



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.

Entity requesting facility use: NAMI Greater Houston.

Authorized Representative Name, Title: Angelina Hudson, Exec. Director
Kim Cline, Family Support Groups.

Term of Office (if applicable): _____

Contact Information (Phone, Email Address): 713-970-4495 (w) 319-529-1167 (c)

Organization Mailing Address: 9041 Southwest Freeway Suite 123A
Houston, TX 77034

Secondary Contact Name, Title: Kim Cline, NAMI Support Groups.

Is your organization a federally-designated 501(c)(3)? yes.

If so, please attach a copy of your designation certificate with this request

What is your organization's purpose? providing education & support groups to
those who deal w/ mental health issues and their families.

Do you provide direct services to the citizens of the County, and if so, what are they?

yes, education classes & support groups.

Has your entity used County Parks facilities previously, and if so, when and for what sorts of functions?

yes, pre-COVID, support groups

Complete usage request chart on following page

6:30-8:00 p.m.

Date & Times Requested	Type of Function	Recurring? If so, frequency?	Est. # Attending	Room Preference & Equipment Required	Room Booked Tentatively	Firmed-up
1. 1/12/23	NAMI	2nd & 3rd	15-20	Four Corners		
2. 1/26/23	Family	4th		Community Center		
3. 2/9/23	Support	Thurs		Center		
4. 2/23/23	Groups	of the month				
5. 3/9/23						
6. 3/23/23						
7. 4/13/23						
8. 4/27/23						
9. 5/11/23						
10. 5/25/23						
11. 6/8/23						
12. 6/22/23						

Staff Use Only:

Approvals:

X: _____

Date: _____

X: _____

Date: _____

Reservation agreement sent to client:

Date: _____

Form Approved by Commissioners Court on: _____

6:30-8:00p.m.

Date & Times Requested	Type of Function	Recurring? If so, frequency?	Est. # Attending	Room Preference & Equipment Required	Room Booked Tentatively	Firmed-up
1. 7/13/23	NAMI	2nd & 4th	15-20	Four Corners Community Center.		
2. 7/27/23	Family Support Groups	Thurs of the month				
3. 8/10/23						
4. 8/24/23						
5. 9/14/23						
6. 9/28/23						
7. 10/12/23						
8. 10/26/23						
9. 11/9/23						
10. 11/23/23						
11. 12/14/23						
12. 12/28/23						

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Approvals:

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