



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: Baker Ripley 5th Street Head Start

Authorized Representative Name, Title: Belinda Collins-Center Director

Term of Office (if applicable): N/A

Contact Information (Phone, Email Address): 346-229-4609/bcollins@bakerripley.org

Organization Mailing Address: 3110 A 5th Street, Stafford, TX 77477

Secondary Contact Name, Title: N/A

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? Pre-School serving 3+4 year olds

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

We help children and families reach developmental goals and provide families with resources to thrive in the community.

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

Yes, Monthly and Weekly Parent Meetings and Parenting Classes.

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. 10/4, 11, 18, 25/2023 1:30-3:00	Parent class	yes, weekly	25	Community Center		
2. 2/7, 14, 21, 28/2024 1:30-3:00	Parenting class	yes, weekly	25	"		
3. 3/6, 20, 27/2024 1:30-3:00	Parenting class	yes, weekly	25	"		
4. 4/3, 20, 27 1:30-3:00	Parenting class	yes, weekly	25	"		
5. 11/2, 9, 16, 23, 30/2023 3:30-4:30	"	yes, weekly	25	"		
6. 12/7, 14/2023 4:30-5:30	"	yes, weekly	25	"		
7. 1/4, 11, 18, 25/2024 8:30-9:30	"	yes, weekly	25	"		
8. 2/11/2024 8:30-9:30	"	yes, weekly	25	"		
9. 8/18/2023 1:00-3:00	- Parent mtg	monthly	25	"		
10. 10/4/2023 1:00-3:00	"	monthly	25	"		
11. 11/28/2023 1:00-3:00	"	monthly	25	"		
12. 12/12/2023 1:00-3:00	"	monthly	25	"		

Staff Use Only:

Approvals:

X: _____

Date: _____

X: _____

Date: _____

Reservation agreement sent to client:

Date: _____

Form Approved by Commissioners Court on: _____

Date & Times Requested	Type of Function	Recurring? If so, frequency?	Est. # Attending	Room Preference & Equipment Required	Room Booked Tentatively	Firmed-up
1. 1/14/2024 1:00-3:00	Parent Meeting	Monthly	25			
2. 2/20/2024 1:00-3:00	"	"	25			
3. 3/19/2024 1:00-3:00	"	"	25			
4. 4/16/2024 1:00-3:00	"	"	25			
5. 5/13/2024 1:00-3:00	"	"	25			
6. 12/13/2023 9:00-11:00	Christmas Program	no	75			
7. 5/22/2024 9:00-11:00	End of Year Program	no	75			
8.						
9.						
10.						
11.						
12.						

Staff Use Only:

Approvals:

X: _____

Date: _____

X: _____

Date: _____

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TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency BakerRipley	
Address (Street & number, P O Box or Route number) PO BOX 231808	Phone (Area code and number) 713 928 7300
City, State, ZIP code Houston, Texas 77223	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ 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

I 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 with the provisions of the Tax Code and/or all applicable law.

I 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 range from a Class C misdemeanor to a felony of the second degree.

sign here ▶	Purchased by:	Title	Date
	<i>Birk Rummel</i>	CAO & CFO	1/5/2022

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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.