

San Bernardino County  
Homeless Partnership presents

# San Bernardino Project Connect

Tuesday, October 1, 2013  
10:00 a.m. - 3:00 p.m.

**FREE! FREE! FREE!**

**Free Lunch !!!**  
(while supplies last)

**The Rock Church and World Outreach**  
2345 S. Waterman Ave.  
San Bernardino, CA 92408

For more information, contact:  
Deanna Luttrell (909) 382-7006  
or 711 for TTY users  
or via email at:  
[dluttrell@dbh.sbcounty.gov](mailto:dluttrell@dbh.sbcounty.gov)  
or dial 2-1-1

For questions, concerns, interpretation services or  
requests for disability related accommodations  
please call (909) 382-7006 or 7-1-1 for TTY users.

## Available services include:

- Medical Screenings
- Dental Screenings
- Legal Services
- Senior Services
- Employment Services
- Veterans Services
- Child Care Information
- And much, much more!!!



**VENDOR REGISTRATION INFORMATION**  
**San Bernardino Project Connect**  
**Tuesday October 1, 2013**

**Vendor Information**

- Event Schedule: Set up: 8:00 am Event begins: 10:00 am Tear down: 3:00 pm
- Selling items is prohibited. This is a service oriented event only.
- Individual drawings at the vendor booths will NOT be allowed.
- Vendors will be provided with an assigned space upon check-in.
- Vendors will be provided with a 6' table and 2 chairs.

Email the completed Vendor Application by September 13, 2013 to: Deanna Luttrell at [dluttrell@dbh.sbcounty.gov](mailto:dluttrell@dbh.sbcounty.gov)

*Vendors! In order for the public to receive the services that we have publicized, it is important that you remain at the event through its entirety. We want to ensure that everyone has an opportunity to receive services.*

If you have any questions, please contact Deanna Luttrell (909) 382-7006.

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**Organization Information**

Organization Name \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Exhibit \_\_\_\_\_

Space Reservation (1<sup>st</sup> come, 1<sup>st</sup> serve)

- # of people from Organization \_\_\_\_\_ (Lunch will be provided for up to 2 persons from each organization)
- Electricity Needed? Yes No
- Special Needs (please specify the need- also indicate any vendor you wish to be located near)  
\_\_\_\_\_

**Vendor Insurance Information (Please see indemnification clause)**

Covered by Worker's Compensation? Yes No  
Name of Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Covered by General Liability Insurance? Yes No  
Name of Provider \_\_\_\_\_ Policy # \_\_\_\_\_

The Vendor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this agreement from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Vendor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code §2782.

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Name & Title of Signer: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_