



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: AccessHealth's Medical-Legal Partnership

Authorized Representative Name, Title: Darci Moore, Population Health Programs Manager

Term of Office (if applicable): _____

Contact Information (Phone, Email Address): _____

Organization Mailing Address: _____

Secondary Contact Name, Title: Susan Soto, Staff Attorney

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? AccessHealth is dedicated to excellence in providing integrated healthcare services to improve the quality of life in the communities it serves.

Do you provide direct services to the citizens of the County, and if so, what are they?
yes, we provide quality health care services for the entire community regardless of age, income, or insurance status.

Has your entity used County Parks facilities previously, and if so, when and for what sorts of functions?
yes. 5th street community center for team trainings, Landmark Community Center for Wills Clinics for community members

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. Saturday 9/12/26	Will "Clinic"		20	2nd floor area above the	gym & coffee area	
2. Saturday 10/17/26	Will signing ceremony		20-40			
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: _____