

Toronto Community Housing Corporation

One-Time Use of Space Application Form

This form is intended for applications to use amenity space in Toronto Community Housing (TCHC) buildings. Eligible applicants include tenants, tenant-led groups and agencies as defined in [TCHC's Use of Space Policy and Procedures](#).

Please fill out **all** of Section A – Applicant Information and Section B – Program Information and the Application for Insurance (if applicable).

We will be unable to process your application if it is incomplete.

Section A - Applicant information

Name of applicant or group:

Address:

Phone number:

Email:

What kind of group is it? (**Please check one**)

Tenant/tenant-led group Agency

Section B – Program information

Date of program

Program location (Address and room):

Start time:

End time:

Description of the program:

Number of people at the program? (Please check one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1-10 people | <input type="checkbox"/> 51-100 people |
| <input type="checkbox"/> 11-25 people | <input type="checkbox"/> 101-250 people |
| <input type="checkbox"/> 26-50 people | <input type="checkbox"/> 251-500 people |

Type of program:

- Community program Private program

Attendees? (Indicate the percentages)

Tenants of the requested building

Tenants of other TCHC buildings

Non-tenants

Other (please specify):

Access Control

Please describe how attendees will enter and exit the program location and how social distancing will be maintained both inside the space and while the attendees are waiting to be seen by a health care professional.

* * * * *

I certify that the answers I have given to the above questions are true and complete to the best of my knowledge.

Name:

Date:

Authorized TCHC staff

Person in charge of program

Date

Room rental restrictions and permissions

- Confetti, glitter, rice, adhesive tape, pyrotechnics, fireworks, smoking, alcohol and the use of any cooking equipment (portable BBQ, hotplates, portable skillets etc.) not already present in the room is strictly prohibited.
- Tenants who wish to bring in their own sound system or AV equipment must get prior written approval from site staff in advance of room rentals.
- Tenants must remove all decorations from the room rental.

Insurance requirements

- Tenants, tenant-led groups and agencies must have or obtain insurance coverage for the program.
- Tenants and tenant-led groups must complete the Application for Liability Insurance and submit the completed Application along with the corresponding fee.

Terms of agreement

In this document, “I” or “my” means the person, staff, volunteer or agency renting space and “you” means the Toronto Community Housing Corporation (TCHC).

I understand that renting the room is based on the following conditions:

Program details:

- I agree that I will not be able to access the program space until 15 minutes prior to the start time specified in the Use of Space Application.
- I agree that my program must be finished by the specified time in the Use of Space Application.
- I agree that the program will comply with all bylaws, laws, public health guidelines, TCHC policies and directives and terms and conditions set out in any applicable use of space agreement, and understand that failure to comply may result in the cancelation of my program and I may be liable for costs associated with any failure to meet the terms of the agreement or for failing to ensure adherence to bylaws, laws and public health guidelines.
- The applicant agrees and acknowledges that it is responsible for ensuring that all high touch surfaces are disinfected during and at the completion of the program.
- The applicant agrees and acknowledges that it is responsible for maintaining and supplying an adequate supply of hand sanitizer for use by staff, volunteers and participants at the program.

Insurance:

- I agree I must provide TCHC with proof of liability insurance five (5) days in advance of my program.
- I agree to obtain and maintain at _____’s own expense, the required insurance throughout the term of the Agreement. Such insurance must remain in full force and in effect for the term of the Agreement.
_____ must produce, upon request by TCHC, confirmation of

coverage pursuant to this section, as applicable. Failure to comply within seven (7) Days of the request by TCHC may result in termination of any Agreement.

I agree to obtain Comprehensive General Liability Insurance with limits of this insurance in an amount not less than **\$5,000,000.00** per occurrence for bodily injury. General Liability Insurance shall be in the name of with TCHC and its subsidiaries named as an additional insured under such policy. The party responsible under this policy shall be responsible for the deductible.

I agree I must provide TCHC with proof of Professional Errors and Omissions Insurance and/or Malpractice Insurance five (5) days in advance of my program and service providers supplying professional or consulting services must provide proof of professional errors and omissions coverage and/or malpractice insurance with a limit of **\$2,000,000.00** inclusive, or greater if stipulated by TCHC.

Payment:

I agree to pay the insurance fee (if applicable) five (5) days in advance of my program or my booking will be cancelled.

I agree that I am responsible to pay for any damages that occur to the rental space.

Using the space:

I agree and acknowledge to follow the instructions provided by TCHC staff regarding the use of space.

I agree and acknowledge to make arrangements with site staff at least two (2) business days prior to my program regarding how access to the program space will be given.

I agree and acknowledge that if I am given keys to access the rental space, I will return the keys to the superintendent immediately after the program. If my program takes place during non-business hours, and I receive keys, I must place them through the mail slot for the superintendent's office or designated area noted by TCHC staff immediately after the program.

- I agree and acknowledge that I am responsible for setting up the program space and returning it to its original condition after the program is complete.
- I understand and acknowledge that equipment such as tables and chairs are not included and that if I require tables and chairs, I must put in the request with site staff at least two (2) business days prior to my program.
- I understand and acknowledge that attendees, volunteers and/or staff may only park in designated visitors parking and where applicable, visitors are responsible for the costs of parking. I understand that anyone who parks in non-designated parking spaces may be ticketed and towed.
- I agree and acknowledge to leave the program space in the same condition as I found it.
- I agree to dispose of all waste and/or garbage.
- I agree and acknowledge that I will use the space only as indicated in my Use of Space Application.
- I agree and acknowledge that I will be responsible for obtaining any licenses or permits I need for my program.
- I agree and acknowledge that I will comply with all laws, and bylaws including but not limited to smoking, noise and fire safety requirements as well as all public health guidelines and directives.
- I agree to ensure that the number of people at my program does not exceed the number of people specified in my Application and that the number of people in the space will at no time exceed one person per four (4) square meters of floor space.
- I agree and acknowledge that I am responsible for the space I rent and the actions of people including but not limited to my staff, volunteers, participants, attendees at my program.
- I acknowledge and understand that there will be no tolerance for any form of discrimination, harassment or hate activity.

- I agree and acknowledge that TCHC may suspend or cancel the program without notice and with immediate effect if TCHC in its sole and absolute discretion feels that _____ has or is violating any terms of the Agreement.
- I agree and acknowledge that TCHC reserves the right to balance the delivery of the program with TCHC's operational needs and risks and as such TCHC in its sole and absolute discretion may pause or suspend the delivery of the program with limited notice to _____.
- I agree to immediately report any incident that may impact community risk or may give rise to liability and/or a claim against TCHC and/or _____ by calling the Community Safety Unit at 416-921-2323.

COVID-19 Guidelines:

- I will ensure that the number of people at my program is limited based on the social distancing requirements described in the most recent provincial regulation and Toronto Public Health COVID-19 guidelines.
- I will ensure that all persons waiting to enter the premises will do so in a social distance manner as described in the most recent provincial regulation and Toronto Public Health COVID-19 guidelines and will not block any means or egress.
- I will support social distancing protocols as described in the most recent provincial regulation and Toronto Public Health COVID-19 guidelines at all times including but not limited to entry to the program, during the program and at the conclusion of the program.
- I agree to ensure that the number of people in the space will at no time exceed **one person per four (4) square meters floor space** to ensure physical distancing between attendees.
- I agree and acknowledge that the use of the space will comply with all applicable public health guidelines and directives in effect the day of the program, including guidelines regarding indoor and outdoor programs and gatherings and other Toronto Public Health Guidelines as applicable and available at the webpage: <https://www.toronto.ca/home/covid-19/>.



I agree and acknowledge that I am responsible for limiting congregating at the end of the program both within the program space and in any common spaces of the building.

I agree to comply with the most stringent of the following requirements:

- i. relevant local, provincial, national and international laws, regulations, standards, codes of practice (including all industry codes of practice) and any health directives and guidelines issued by Toronto Public Health;
- ii. health, safety and environmental requirements set out in the Agreement; and
- iii. _____'s safety, health and environmental policies.

I agree and acknowledge that _____ will maintain a record of all who attend the program for contact tracing purposes including full legal name, personal address, and telephone number/email and maintain such records for at least 60 days to be provided to Toronto Public Health upon request.

I will report to TCHC the number of attendees at the program 2 business days after the program and will provide redacted contact tracing records as proof of the number in attendance, upon request.

I agree to immediately report any known COVID-19 hazard that may impact TCHC's tenants or employees, agents or other personnel by calling Client Care 416-981-5500.

I agree that any and all staff and volunteers that will be managing the program will at the agency's expense be provided with and will be wearing personal protective equipment, including but not limited to masks or face coverings, in compliance with City of Toronto by-laws, guidelines issued by Toronto Public Health, and provincial regulations.

During the time of my program, I agree and acknowledge that my staff and volunteers are responsible for and will clean and disinfect frequently touched objects and surfaces at a minimum two times daily and at the conclusion of the program.

I agree that I will ensure that there is either a sink with an adequate supply of hand soap OR hand sanitizer provided in the space for everyone to use upon arrival to the program.

I agree that I will encourage staff, volunteers, participants and other attendees at the program to use hand sanitizer.

I agree that the program will be supervised at all times by staff and volunteers of _____ to ensure attendees at the program and persons waiting to enter the premises are abiding by all requirements, including social distancing and wearing of masks or other face coverings.

I agree and acknowledge that _____ will be solely liable for failing to ensure that attendees, those waiting to enter the premises, staff and volunteers are abiding by any laws, bylaws and all public health guidelines and regulations.

Booking

I understand, that my booking is not final until it has been approved by the General Manager or designate.

Signature of authorized staff

Signature of person in charge of the program
Toronto Community Housing Corporation

Date

Notice of Collection:

The personal information collected on this form is collected under s. 28(2) the Municipal Freedom of Information and Protection of Privacy Act. The information collected will be used for processing Use of Space applications. If you have questions regarding the collection of information on this form, please contact the Strategic Service Partnerships and Compliance at 416-981-5051 or useofspace@torontohousing.ca.

For staff use only

Site staff approval checklist

A. Space information

1. Is the space available?

Yes No

2. Has proof of insurance been provided?

Yes No

3. Does the Program being held comply with the occupancy load (number of people allowed in the room at one time)?

Yes No

4. How will access to the space be provided? Please specify.

Fob Key Other

5. If program is outside of site staff work hours, has Community Safety Unit (CSU) been notified?

Yes No

Please email CSU to advise of program date and time

B. Payment information

1. For one-time use of space for medical services for tenants (including testing and flu clinics, TCHC will be waiving all fees).

2. Has the Application for Liability Insurance been collected?

Yes No

3. Has insurance fee and Application for Liability Insurance been sent to Risk & Insurance (931 Yonge St., Attn: Risk & Insurance)?

Yes No

4. Has staff reviewed the program description and confirm it is permissible under the terms set out in the Use of Space Policy?

Yes No

5. Has the applicant been advised of the **full terms of use for the room** (e.g. access, occupancy load, no alcohol etc.) and confirmed they understand all prohibited activities?

Yes No

C. Additional comments:

1. Are there concerns with the Application?

Yes No

2. What are the concerns? How can they be addressed?

3. Please share any additional comments:

Application approved:

Yes:

No:

Site staff name:

Date:

Signature:

Post program instructions for site staff:

Was the room left in acceptable condition? Yes No

If no, please specify:

If there was damage to the room, was the renter notified in writing of the damages to the room and associated costs?

Date returned:

Initial by site staff:

Initial by Applicant: