

Fort Bend County Parks and Recreation Community Use Request Form

COMMUNITY USE CRITERIA

Tax Exempt Entities which serve Fort Bend resident communities and can provide copies of their active 501(c)(3) tax-exempt designations are eligible to schedule and use community rooms and pavilions with use fees waived. Use shall be, up to a maximum of one use per month, during regular rental hours (Monday–Friday from 8:00 a.m. to 4:00 p.m.).

Schedules are subject to availability and management approval. Events/meetings must be booked at least 30 days out, and no more than 12 months out. Should significant set up be required, the County may require the entity requesting use to provide assistance necessary for room set up at the entity's own cost. The Authorized Representative for the entity must complete the FACILITY USE AGREEMENT & GUIDELINES prior to the Approval and must ensure that the event/meeting does not allow for more than 50 attendees.

Requests must be submitted by use of this Community Use Request Form, and will be reviewed/approved before any reservations are made. Staff will make every effort to notify applicant within five (5) business days of the determination, whether or not the request can be honored, and will follow-up with the appropriate rental documents. Questions regarding community Use Requests should be directed to the Parks Director at (832) 471-2583. Exceptions to the Community Use Criteria shall only be made by a waiver approved by Commissioners Court.

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	Entity requesting facility use: Daker Kipley 5 Short Dad Hart
	Authorized Representative Name, Title: Bolinda Collins - Conter Manager
	Term of Office (if applicable): N/A
	Contact Information (Phone, Email Address): 346-229-4609/bcollins ebakerripley.org
	Contact Information (Phone, Email Address): 346-229-4609/bcollinsebakerripley.org Organization Mailing Address: 3110 A 5th St., Stafford, TX 77477
	Secondary Contact Name, Title:
_	ls your organization a federally-designated 501(c)(3)?
	If so, please attach a copy of your designation certificate with this request
	What is your organization's purpose? Re-School perving 3+4 year olds
	Do you provide direct services to the citizens of the County, and if so, what are they? Le help Children and families Neach developental goods are provide families with resources to thrine in the Communa;
	Has your entity used County Parks facilities previously, and if so, when and for what sorts of functions?

Complete usage request chart on following page

Date & Times	Type of	Recurring?	Est. #	Room Preference &	Room	
Requested	Function	If so,	Attending	Equipment Required	Booked	Firmed-up
		frequency?			Tentatively	
10ct-may 1:30	Parent med	Dreamon	u 30	Community Centre		
2.194,10/4,19,89:36	go Parentes Clar	3 trius ano	at 20	Clas Room		
~ All 1 1 1 of #290	Parentench	l = .	1	Class Room		
4.10/13-1:30	Parent mite		MD A	Community Centre	٥	
5. 11/3-1-30	Hanning	1 A A	8	Clarrom		
6. 11/17-130	Parent Most	1 amonte	30	Community Conte		
7.12/1-1:30	Plannin Mto	lamit	8	Classion		
8/2/14-1130	Parent met	10 month	(30	Community Cent	U	
9.45-1:30	Planning	+ 1@ most	8	Clanwon		
10.1/19-1:30	farent me	10 ment	130	Community Cente	ω	
11.2/2-1:30	Phanning	ts lermon	48	Classoon		
12,2/16-1:30	Parent My	1@ mor	130	Community Cont	ن	
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Staff Use Only:	
Approvals:	
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Reservation agreement sent to clight:

10/4 10/11, 10/18 14/4, 4/11, 4/18

Parenting Classes Itlan - English 9:30-10.30 Spanish 11:00/21:00 paineday

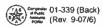
Parent Meeting is tentative lased on when Parents wants to meetand what time. I will give you the appointed when Parents vote on it.

Date: _____

Form Approved by Commissioners Court on:

recurring "attendy Pates Jimes sype of trenewon Koon Planning Morting Classian 3/10/30 Community 10 month 30 Parent Meeting 3/22@ 1:30 1@month 8 classivon Planning neety 4/60 1:30 Community 10 monte 30 Parent meeting Center 4/20@ 130 1emite 8 classwom Planney Mtg. 5/4@1:30 Community 10 month 30 Parent mity \$18@ 1:30

Christmas Program 12/15 @ 9:30 Community Centre End of the year Program 5/24 @ 9:30 Community Centre Dramsitivi Meeting 3/2 @ 1:30 Community Centre



Name of purchaser, firm or agency

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Po BoX 231808 State, ZIP code Houston, Texas 77223 The purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable terms described below or on the attached order or invoice) from: Seller: City, State, ZIP code City, State, ZIP code City, State, ZIP code Description of items to be purchased or on the attached order or invoice: Purchaser claims this exemption for the following reason: Social Services Agency: EIN 23-7062976 understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply whe provisions of the Tax Code and/or all applicable law. understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may ran rom a Class C misdemeanor to a felony of the second degree. The CAO & CFO Title CAO & CFO PurchaseDescription of items to give an exemption certificate. To the control of the control of the second degree. The CAO & CFO PurchaseDescription of items to give an exemption certificate to the seller for taxable items that I know, at the time of purchased that it is a criminal offense may ran rom a Class C misdemeanor to a felony of the second degree.	BakerRipley		
City, State, ZIP code	dress (Street & number, P.O. Box or Route number)		Phone (Area code and number)
City, State, ZIP code	PO BOX 231808		713 928 7300
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle. THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.