

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: Community Express, Inc

Authorized Representative Name, Title: Priscilla Graham, President

Term of Office (if applicable): N/A

Contact Information (Phone, Email Address): (713) 557-6818
(281) 513-2020 Communityexpressinc@gmail.com

Organization Mailing Address: [REDACTED]

Secondary Contact Name, Title: VEEDA V. WILLIAMS

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? provide charitable enrichment programs to low-mod income families in Arcola + Fresno, TX of Fort Bend County.

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

YES. Community enrichment & empowerment activities

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

NO

Complete usage request chart on following page

Date & Times Requested	Type of Function	Recurring? If so, frequency?	Est. # Attending	Room Preference & Equipment Required	Room Booked Tentatively	Firmed-up
1. Jun 6-9; 9am-3pm	Youth activity	Daily	50	entire space		
2. 6/13-16; 9a-3p	Youth activity	daily	50	entire space		
3. 6/20-23; 9a-3p	"	"	"	"		
4. 6/27-30; 9a-3p	"	"	"	"		
July 5-7 → 5. July 5-7; 9a-3p	"	"	"	"		
6. July 11-14; 9a-3p	"	"	"	"		
7. July 18-21; 9a-3p	"	"	"	"		
8. July 25-28; 9a-3p	"	"	"	"		
9.						
10.						
11.						
12.						

Staff Use Only:

Approvals:

X: _____

Date: _____

X: _____

Date: _____

Reservation agreement sent to client:

Date: _____

Form Approved by Commissioners Court on: _____

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 15 2001

COMMUNITY EXPRESS INC
15035 WESTPARK #413
HOUSTON, TX 77082

Employer Identification Number:
76-0493695
DLN:
17053034774011
Contact Person:
GAIL BOKER ID# 31294
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
July 1997
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

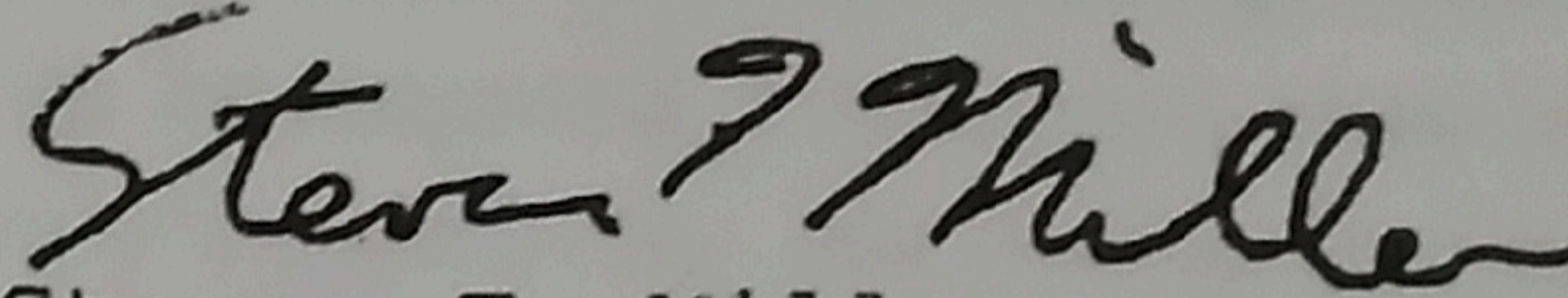
Letter 1050 (DO/CG)

COMMUNITY EXPRESS INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script that reads "Steven T. Miller". The signature is written in dark ink and is positioned above the printed name and title.

Steven T. Miller
Director, Exempt Organizations

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2023-1029257

Date Filed:
06/02/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Community Express, Inc.
Arcola, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

34542

Neighborhood recreation program facility/grounds use at Mustang Park located at 4521 FM 521, Fresno, Texas 77545

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Community Express, Inc.	Arcola, TX United States	X	

5 Check only if there is NO Interested Party.

☐

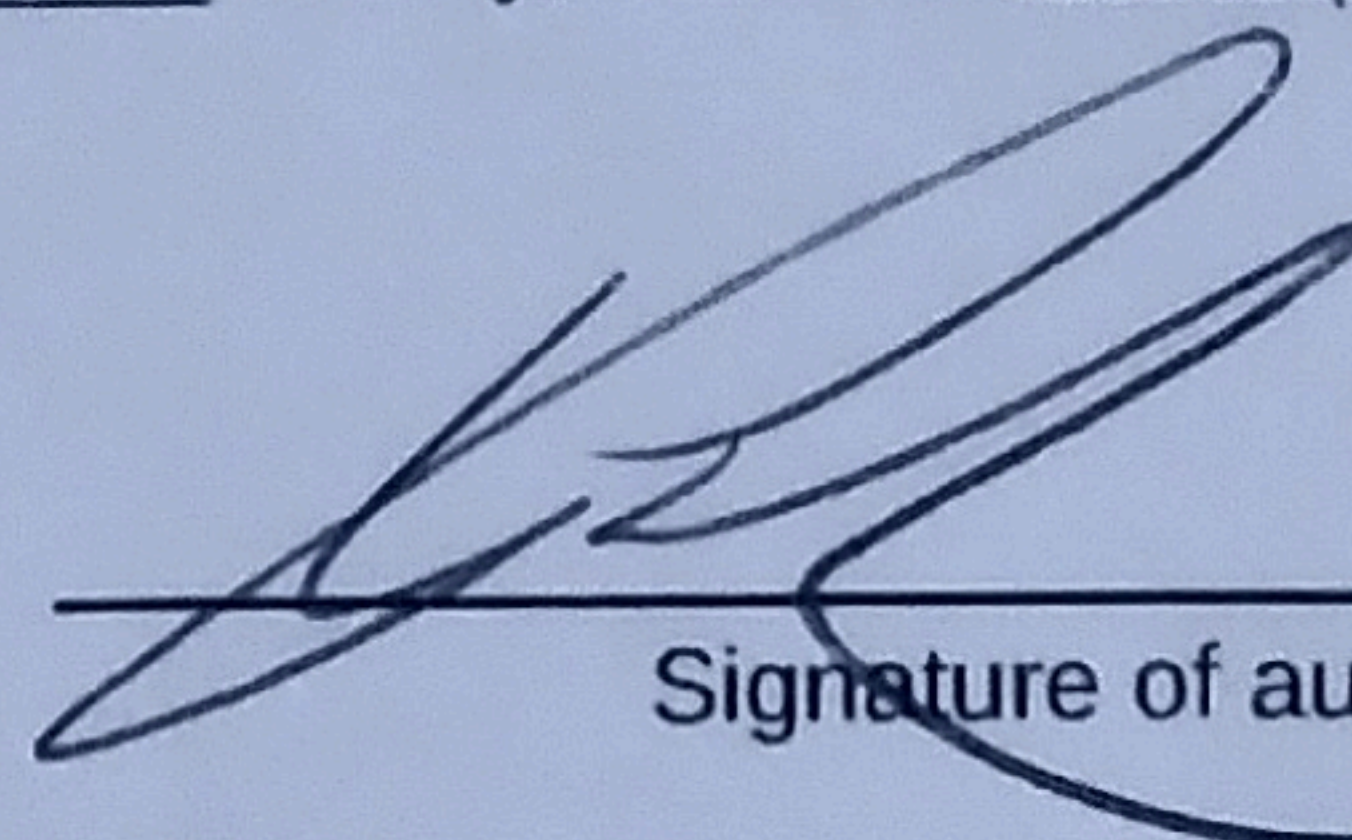
6 UNSWORN DECLARATION

My name is Priscilla T Graham, and my date of birth is 2/25/1962.

My address is 1230 Rosemead Drive Rochester TX 77545 US
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Fort Bend County, State of TX, on the 2 day of June, 20 23.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER UNITED NATIONAL INSURANCE 2201 Caroline Houston, TX 77002	CONTACT NAME: PHONE (A/C No. Ext): (713)655-0335 FAX (A/C, No): 832-834-4261 E-MAIL ADDRESS: unia@united-insurance.com
INSURED COMMUNITY EXPRESS INC 1230 ROSEMEAD DR ROSHARON, TX 77583	INSURER(S) AFFORDING COVERAGE INSURER A: CENTURY SURETY COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CCP1152542	5/22/2023	5/22/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION INSURED: 4521 FM RD. FRESNO, TX 77545**CERTIFICATE HOLDER****CANCELLATION****FORT BEND COUNTY**
301 JACKSON ST
RICHMOND, TX 77469

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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