

Miles Memorial Playhouse

Santa Monica's Historic Theater



Dear Non-Profit Performing Arts Organization,

Thank you for your interest in the Miles Memorial Playhouse. We encourage you to submit proposals of all kinds. When evaluating proposals we consider the following criteria. The only mandatory criterion is that a user group be a federally recognized 501 (c) 3 non-profit organization.

- A) Artistic excellence as demonstrated by reviews, awards and/or other documents.
- B) Demonstrated financial support and ability of organization to translate vision into physical reality.
- C) Company and programming reflect the diversity of Santa Monica's population.
- D) Realistic marketing plan demonstrating specific outreach to Santa Monica youth with adequate budget.
- E) Sufficient staffing and organization to meet established guideline requirements.

Sincerely,

Justin A. Yoffe
Director – Miles Memorial Playhouse
Cultural Arts Program Supervisor
City of Santa Monica

Complete a separate application for each production/program.

MILES MEMORIAL PLAYHOUSE: PRODUCTION PROPOSAL
City of Santa Monica, Department of Community and Cultural Services
1130 Lincoln Blvd., Santa Monica, CA 90403
Phone: (310) 458-8634, FAX: (310) 260-8708

Staff Initials _____
Date Received _____

Organization: _____ Contact Person: _____

Address: _____ City: _____ Zip: _____ 501c3 # _____

Day Phone: (____) _____ Night: (____) _____ Fax: (____) _____ Phone # for Public: (____) _____

Production Title: _____ Medium: DANCE / MUSIC / THEATER / FILM SCREENING World Premiere? _____

Description: _____

Target Audience & Minimum Appropriate Age: _____ Program Length: _____ Total Production Budget: (attach detail) _____

Anticipated Number of: Participants: # _____ Audience Members: # _____ House Staff (Ushers & Front of House) # _____

Is Authorization for any of the Following Requested? Video Taping _____ Filming _____ Photography _____ Broadcasting _____ Recording _____

If yes, describe purpose _____

Vending? _____ Describe items you wish to sell: _____

How will the performances be publicized? Invitation _____ Radio _____ Television _____ Print _____ Other _____

Will the press be attending your event? If yes, please indicate who you expect/when _____

Insurance Requirements:

For companies without their own insurance, coverage is available for purchase through the City's Diversified Risk Management Program. Policies are available on the day of load-in and are effective immediately; rates are between \$150-250. Contact us for details.

1. Prior to approval being granted, permittee shall maintain a Commercial General Liability insurance policy in the amount of one million dollars (\$1,000,000) per occurrence. The policy must provide coverage for participant liability.
2. The City of Santa Monica, members of the City Council, boards and commissions, officers, agents, employees, and volunteers are to be covered as additional insured as respects: liability arising out of activities performed by permittee related to said permit.
3. Permittee shall furnish the City with certificates of insurance and with original endorsements affecting coverage required by this clause. The certificates and endorsements for each policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
4. The insurance policy shall be endorsed to state that coverage shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested has been given (add user department and specify specific individual and title) to the City.

Defense, Indemnification and Hold Harmless Provision:

Permittee agrees to indemnify, hold harmless and defend the City of Santa Monica, its City Council, boards and commissions, its officers, agents, and employees from and against any and all loss, liabilities, damages, judgments, actions, costs, claims, and expenses (including attorney fees) arising out of or resulting from any act or omission, negligence, fault, or violation of law or ordinance by Permittee or its representatives, employees, agents, subcontractors, patrons or invitees in connection with the use of City property permitted under this Permit, excepting only events caused by City's sole and active negligence or willful misconduct. Approval of insurance policies by the City shall in no way affect or change the terms and conditions of this indemnity agreement.

Type or Print Name _____ Signature _____ Type or Print Title _____ Date _____

I have read, understand and agree to abide by the Facility Use Guidelines for Miles Memorial Playhouse. (Signature) _____

REQUIRED SUBMISSIONS CHECKLIST:

- 1) A copy of your 501(c)3 approval letter / Proof of Fiscal Sponsorship _____
- 2) Description of organization including its purpose as contained in the articles of incorporation, Mission Statement, and brief history. _____
- 3) Copies of reviews, awards and/or other documents that establish artistic excellence. _____
- 4) Production Budget (attach details) _____
- 5) Production History (Overview) _____

SCHEDULE/SETUP: Use the following information to complete the blanks below:

Activity Types: Class, Workshop, Rehearsal, Performance, Move-In/Out, Other (please indicate)

Areas: Auditorium, Stage, Basement, Exterior

Equipment Available: Theater Chairs (128), Seating Risers, Sound System, Theatrical Lights, Piano, Wall Mirror, Ladder, Dressing Rooms, Banquet Tables (6), Basement Chairs (40)

<u>Activity Type</u>	<u>Area</u>	<u>Day</u>	<u>Date</u>	<u>Playhouse Access (include set-up/down)</u>	<u>Activity Time</u>	<u>Equipment Requested (#)</u>
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____ to _____	_____

Describe the set-up you need. (Number and placement of tables and chairs, mirror covered or not, blinds open or closed, riser configuration etc.)
