

# Fort Bend County Parks & Recreation Department

## COMMUNITY USE 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: \*

The Union of Legacy Organization

Authorized Name: \*

Debra Klenn

Authorized Title: \*

Sr. VP of Operations

Term of Office (if applicable): \*

not applicable

Contact Phone: \*

[Redacted]

[Redacted]

[Redacted]  
12015 Hira Lake Dr. 77099

City \*

Houston

State \*

TX

Zip Code \*

77099

Secondary Name: \*

Dr. Marie Baptiste

Secondary Title: \*

Director of International Affairs

Is 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? \*

Community support resources chamber of commerce

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

\*

no

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

\*

backpacks giveaway turkey giveaway

Date & Times Requested	Type Of Function	Recurring? If so, frequency?	Est. # Attending	Room Preference & Equipment Required	Room Booked Tentatively	Firmed-Up
October 26 10am - 12:30pm	canned food drive	No One Time	10	museum	museum	yes
Nov. 26 9am - 2pm	turkey giveaway	No One Time	150	parking lot	parking lot	yes

**STAFF USE ONLY**

Approvals:

<b>X</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
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<b>X:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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<b>Reservation agreement sent to client:</b>	<input type="text"/>
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<b>Date:</b>	<input type="text"/>
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<b>Form Approved by Commissioners Court on:</b>	<input type="text"/>
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