

Mount Carmel Baptist Church
5732 Race Street
Philadelphia, PA 19139
Rev. Dr. Donald Moore, Pastor

To: President's Council

Re: Procedures for Activity Set Up and/or Kitchen Request

Listed below are the procedures to follow if Ministry, Auxiliary, Committee or Guild requires set up by our Environmental Service Staff for an activity in the D. W. Hoggard Fellowship Hall or other rooms in the church:

1. Complete an Audio, Facility, Kitchen and Security Usage Form or submit a formal letter detailing your set up requirements to the attention of the Environmental Service Staff with a copy to the Audio, House Committee and Security Chairperson and diagram of your set up will be helpful.
2. **All requests should be left in the Church Office at least two weeks prior to your scheduled event. The church office will stamp the date the document was received. If the date stamped is less than two weeks the event will be cancelled. The church office will notify you to confirm or cancel your event.**
3. The completed form will be given to the supervisor for the specific area that will be used.

Please note: it is the responsibility of the Ministry, Auxiliary, Committee or Guild to clean up all areas after the event and tie up all trash.

Please do not hesitate to ask any questions. Thank you for your assistance and cooperation in following the above procedures.

Yours In Christ,

Trustee Elizabeth Bell
House Committee Chairperson

MOUNT CARMEL BAPTIST CHURCH



FACILITY FORMS

(Effective: November 30, 2024)

Rev. Dr. Donald D. Moore, Pastor

Rev. Dr. Albert F. Campbell, Pastor Emeritus

Mount Carmel Baptist Church Facility Requirements

1. The setup, kitchen and audio forms must be completed two weeks prior to the event. If this is not completed in a timely fashion, there is no guarantee of usage.
2. The caterer must be included on the Facility form.
3. All documents must be submitted two weeks prior to the event.
4. The kitchen will only be opened for the caterer.
5. If the caterer sees something that is out of order, please inform Brenda Austin, Craig Powell or Elizabeth Bell.
6. The caterer will not receive the last payment until after the kitchen is checked by Brenda Austin, Craig Powell or Elizabeth Bell.
7. The ministry should cleanup the fellowship hall by placing all tablecloths and paper supplies in the trashcan. Trash bags should be tied up.

Mount Carmel Baptist Church Kitchen and Fellowship Hall Guidelines for Use

1. The caterer must inform the Church office of the time they plan to arrive for the event so that the Church security guard will be prepared to receive them.
2. After the event, has ended the caterer is responsible for cleaning the kitchen and any equipment they use that is owned by Mount Carmel Baptist Church. The church will provide cloths and dish detergent for cleaning.
3. Caterer is responsible for:
 - Paper cups, plates and napkins
 - Paper Supplies which include tablecloths and utensils
4. Cleanup should include, but is not limited to, the following:
 - Washing every surface with clean sanitized cloths including inside of the refrigerator (if used)
 - Washing all dishes that were used including pots and pans
 - Wipe down stovetop surface, burners, etc.
 - Disposal of any grease or oil
 - Wipe down sinks and faucets
 - Wash, rinse and stack water pitchers and coffee urns
 - Sweep kitchen floor and mop any spills

Mount Carmel Baptist Church Requirements for All Caterers

Contracts

- Copy of the contract listing ALL Hot and Cold food that will be served at the event. The contract must be submitted to the church office at least 2 weeks from the date of the event so that the contract can be reviewed and signed by the Chairperson of the Trustee Board Ministry. **If the event is being paid for by another organization outside of the church the contact person of the outside organization must sign the contract.** A copy of the contract must be submitted to the Chairperson of the House Committee and the Chairperson of the Insurance Committee. **FOOD LISTED ON THE CONTRACT MUST COINCIDE WITH FOOD AND BEVERAGE BEING SERVED AT THE EVENT. IF THERE ARE ANY CHANGES BEING MADE TO FOOD AND BEVERAGE BEING SERVED AT THE EVENT THEN A REVISED CONTRACT IS REQUIRED, AS SOON AS POSSIBLE, FOR FURTHER REVIEW.**

Licenses and Certifications

- State and local business licenses (**will be filed at the church**)
- Serve Safe Certificates must be current (**will be filed at the church**): proper use of hair coverings, facial masks, and gloves is required. **Expiration date will be confirmed prior to any event.**

Insurance

- Current Liability Insurance Certificate in the amount of \$1,000,000.00 per occurrence and 2,000,000 for General Aggregate. Mount Carmel Baptist Church, 5732 Race Street, Philadelphia, PA 19139 needs to be named as an ADDITIONAL INSURED with **waived subrogation in favor of Mount Carmel Baptist Church.**
In the Description of Operations box along with the date and name of the event catered and the number of people served, it must state whether the food is being cooked onsite or offsite, if hot and/or cold foods are being served per contract.
- Proof of current **Statutory Workers Compensation** coverage for all employees working at the event.
- Proof of adequate liability coverage in an amount not less than \$250,000.00 for the delivery vehicle.

ALL OF THE ABOVE DOCUMENTS MUST BE CURRENT AND SUBMITTED TO THE CHURCH OFFICE, TRUSTEE BOARD MINISTRY, HOUSE COMMITTEE AND INSURANCE COMMITTEE CHAIRPERSONS AT LEAST 2 WEEKS PRIOR TO THE DATE OF THE EVENT FOR VERIFICATION WITH THE ISSUING AGENCY. NO EXCEPTIONS WILL BE MADE TO THESE REQUIREMENTS.

Mount Carmel Baptist Church Facility Form

Date Submitted _____

Day and Date of Event _____

Start Time of Event _____ End Time of Event _____

Name of Event _____

Contact Person _____

Day Telephone # _____ Evening Telephone # _____

Location of Event (please check all that apply)

____ Audio or Video (Please complete Audio Usage which is attached)

____ Classrooms- Please circle room: 3, 5, 8, 9

____ D. W. Hoggard Fellowship Hall

____ Kitchen (Please complete Kitchen Usage which is attached)

____ Lower Level- Please circle room: D, E, F, or Women's Choir Room

____ Multi-purpose Room

____ Sanctuary

____ Other

Layout

In the space provided, please specify the number of chairs and tables needed and indicate the location of each.

Please submit to the church office two weeks prior to the event to the attention of Environmental Services staff with a copy for the Chairperson of House Committee.

Thank You!

Mount Carmel Baptist Church Kitchen Form (Catered)

Name of Catering Company _____

Contact Person (Caterer) _____

Phone Number _____

Name of Event _____

Date of the Event _____ Kitchen Usage Time _____

Contact Person for the Event _____

Phone Number _____

Please write yes or no

1. Are you on our approved caterer's list? ____ If not, please submit your documents 14 days prior to the event to the church office.

2. Do you have insurance? ____ Please send a copy to the church office.

Please submit to the church office two weeks prior to the event to the attention of Environmental Services staff with a copy for the Chairperson of House Committee.

Thank You!

Mount Carmel Baptist Church Kitchen Form (No Caterer)

Name of Person bringing items into church _____

Phone Number _____

Name of Event _____

Date of the Event _____ Kitchen Usage Time _____

Contact Person for the Event _____

Phone Number _____

1. What store do you plan to purchase items?

2. What items do you plan to purchase?

3. What time will the items be delivered to the church? _____

4. Who will remain in the kitchen with the items that are purchased?

Please submit to the church office two weeks prior to the event to the attention of Environmental Services staff with a copy for the Chairperson of House Committee.

Thank You!

**Mount Carmel Baptist Church
Audio Form**

Date Submitted _____

Day and Date of Event _____

Start Time of Event _____ End Time of Event _____

Name of Event _____

Contact Person _____

Day Telephone # _____ Evening Telephone # _____

Location of Event (please check all that apply)

- Classrooms- Please circle room: 3, 5, 8, 9
- D. W. Hoggard Fellowship Hall
- Kitchen (Please complete Kitchen Usage which is attached)
- Lower Level- Please circle room: D, E, F, or Women's Choir Room
- Multi-purpose Room
- Sanctuary
- Other

Please check the type of audio or visual equipment that is needed for the event.

- Audio (please provide CD)
- Visual-Please circle: Screen, DVD, Computer, Lights
- Microphone

Please submit to the church office two weeks prior to the event to the attention of Audio Chairperson with a copy for the Chairperson of House Committee.

Thank You!

Mount Carmel Baptist Church Security Form

Date Submitted _____

Day and Date of Event _____

Start Time of Event _____ End Time of Event _____

Name of Event _____

Contact Person _____

Day Telephone # _____ Evening Telephone # _____

What time will you need the church open? _____

What time will your event be completed, this includes cleanup? _____

**Please submit to the church office two weeks prior to the event to the attention of Security Chairperson with a copy for the Chairperson of House Committee.
Thank You!**