number of persons to be involved, and the specific location desired.

_____
_____
_____
_____
_____
_____
_____

PART IV

Check appropriate boxes.

Type of Activity:

- ☐ This is a "commercial activity." A commercial activity is defined as an activity undertaken for the primary purposes of producing a profit for the benefit of an individual or organization organized for profit. These activities are prohibited and the application will not be approved. Activities where commercial aspects are incidental to the primary purposes of expression of ideas or advocacy of causes are not considered "commercial activities."
- ☐ This is a "cultural activity." Cultural activities include, but are not limited to, film, dramatic, dance, and musical presentations, and fine art exhibits, whether or not they are intended ot make a profit.
- ☐ This is an "educationsl activity." Educational activities include, but are not limited to, a typically controlled and structured classroom lecture or product demonstration where participants are seated, i.e., classroom operation, and conducting meetings. This does not include individual or group demonstration or protest type activities.
- ☐ This is a "recreational activity." Recreational activities include, but are not limited to, fitness and aerobics classes.

Solicitation of Material Donations or Funds:

☐ No
☐ Yes.

If Yes, ☐ Funds are not to be solicited for the support of political activities.
☐ The applicant is a representative of or will be soliciting funds for the sole benefit of a religion or religious group.
☐ The applicant's organization has received an official ruling of tax-exempt status from the Internal Revenue Service (IRS) under 26 U.S.C. 501, or an application for such ruling is pending at the IRS.

Disposition of donations or funds:

_____

_____

_____

_____

PART V

Applicant(s) certification and acknowledgement:

1. All applicants and organizations, along with everyone participating in an approved activity on the Bethesda Campus, shall conform to the provisions of the 45 C.F.R. Part 3, "Conduct of Persons and Traffic on the National Institutes of Health Federal Enclave."

2. All applicants and organizations, along with everyone participating in an approved activity on NIH-owned or NIH-controlled property other than the Bethesda Campus shall coform to the provisions of the "Conduct on NIH-Controlled Property."

3. Approved use of public areas shall be provided free of charge. Services to be provided are limited to routine security, cleaning, heating or air conditioning, and electricity, and will be provided free of charge. Applicants may be required to reimburse the Government for services over and above those routinely provided. The Government will make every effort to provide these services. The applicant or organization shall hold the Government harmless for incurred damages for activities that are cancelled or deemed unsuccessful due to the Government's failure to provide services to the activity. Government-owned furnishings located in the public areas may be used by the public during the time of the activity. The applicant is responsible for furnishing any and all additional services, furnishings, and equipment that are necessary for the proposed activity.

4. No alcoholic beverages shall be possessed, served, or consumed.

5. All applicants and organizations, along with everyone participating in an approved activity, engaged in an approved solicitation of donated materials and funds shall clearly display personal identification badges while on Federal property. Each badge shall clearly indicate the applicant's name, address, telephone number, and organization.

6. The Government reserves the right to advise its employees and the public through signs or announcemnts of the presence of any applicant activity and of their non-affiliation with the Federal Government.

7. The applicant or organization shall be financially responsible for correcting any damages to Government property or facilities that are caused by the applicant or representatives of the applicant's organization, or anyone participating in an approved activity.

8. The activity must be opened to the general public.

9. No person other than a specifically authorized police officer shall possess firearms, explosives, or other dangerous or deadly weapons or dangerous materials intended to be used as a weapon either openly or concealed.

10. The applicant shall not:

    a. misrepresent his or her identity to the public or to Federal employees or officials;

    b. conduct any activity in a misleading or fraudulent manner;

    c. discriminate on the basis of race, creed, color, sex, or national origin in conducting activities;

    d. disctribute any item, nor post or otherwise affix any item, for which prior approval has not been obtained;

    e. leave leaflets or other materials unattended on the premises;

    f. engage in any activities that would interfere with the preferences afforded to blind concessions operators licensed under the Randolph-Sheppard Act (20 U.S.C. 107-07f); and

    g. use any facilities not approved for use or use the Government's telephones, facsimile machines, copy machines, or other equipment items for any reason.

11. Violation of any term or condition put forth in this manual will be grounds for revocation of any presently approved applications and the disapproval of future applications, submitted by the violating organization(s) or individual(s).

Signature(s) _____ , _____ , _____

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FOR GOVERNMENT USE ONLY

Approved: _____ Disapproved: _____

Reimbursement charges: $ _____

Comments: _____

_____

_____

Signature Date

****

FOR INTERNAL USE ONLY

Date application received: _____

Division of Security Operations:
Approve ____ Disapprove ____ _____
Signature Date

Comment:

_____
_____
_____
_____

Date approved: _____

Date approved and rescheduled: _____ Reason for rescheduling:

_____
_____
_____

Date disapproved: _____ Reason for disapproval:

_____
_____
_____

Date written notification was sent to applicant: _____
(copy attached)

_____
Executive Officer or Chief Administrative Officer Date