



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: Access Health

Authorized Representative Name, Title: Darci Moore, Population Health Program Coordinator
Susan Soto, Staff Attorney

Term of Office (if applicable): _____

Contact Information (Phone, Email Address): [Redacted] @myaccesshealth.org

Organization Mailing Address: 400 Austin St. Richmond TX 77469

Secondary Contact Name, Title: Susan Soto, Staff attorney (HIV)

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? Free Wills Clinic

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

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

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. 10/19	Wills Clinic	yes	30	flex space	yes	✓
2. 12/7	"	"	11	"	"	
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Staff Use Only:

Approvals:

X: _____

Date: _____

X: _____

Date: _____

Reservation agreement sent to client:

Date: _____

Form Approved by Commissioners Court on: 10-22-2024