MEETING AGENDA
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, OCTOBER 12, 2022 AT 6:00 PM

1. **MEETING CALLED TO ORDER**
2. **MINUTES**
   - 2.A Approval of the meeting minutes from the August 10, 2022 meeting.
3. **HEAR AUDIENCE**
4. **DISCUSSION**
5. **NEW BUSINESS**
   - 5.A Fee Waiver Grant Scoring - Period II - 2022/23
   - 5.B Community Benefit Grant
6. **HEAR CHAIRMAN AND BOARD MEMBERS**
7. **ADJOURNMENT**

In accordance with Florida Statutes 286.105: Any person wishing to appeal any decision made by the Parks & Recreation Advisory Board with respect to any matter considered at such meeting or hearing will need to ensure that verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is made.

In accordance with Florida State 286.26, persons needing assistance to participate in any of these proceedings should contact the Office of the City Clerk, 101 Church Street, Kissimmee, Florida, (407) 518-2309.

ITEM 5.A
Fee Waiver Grant Scoring - Period II - 2022/23

Item Details
Fee Waiver Scoring of the events below:

- Kissimmee 5K
- Acompanadas -Encuentro de Companerismo entre Mujeres sin Marido de Central FL
- Dine with the Departed
- March for Meals
- PVA Citrus Slam
- Hop on Downtown
- CAFA Fusion
- Kickball Palooza
- Cuban Sandwich Festival

Attachment(s):
1. Kissimmee 5 K binder
2. Samaritana del Pozo binder
3. Dine with departed binder
4. March for Meals Binder
5. Citrus Slam binder
6. Hop on Downtown Binder
7. CAFA Final Binder
8. Kickball Palooza binder
9. Cuban Sandwich Binder

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street Event Name: Kissimmee 5K

Event Date: 2/11/2023 **Year of fee waiver award: 3**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award:** $2,400

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Kissimmee Main Street Program Inc.

Full Legal Name of Organization

John Fields

Name of Chief Officer/President

407-361-2710

Telephone Number

407-361-2710

Mobile Number

Organization Address *

421 Broadway

Street Address

Kissimmee

City

FL

State/Region/Province

34741

Postal / Zip Code

United States

Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

501C3.pdf

Event Contact Information

Diana Marrero-Pinto

Name of Event Contact

Executive Director

Title of Event Contact

407-846-4643

Telephone

dmarreropinto@kissimmeemainstreet.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Kissimmee 5K

Start Date & Time of Event *

02/11/2023 06:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

02/11/2023 09:00 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

500

Brief Description of Event *

The Kissimmee 5K is unique race in that it is the only race that takes place on the streets of historic downtown Kissimmee and the only professional race in the City of Kissimmee. In addition, we donate a portion of the proceeds to the American Heart Association to further their research in heart disease and other heart related illnesses. This event highlights the best views of our community, showcasing our beautiful lakefront park, local businesses and historic homes to all those who participate. It is an event we are truly proud of. Each year the number of racers grows as does our contribution to the American Heart Association. Racers and spectators come together bright and early to get registered, prepped and ready for the race. We have an onsite DJ and local sponsors and vendors on hand to get the crowd pumped up! At the starting line of the race all racers and spectators gather just before the gun goes off signaling the start of the race at 7:30am. All racers receive an event t-shirt and race bib with built in timing chips for the most accurate scoring. In addition, they get a race packet filled with local business information, coupons and promotional items. After the race we would like to host a breakfast party catered by downtown Kissimmee restaurants. During breakfast we will honor our fastest runners with the awards ceremony.

Grant Request Amount *

3000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

02/11/2023 04:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

08/31/2022 09:30 AM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Fee Waiver Grant Program Request

Will your event require outdoor staging? *

○ Yes ◉ No

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Will your event require tents? *

◉ Yes ○ No

Will your event require vehicle access to the park?

○ Yes ◉ No

Will your event require road closures? *

◉ Yes ○ No

If you require road closures, please provide details on your requested closures? *

Kissimmee Main Street works in conjunction with Kissimmee Parks & Recreation Program to create the safest race route that is least intrusive to our residents and business owners while still showcasing the Historic Downtown of Kissimmee.

Will your event require portable restrooms? *

○ Yes ◉ No

Will your event require utilities? *

☐ No ☑ Power ☐ Water

Will your event hire outside production companies? *

◉ Yes ○ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

If you are hiring outside production company, provide the name, point of contact, and phone number. *

Executive Entertainment TCK, LLC, DJ Tito T, Tito Velazquez, 321-225-2155

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☑ None

Fee Waiver Grant Program Request

Fishing Tournament

Is the event a fishing tournament?

○ Yes ◉ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

○ Yes ◉ No

Will your event require a DJ?

◉ Yes ○ No

Does your entertainer have special requirements and/or technical rider?

○ Yes ◉ No

Will your event have performers?

○ Yes ◉ No

Audio / Visual

Is this an indoor event?

○ Yes ◉ No

Promotions

Will your event require banners to be hung? *

○ Yes ◉ No

At what level will your event be promoted? *

☐ Local ☐ Regional ☑ National

Will the media be invited? *

◉ Yes ○ No

Fee Waiver Grant Program Request

If the media will be invited, what type of media will be expected? *

Local Print, Digital and Radio Media

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

24 years

How long has the sponsoring organization physically been in operation? *

24 years

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

The Organization Chart of the Local Organizing Committee consists of a Board of Directors who preside over Kissimmee Main Street's Executive Director, who overseas the Small Business Liaison, Marketing Coordinator, and Farmers Market Manager. Kissimmee Main Street has a growing list of volunteers who are ready and available for events. We engage volunteers through social media, outside referrals and at events.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

Kissimmee Main Street coordinates several events within Historic Downtown Kissimmee, including: Boo on Broadway, The Kissimmee 5K, Hop on Downtown, Back to School Block Party, and Small Business Saturday / LightUp Kissimmee.

Has this specific event been previously produced? *

(•) Yes ( ) No

If so, when and where was the event held? *

February 12th, 2021 at Kissimmee Lakefront Park

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

The Kissimmee 5K is the only professionally timed race that supports the American Heart Association.

How does the proposed event support the organization's mission and impact to residents? *

Immediately following the race, participants and spectators visit downtown restaurants to enjoy breakfast and shop in the area accomplishing our economic vitality goals.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Runners will have an opportunity to see the local businesses available as they experience the downtown through the designated routes. In addition they can eat and shop at some of the places they traveled through and may have otherwise never known where there.

Please attach your itemized event budget.

5K_Budget_2023.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

The Kissimmee 5k is a longtime running event that has been ongoing for the past 16 years. People from all over the world look forward to this event, and serious professional runners utilize this event to prepare the Disney races.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Facebook and other forms of Social Media, print such as local newspapers, magazines, and radio are some of the forms of advertisement to be used. The timeline of the ads that will run consist of a Super Early Bird special which will run from November 1st through November 30th. An Early Bird special will run from December through January and February will be regular price.

How much money will the sponsoring organization commit towards advertising? *

The marketing budget is $500 since we utilize social media heavily to market this event.

Fee Waiver Grant Program Request

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

(•) Yes ( ) No

If so, please state the commitment of all other groups: *

Osceola Council of Aging, The Early Learning Coalition of Osceola County, Osceola Historic Society, and several others.

Has the sponsoring organization solicited local vendors to support the event?

(•) Yes ( ) No

If so, please identify all vendors that have committed to the event: *

Local merchants, Florida Blue, KUA, Toho Water, and several others

2023 Kiss-Im Mee 5K

Event Budget for *2023 Kiss- Im Mee* : EXPENSES

Operational	Estimated	Actual
Laughing Rhino	$6,000.00	
City of Kissimmee Fees	$3,000.00	
DJ	$400.00	
Bibs	$125.00	
Total	**$9,525.00**	**$0.00**

Decorations	Estimated	Actual
Table Clothes	$0.00	
Plates	$0.00	
Cups	$0.00	
Spoons	$0.00	
	$0.00	
Total	**$0.00**	**$0.00**

Design/Print	Estimated	Actual
Signs	$100.00	
Printing	$100.00	
Postage		
Total	**$200.00**	**$0.00**

Miscellaneous	Estimated	Actual
Total	**$0.00**	**$0.00**

Refreshments	Estimated	Actual
Food (Breakfast/Lunch)	$500.00	
Drinks	$100.00	
Water (Toho)	$0.00	
Ice		
Total	**$600.00**	**$0.00**

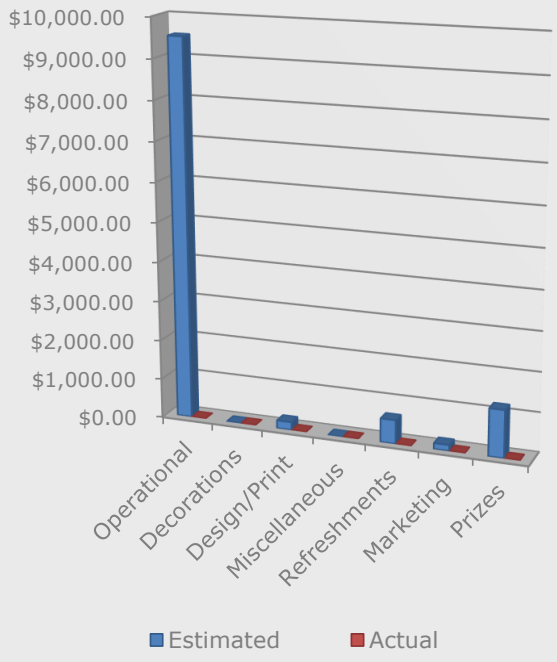
Marketing	Estimated	Actual
Print	$150.00	
social media		
website		
logo		
yard sign		
Total	**$150.00**	**$0.00**

Prizes	Estimated	Actual
Ribbons/Plaques/Trophies	$1,000.00	
Fun Prizes	$200.00	$0.00
Total	**$1,200.00**	**$0.00**

Total Expenses	Estimated	Actual
	$11,675.00	**$0.00**

Actual Cost Breakdown

Estimated vs. Actual



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Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

KISSIMMEE MAIN STREET PROGRAM INC
421 BROADWAY AVE
KISSIMMEE, FL 34741

Date:
08/05/2020
Employer ID number:
20-1867527
Person to contact:
Name: Renee Railey Norton
ID number: 0203263
Telephone: (877) 829-5500
Accounting period ending:
September 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 2, 2017
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053564004070

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

CITY OF KISSIMMEE 1883

Organization: Kissimmee Main Street **Event:** Kissimmee 5k **Date:** February 11, 2023

Administrative Fee:			$100.00
Facility Fee:			
Lighthouse Lawn	$700 per day	Non-Profit Organization Rate	$700.00
Panther Pavilion	included		
Otter Pavilion	included		
Rental Items:			
Traffic barricades	Market rate	100 Traffic Barricades, 100 Cones, Service Fees	$470.00
Portalets	Market rate	1 Regular, 1 ADA and 1 wash station (plus sanitizer dispensers)	$370.00
Light tower	$100 per unit	1 Light Tower x $100 per unit	$100.00
Taxes:		7.5%	EXEMPT
Staff:			
Event Staff (6am-10am)	$15.00 per hour	3 Event Staff x 4 hours x $15.00 per hour	$180.00
KFD (6am-10am)	$30.00 per hour	2 KFD x 4 hours x $30.00 per hour	$240.00
KPD (5:30am-10am)	$43.00 per hour	21 KPD Officers x 4.5 hours x $50.00 per hour	$4,200.00
KPD Supervisor (5:30am-10am)	$51.00 per hour	1 KPD Supervisors x 4.5 hours x $55.00 per hour	$220.00
Total Estimate			**$6,580.00**
Damage Deposit (Refundable)			$140.00
Fee Waiver Amount			TBD
Total Due 30 Days Prior to Event			**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Samaritana del Pozo **Event Name:** Acompañadas-Encuentro de Compañerismo entre Mujeres si

Event Date: 2/11/2023 **Year of fee waiver award: 1**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award:** N/A

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Samaritana del Pozo

Full Legal Name of Organization

Betzaida Vargas

Name of Chief Officer/President

7178589704

Telephone Number

7178589704

Mobile Number

Organization Address *

104 Church Ave

Street Address

Kissimmee

City

FL

State/Region/Province

34741

Postal / Zip Code

United States

Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

irs.PDF

Event Contact Information

Betzaida Vargas

Name of Event Contact

Executive Director

Title of Event Contact

7178589704

Telephone

betzaida@samaritanadelpozo.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Acompañadas - Encuentro de Compañerismo entre Mujeres sin Marido de Central FL

Start Date & Time of Event *

02/11/2023 09:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

02/11/2023 04:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

150

Brief Description of Event *

Before Covid we used to do an annual event for our followers and the women we serve. This year we want to invite women from Kissimmee and other cities for Central FL. Its an event with speakers, sponsors, community organizations will be invited, etc.

Grant Request Amount *

3000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

02/10/2023 02:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

02/11/2023 08:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Will your event require tents? *

○ Yes ◉ No

Will your event require vehicle access to the park?

○ Yes ◉ No

Will your event require road closures? *

○ Yes ◉ No

Will your event require portable restrooms? *

○ Yes ◉ No

Will your event require utilities? *

☑ No ☐ Power ☐ Water

Will your event hire outside production companies? *

○ Yes ◉ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☑ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☐ None

Fishing Tournament

Is the event a fishing tournament?

◉ Yes ○ No

Will your event require the boat ramp?

○ Yes ◉ No

How many boats are expected to participate?

Fee Waiver Grant Program Request

Will your event require space for a tournament draw?

○ Yes ◉ No

Will your event require space for a weigh-in?

○ Yes ◉ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

○ Yes ◉ No

Will your event require a DJ?

○ Yes ◉ No

Does your entertainer have special requirements and/or technical rider?

○ Yes ◉ No

Will your event have performers?

○ Yes ◉ No

Audio / Visual

Is this an indoor event?

◉ Yes ○ No

Will your event require the rental of audio equipment?

◉ Yes ○ No

Will your event require the rental of any additional audio equipment?

- ☑ Podium
- ☐ Easels
- ☑ Projector & Screen
- ☐ TV/VCR/DVD Player
- ☑ Microphones
- ☑ Extension Cords/Power Strips
- ☐ None

Promotions

Will your event require banners to be hung? *

○ Yes ◉ No

Fee Waiver Grant Program Request

At what level will your event be promoted? *

☐ Local ☑ Regional ☐ National

Will the media be invited? *

◉ Yes ○ No

If the media will be invited, what type of media will be expected? *

Radio La Z 88.3

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

2016

How long has the sponsoring organization physically been in operation? *

2017

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

We have an office in Downtown Kissimme. We have 20+ volunteers that help us on a weekly basis. Also, we have partnerships with other organizations that can provide more volunteers. We are sole organizers of this event

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

○ Yes ◉ No

Has this specific event been previously produced? *

◉ Yes ○ No

If so, when and where was the event held? *

First Baptist Orlando, this is our 3rd event (previously. called La Ultima Gota)

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

We engage women without husbands (single moms, divorced, widows). Since 2016 we are sucessfully engaging these women locally and interantionally. We have 400,000 followers on Social Media. We will have an AWARDS ceremony to recognize some Single Mothers in our community.

How does the proposed event support the organization's mission and impact to residents? *

This is an opportunity for women without husbands to learn, share experiences and to engage with their community. Our mission is to support and socially empower these women, many of them are immigrants, limited English, low income, single moms.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

They can stay after the event and eat restaurants. We will have local business as sponsors and many community agencies participating

Please attach your itemized event budget.

budget_acompanadas_feb_11_2023.docx

Marketing

How does the proposed event benefit the image or reputation of the City? *

We will tell all our followers where our event will be. Also we have a good group of local followers. People in Kissimmee appreciate what we do for wome. Please see the Cover of LA PRENSA newspaper for the week of August 4, 2022. People from Cental Florida and all Latin America will know.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Facebook, Tik Tok, Instagram, Local Newspaper, Press Release, You Tube. Since November 2022 we will be promoting this event.

How much money will the sponsoring organization commit towards advertising? *

$600

Fee Waiver Grant Program Request

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

(•) Yes ( ) No

If so, please state the commitment of all other groups: *

We will invite 5-6 of them to come have a table at the event to offer services to women, but after we have the confirmation for the space.

Has the sponsoring organization solicited local vendors to support the event?

(•) Yes ( ) No

If so, please identify all vendors that have committed to the event: *

As stated previously, until I have the venue I cant request support

Budget
EVENT: Acompañadas
Date: Saturday, Feb 11/2023

Venue Rental	$3,000
Chairs and Tables Rental	$500
Audiovisual Rental	$600
Volunteer Expenses	$500
Decorations	$1000
Speaker's fee	$500
Other materials/supplies	$400
Advertising	$600
Total	$7,100

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

DEPARTMENT OF THE TREASURY

Date: JAN 30 2017

SAMARITANA DEL POZO INC
802 NEPTUNE POINTE LN
KISSIMMEE, FL 34744-0000

Employer Identification Number:
81-5023525
DLN:
26053426001867
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 1, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

SAMARITANA DEL POZO INC

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Letter 947

0000074 08/29/17

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Categ
85-8017336016C-2	08/24/2017	08/31/2022	501(C)(3) ORGANIZ

This certifies that

SAMARITANA DEL POZO INC
802 NEPTUNE POINTE LN
KISSIMMEE FL 34744-5932

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rent
personal property purchased or rented, or services purchased.

Organization: Samaritana del Pozo **Event:** Acompañadas - Encuentro de Compañerismo **Date:** February 11, 2023

Facility Fee:				
Civic Center Grand Ballrooms	$133 per hour		$133.00 x 12 hours	$1,330.00
Rental Items:				
Linen and Overlays	$10.00 per Table		25 tables x $10.00 per table	$250.00
Podium	$50.00 per		1 podium x $50.00	$50.00
Stage	$25.00 per 4x8 ft panel		6 stage panels x $25.00 per panel	$150.00
Staff:				
Event Staff 9:00 a.m. - 9:00 p.m.	$15.00 per hour		1 staff x $15.00 hr x 12 hrs	$180.00
Facility Technician	$15.00 per hour		1 staff x $15.00 hr x 6 hrs	$90.00
Total Estimate				**$2,050.00**
Damage Deposit (20% of Facility rental - Refundable)				**$266.00**
Fee Waiver Grant				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola County Historical Society **Event Name: Dine w/the Departed**

Event Date: 3/11/2023 **Year of fee waiver award: 3**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $1,000 **Previous Year's Fee Waiver Award:** $958

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Osceola County Historical Society, Inc.

Full Legal Name of Organization

Kimberly Murray

Name of Chief Officer/President

407.396.8644

Telephone Number

614.374.8022

Mobile Number

Organization Address *

PO Box 421996

Street Address

Kissimmee

City

FL

State/Region/Province

34742

Postal / Zip Code

United States

Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

IRS_tax_exempt_letter.pdf

Event Contact Information

William Morgan

Name of Event Contact

Event Manager

Title of Event Contact

407.427.9692

Telephone

events@osceolahistory.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Dine with the Departed

Start Date & Time of Event *

03/11/2023 06:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

03/11/2023 09:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

250

Brief Description of Event *

Dine with the Departed is a fundraising event that offers guests food, beverages, silent auction, live auction and the chance to visit with some of the community's "passed" notable members.

Grant Request Amount *

1000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

03/10/2023 09:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

03/11/2023 11:59 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require tents? *

- (•) Yes
- ( ) No

Will your event require vehicle access to the park?

- (•) Yes
- ( ) No

Will your event require road closures? *

- ( ) Yes
- (•) No

Will your event require portable restrooms? *

- (•) Yes
- ( ) No

Will your event require utilities? *

- [ ] No
- [x] Power
- [ ] Water

Will your event hire outside production companies? *

- ( ) Yes
- (•) No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

- [ ] Green/Dressing Room
- [ ] Locker-Room(s)
- [ ] Reception Area
- [ ] Autograph Area
- [ ] Food Prep Area
- [ ] Dance Floor
- [ ] Private Meeting Space
- [ ] Rehearsal Space
- [x] None

Fishing Tournament

Is the event a fishing tournament?

- ( ) Yes
- (•) No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

- (•) Yes
- ( ) No

Will your event require a DJ?

- ( ) Yes
- (•) No

Does your entertainer have special requirements and/or technical rider?

- ( ) Yes
- (•) No

Fee Waiver Grant Program Request

Will your event have performers?

(•) Yes ( ) No

If you are having performers, please list if they are local, national, or international.

A local songstress will provide entertainment during dinner and local actors will portray former members of the community.

Audio / Visual

Is this an indoor event?

( ) Yes (•) No

Promotions

Will your event require banners to be hung? *

( ) Yes (•) No

At what level will your event be promoted? *

[x] Local [ ] Regional [ ] National

Will the media be invited? *

( ) Yes (•) No

If the media will be invited, what type of media will be expected? *

NA

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

Since 1984

How long has the sponsoring organization physically been in operation? *

Since 1949

Fee Waiver Grant Program Request

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

The event will be chaired by the Events Manager, William Morgan. He reports to the organization's Executive Director. A committee of volunteers assists with the planning as does the organization's curator and volunteer coordinator. On the day of the event, more than 50 volunteers, recruited via the organization's email system, local schools and scout troops will be on site.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

- (•) Yes
- ( ) No

If yes, please identify the event(s). *

Dine with the Departed

Has this specific event been previously produced? *

- (•) Yes
- ( ) No

If so, when and where was the event held? *

The event has been held eleven times in the past, all at the Rose Hill Cemetery in early March.

What is the uniqueness of the proposed event? *

Dine with the Departed takes place in the Rose Hill Cemetery and clearly represents the history of the community and thus the hosting organization.

How does the proposed event support the organization's mission and impact to residents? *

Part of the organization's mission is to share the history of the county and Dine with the Departed does so amazingly.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

- ( ) Yes
- (•) No

Please attach your itemized event budget.

budget_for_waiver_request.pdf

Fee Waiver Grant Program Request

Marketing

How does the proposed event benefit the image or reputation of the City? *

By sharing the stories of past, notable residents, the guests come to appreciate all those persons who came before and were positive contributors to the reputation of the City.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Save the date cards will be sent out in November followed by invitations (to hundreds of potential guests) in late December. Notice of the event will be posted on the Osceola History website and in social media. Word of Mouth is a great promoter for this event as it has a strong, positive reputation.

How much money will the sponsoring organization commit towards advertising? *

$1000

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

○ Yes ◉ No

Has the sponsoring organization solicited local vendors to support the event?

◉ Yes ○ No

If so, please identify all vendors that have committed to the event: *

Taylor Rentals
Osceola Press
Boston Lobster Feast
All American Foods
Bobby's Garage
KUA
Marco's Pizza
Uhaul
Luxury Portolets
Harrell Insurance

DINE WITH THE DEPARTED - BUDGET
Updated 08.23.2022

EXPENSES	2019 ACTUAL	2020 ACTUAL	2022 BUDGET	2022 ACTUAL	NOTES	2023 BUDGET
Food and beverage						
Catering	$ -	$ -	$ 2,640.00	$ 2,640.00	All American Foods	$ 2,904.00
Desserts	$ -	$ -	$ -	$ -	Comped by Boston Lobster Feast	$ -
Coffee/Creamer	$ 116.04	$ -	$ 50.00	$ -	NA	$ -
Water & Soft drinks	$ -	$ -	$ 70.00	$ -	Lump-summed with Sam's receipt	$ -
Ice	$ -	$ 53.32	$ 70.00	$ -	Lump-summed with Sam's receipt	$ -
Alcohol	$ 938.77	$ 393.47	$ 900.00	$ 451.98	Joann Cumbie & Sam's Club receipts only	$ 497.18
Subtotal	**$ 1,054.81**	**$ 446.79**	**$ 3,730.00**	**$ 3,091.98**		**$ 3,401.18**
Permits, Insurance & Fees						
State alcohol permit	$ 25.00	$ 25.00	$ -	$ -	NA covered by caterer this year	$ -
KPD alcohol permit	$ -	$ -	$ -	$ -	Waived by city	$ -
Insurance	$ 667.39	$ 705.60	$ 451.49	$ 441.00	Harrell Agency	$ 485.10
Subtotal	**$ 692.39**	**$ 730.60**	**$ 451.49**	**$ 441.00**		**$ 485.10**
Entertainment						
DJ	$ 250.00	$ 250.00	$ 300.00	$ 300.00	Charles Rutterbush	$ 330.00
Actors	$ 525.00	$ -	$ -	$ -	NA	$ -
Subtotal	**$ 775.00**	**$ 250.00**	**$ 300.00**	**$ 300.00**		**$ 330.00**
Volunteer & Staffing						
Pizza/food for vols	$ 41.70	$ -	$ 50.00	$ 141.60	Marco's	$ 155.76
Boy Scouts donation	$ 50.00	$ -	$ 50.00	$ -	NA	$ -
Subtotal	**$ 91.70**	**$ -**	**$ 100.00**	**$ 141.60**		**$ 155.76**
Supplies						
Dinner plates, coffee, creamer, etc.	$ -	$ 309.32	$ 400.00	$ 400.00	Need receipts	$ 440.00
Votives & auction basket supplies	$ -	$ 68.83	$ 100.00	$ 100.00	Need receipts	$ 110.00
Drinks, serving utensils & batteries	$ -	$ 66.59	$ 100.00	$ 100.00	Need receipts	$ 110.00
Misc.	$ 932.41	$ 18.04	$ 25.00	$ 161.39	Tote bags to supplement stock	$ 177.53
Subtotal	**$ 932.41**	**$ 462.78**	**$ 625.00**	**$ 761.39**		**$ 837.53**
Services						
Portolets	$ 1,160.00	$ 2,025.00	$ 1,775.00	$ 1,775.00		$ 1,952.50
Taylor Rental (tents, tables, etc.)	$ 2,882.00	$ 3,578.00	$ 4,888.00	$ 4,888.00		$ 5,376.80
KUA (temp power)	$ -	$ 28.55	$ 50.00	$ 34.42		$ 37.86
City of Kissimmee security deposit	$ -	$ -	$ 70.00	$ 100.00		$ 110.00
Credit card fees (Square)	$ 317.30	$ -	$ 400.00	$ 400.00	Use budget until March reconciliation.	$ 440.00
Uhaul	$ -	$ 233.31	$ 240.00	$ 144.19		$ 158.61
Bartender training	$ -	$ 160.00	$ -	$ -	Bobby's Garage	$ -
Subtotal	**$ 4,359.30**	**$ 6,024.86**	**$ 7,423.00**	**$ 7,341.61**		**$ 8,075.77**
Silent Aucction						
Basket shrinkwrap	$ -	$ 26.48	$ 25.00	$ -	Included in line below	$ -
Items for auction baskets	$ -	$ 12.43	$ 25.00	$ 40.51	Walmart	$ 44.56
Framing for paper items display	$ -	$ 159.21	$ 150.00	$ -	NA	$ -
Subtotal	**$ -**	**$ 198.12**	**$ 200.00**	**$ 40.51**		**$ 44.56**
Advertising						
Save the Date postcards	$ -	$ 89.00	$ -	$ -		$ -
Invitations	$ 419.00	$ 354.00	$ 424.44	$ 424.44	Osceola Press	$ 466.88
Facebook	$ -	$ -	$ -	$ -	NA	$ -
Postage	$ 100.00	$ 99.00	$ 59.65	$ 59.65	Bulk mail thru Osceola Press	$ 65.62
Graphic design	$ -	$ -	$ -	$ -	Included in Osceola Press invoice.	$ -
Programs, donation envelopes, etc.	$ 541.00	$ -	$ 500.00	$ -	Produced in-house and/or used inventory.	$ -
Subtotal	**$ 1,060.00**	**$ 542.00**	**$ 984.09**	**$ 484.09**		**$ 532.50**
TOTAL EXPENSES (not including in-kind)	**$ 8,965.61**	**$ 8,655.15**	**$ 13,813.58**	**$ 12,602.18**		**$ 13,862.40**
REVENUE						
Donations	$ 1,590.00	$ 1,283.00	$ 1,500.00	$ 1,500.00	Need receipts, to include cancellations.	$ 1,650.00
Orchid Sales	$ 530.00	$ 500.00	$ 440.00	$ 220.00	Bromeliads this year, only 11 sold.	$ 242.00
Wine Raffle	$ 1,300.00	$ 1,200.00	$ 1,200.00	$ 2,360.00	Confirmed thru Square.	$ 2,596.00
Auction (silent & live)	$ 10,024.00	$ 8,450.00	$ 9,500.00	$ 8,483.00	Detail on following tab.	$ 9,331.30
Sponsorships	$ 4,000.00	$ 4,000.00	$ 2,500.00	$ 2,500.00		$ 2,750.00
Table sales	$ 9,750.00	$ 11,000.00	$ 10,000.00	$ 10,000.00		$ 11,000.00
Event contributor ($500 donor)	$ -	$ 1,500.00	$ -	$ -		$ -
Ticket sales	$ 3,225.00	$ 6,375.00	$ 12,000.00	$ 12,000.00		$ 13,200.00
GROSS REVENUE	**$ 30,419.00**	**$ 34,308.00**	**$ 37,140.00**	**$ 37,063.00**		**$ 40,769.30**
NET CASH REVENUE	**$ 21,453.39**	**$ 25,652.85**	**$ 23,326.42**	**$ 24,460.82**		**$ 26,906.90**

Internal Revenue Service
District Director

Department of the Treasury

C - 1130
ATLANTA, GA 30301

Date: JAN 29 1990

OSCEOLA COUNTY HISTORICAL
SOCIETY INC
P O BOX 552
KISSIMMEE, FL 34742

Employer Identification Number:
59-2713072
Contact Person:
VICKY BAKER
Contact Telephone Number:
(404) 331-0928

Accounting Period Ending:
05-31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
09-07-89
Advance Ruling Period Ends:
05-31-94
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your foundation status.

Letter 1045(DO/CG)

OSCEOLA COUNTY HISTORICAL

If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the head-

ing to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Our records indicate that your notice was postmarked 09-07-89, which is more than 15 months from the end of the month in which you were organized. Since the provisions of section 508(a)(2) are applicable to you, the effective date of your exemption is 09-07-89. Contributions made to you on or after this date are tax deductible.

You may also seek relief from Federal income tax for the period prior to the effective date of this exemption by filing Form 1024, requesting recognition of exemption under section 501(c)(4) for that period. Contributions to organizations exempt under section 501(c)(4) are not deductible.

If you elect to file Form 1024, be sure to indicate that it is intended only to cover the period during which you could not qualify under section 501(c)(3) of the Code.

You have agreed on your application for exemption under section 501(c)(3) of the Code that your exemption is effective 09-07-89, the date your completed application was filed.

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

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

OSCEOLA COUNTY HISTORICAL

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Paul Williams
District Director

Enclosure(s):
Form 872-C

Organization: Osceola Historical Society **Event:** Dine w/The Departed **Date:** March 11, 2023

Facility Fee:				
Rose Hill Cemetery	$350.00 per day		$350.00 x 1 day	$350.00
Rental Items:				
Barricades	$10.00 per barricade		18 barricades x $10.00 per item	$180.00
Light tower	$175.00 per light tower		$175.00 x 1 light tower	$175.00
Taxes:			7.50%	EXEMPT
Staff:				
Park Staff	$15.00 per hour		1 Park Staff x 4 hours x $15.00 per hour	$60.00
KPD	$50.00 per hour		1 KPD Officers x 4 hours x $50.00 per hour	$200.00
Total Balance Due Before Damage Deposit				**$965.00**
Damage Depost (Refundable)				$100.00
Fee Waiver Amount				TBD
Final Balance Due 30 Days Before Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Council on Aging **Event Name:** March for Meals 5K

Event Date: 3/11/2023 **Year of fee waiver award:** 3

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award:** $2,400

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Osceola Council on Aging

Full Legal Name of Organization

Wendy Ford

Name of Chief Officer/President

407-846-8541

Telephone Number

407-383-0012

Mobile Number

Organization Address *

700 Generation Point

Street Address

Kissimmee

City

FL

State/Region/Province

34744

Postal / Zip Code

United States

Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

Certificate_of_Tax_Exemption.pdf

Event Contact Information

Wilda Belisle

Name of Event Contact

March for Meals St. Patrick 5K Run/Walk

Title of Event Contact

Senior VP Nutrition

Telephone

belislew@osceola-coa.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

March for Meals St. Patrick 5K Run/Walk

Start Date & Time of Event *

03/11/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

03/11/2023 10:45 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

500

Brief Description of Event *

March for Meals St. Patrick's 5K Run/Walk is a fundraising event for the Meals on Wheels program. It is a fun run/walk at your own pace event for the whole family!

Grant Request Amount *

3000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

03/11/2023 05:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

03/11/2023 11:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Will your event require tents? *

○ Yes ◉ No

Will your event require vehicle access to the park?

◉ Yes ○ No

Will your event require road closures? *

◉ Yes ○ No

If you require road closures, please provide details on your requested closures? *

TBD by City of Kissimmee Events Coordinator & Council on Aging Event Coordinator

Will your event require portable restrooms? *

◉ Yes ○ No

Will your event require utilities? *

☐ No ☑ Power ☐ Water

Will your event hire outside production companies? *

○ Yes ◉ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☑ None

Fishing Tournament

Is the event a fishing tournament?

○ Yes ◉ No

Entertainment

Fee Waiver Grant Program Request

Will your event require alcoholic beverages to be dispenses or sold?

○ Yes ◉ No

Will your event require a DJ?

◉ Yes ○ No

Does your entertainer have special requirements and/or technical rider?

○ Yes ◉ No

Will your event have performers?

○ Yes ◉ No

Audio / Visual

Is this an indoor event?

○ Yes ◉ No

Promotions

Will your event require banners to be hung? *

◉ Yes ○ No

At what level will your event be promoted? *

☑ Local ☑ Regional ☑ National

Will the media be invited? *

◉ Yes ○ No

If the media will be invited, what type of media will be expected? *

Tv, Bloggers, Social Media, Newspapers and radio.

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

Fee Waiver Grant Program Request

How long has the sponsoring organization been incorporated? *

50 years

How long has the sponsoring organization physically been in operation? *

Some months prior to be incorporated.

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

March for Meals - St. Patrick 's Run/Walk
Event Manager - Wilda Belisle
Event Coordinator - Nora Ghazi
Event Public Relations - Kathy Pierson
Venue Coordinator - Kim Bruno (Striders Event)
Most of the volunteers for this event are staff from the Council on Aging. We usually have around 30 to 35 staff from the Council on Aging working at the event. Other volunteers are being invited to participate through social media and word of mouth. We are hoping that like in the past years, we will able to have more than 50 volunteers for this event.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

We have been doing this event in Kissimmee for many years.

Has this specific event been previously produced? *

(•) Yes ( ) No

If so, when and where was the event held? *

It was done on March 12, 2021 at the same location - Kissimmee Lakefront

What is the uniqueness of the proposed event? *

What makes this event unique is how we have united many other agencies, companies and organizations to rally with this cause; by encouraging them to form teams and compete for the Most Spirited Team and Largest team. We do this event around St. Patrick's Day. It encourages everyone to participate in a St. Patrick's celebration!
Another thing that makes this event unique is that we encourage older adults to participate by us bringing rocking chairs to the event! If you cannot walk or run, you can still help by rocking in one of our rocking chairs!

Fee Waiver Grant Program Request

How does the proposed event support the organization's mission and impact to residents?*

The organization's mission is to keep our seniors and disabled adults safe at home, by providing them with some needed services! Meals on Wheels provide frail seniors living alone and disabled adults with meals on a daily basis. There are hundred of seniors waiting for funding for this service. This event will do more than raise funds; it will create awareness of the importance of this service in our community. It will engage residents to be part of the solution.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

The event will take runners and walkers around the downtown area. Our hope is that participants, as other years, visit the stores, have breakfast or lunch and enjoy the murals and art around town! We also have invited and will invite the rest of the Downtown businesses to be part of this event.

Please attach your itemized event budget.

Itemized_Budget_for_March_for_Meals_2023.docx

Marketing

How does the proposed event benefit the image or reputation of the City? *

One of the best features of Kissimmee is their involvement with causes that affect the lives of their residents. This event involves seniors and families. It addresses one cause that affect our community; senior hunger! This is a National event and getting involved with this cause will show everyone how the City cares for their residents and their needs. This will increase the image of the city as senior friendly!

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Kathy Pierson will prepare a Press Release that it will be used for all media,(TV, radio, and newspapers). We will be promoting this event starting in November 2022. The plan is to used social media platforms (Facebook, Instagram, Titter and Pinterest) on a regular basis. The Council on Aging has a website and we will be announcing the event plus promoting it throughout this page.
We will also be sending e-mails invitations at the beginning of December 2022.
We have a record of ex-participants and we will be sending them reminders of how to participate in this coming year event.

How much money will the sponsoring organization commit towards advertising?*

$3,000.00

Fee Waiver Grant Program Request

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

○ Yes ◉ No

Has the sponsoring organization solicited local vendors to support the event?

◉ Yes ○ No

If so, please identify all vendors that have committed to the event: *

Right now, the only two vendors that have committed to help us are KUA and TOHO Water. We will be approaching other vendors as we move closer to the event. Usually we have more that 15 vendors in the past events.

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012644324C-5	05/31/2019	05/31/2024	501(C)(3) ORGANIZATION

This certifies that

OSCEOLA COUNTY COUNCIL ON AGING INC
700 GENERATION PT
KISSIMMEE FL 34744-5957

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Itemized Budget for March for Meals 2023

REVENUES

SPONSORSHIPS		$25,000.00
ENTRY FEES		$10,500.00
	TOTAL	= $36,000.00

EXPENSES

DJ	$100.00
P.R.	$3,000.00
SIGNS, BROCHURES, FLYERS, ETC.	$1,500.00
STRIDER EVENTS	$4,800.00
AWARDS & medals	$3,500.00
FOOD	$200.00
T-SHIRTS	$4,000.00
CITY OF KISSIMMEE – PARKS & FEES	$3,500.00
TOTAL	=$20,600.00

CITY OF KISSIMMEE 1883

Organization: March for Meals St. Patrick 5K Run/Walk **Date:** March 11, 2023

Administrative Fee:				$100.00
Facility Fee:				
Veterans Lawn	$1,295.00 per day			$1,295.00
Rental Items:				
Traffic barricades	Market rate		5k road closures	$467.00
Light tower	$100.00		1 light tower x $100.00	$100.00
Portalets	Market rate		1 Single ($75) + 1 ADA ($150) + 1 handwash station ($75)	$300.00
Taxes:			7.5%	EXEMPT
Staff:				
Event Staff (4:30am - 10:30am)	$15.00 per hour		2 Event Staff x 6 hours each x $15.00 per hour	$150.00
KFD (7:00 a.m. - 11:00 a.m.)	$30.00		2 EMT Staff x 4 hours x $30.00 per hour	$240.00
KPD Supervisor (6:45 a.m. - 10:45 a.m.)	$55.00 per hour		1 KPD Supervisor x 4 hours x $55.00 per hour	$220.00
KPD Officers (6:45 a.m. - 10:45 a.m.)	$50.00 per hour		25 KPD x 4 hours x $50.00 per hour	$5,000.00
Total Estimate				**$7,872.00**
Damage Deposit (Refundable)				$259.00
Fee Waiver Amount				TBD
Total Due 30 Days Before Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Paralyzed Veterans of America **Event Name:** PVA Citrus Slam

Event Date: 3/24/2023 – 3/26/2023 **Year of fee waiver award: 2**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $999.00 **Previous Year's Fee Waiver Award:** $900.00

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Florida Gulf Coast Paralyzed Veterans of America Inc
Full Legal Name of Organization

Stephen Bush
Name of Chief Officer/President

813-264-1111
Telephone Number

727-460-4887
Mobile Number

Organization Address *

15435 N. Florida Ave
Street Address

Tampa
City

Florida
State/Region/Province

33613
Postal / Zip Code

United States
Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

Tax_Exemption.pdf

Event Contact Information

Citrus Slam
Name of Event Contact

Wayne Webber
Title of Event Contact

Vice President/ Sports Director Florida Gulf Coast PVA
Telephone

727-460-4887
Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Citrus Slam

Start Date & Time of Event *

03/24/2023 01:13 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

03/26/2023 01:12 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

100

Brief Description of Event *

Bass Tournament for Paralyzed Veterans with abled body boat captains. Some anglers will be fishing from shore. It's A 2 day event starting on Saturday and Sunday mornings at 05:30 am ending at 03:30 pm

Grant Request Amount *

999.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

03/24/2023 01:24 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

03/26/2023 01:25 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require tents? *

(•) Yes ( ) No

Will your event require vehicle access to the park?

( ) Yes (•) No

Will your event require road closures? *

( ) Yes (•) No

Will your event require portable restrooms? *

(•) Yes ( ) No

Will your event require utilities? *

[x] No [ ] Power [ ] Water

Will your event hire outside production companies? *

( ) Yes (•) No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

[ ] Green/Dressing Room [ ] Locker-Room(s) [ ] Reception Area

[ ] Autograph Area [ ] Food Prep Area [ ] Dance Floor

[ ] Private Meeting Space [ ] Rehearsal Space [x] None

Fishing Tournament

Is the event a fishing tournament?

(•) Yes ( ) No

Will your event require the boat ramp?

(•) Yes ( ) No

How many boats are expected to participate?

40

Will your event require space for a tournament draw?

( ) Yes (•) No

Will your event require space for a weigh-in?

( ) Yes (•) No

Fee Waiver Grant Program Request

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

○ Yes ◉ No

Will your event require a DJ?

○ Yes ◉ No

Does your entertainer have special requirements and/or technical rider?

○ Yes ◉ No

Will your event have performers?

○ Yes ◉ No

Audio / Visual

Is this an indoor event?

○ Yes ◉ No

Promotions

Will your event require banners to be hung? *

○ Yes ◉ No

At what level will your event be promoted? *

☑ Local ☐ Regional ☑ National

Will the media be invited? *

○ Yes ◉ No

If the media will be invited, what type of media will be expected? *

No media

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

Fee Waiver Grant Program Request

How long has the sponsoring organization been incorporated? *

50 years plus

How long has the sponsoring organization physically been in operation? *

75 years

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

Florida Gulf Coast Paralyzed Veterans work will North Tampa Bass Club and we have a base list of volunteers that work with us for the last 14 years on this event.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

Citrus Slam 2022 and many before

Has this specific event been previously produced? *

(•) Yes ( ) No

If so, when and where was the event held? *

Kissimmee, Lake Toho Marina

What is the uniqueness of the proposed event? *

To help Disable Veterans move on with their lives, to help support them and fulfill their lives, give it meaning, show them that they can fish and explore the outdoors.

How does the proposed event support the organization's mission and impact to residents? *

It shows Veterans helping Veterans and helps Disabled Veterans get back into the community.

Fee Waiver Grant Program Request

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Hotels, food industry, tourism

Please attach your itemized event budget.

Bass_2022_Financials_National_Wayne.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

It shows that the City of Kissimmee helps our Veterans that have served our country and help them enjoy this beautiful area of this country.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Our national office has set up this event as well as this local chapter. We also send out info to local Bass Clubs

How much money will the sponsoring organization commit towards advertising? *

It's hard to say as most of the advertising is done through our national office.

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

( ) Yes (•) No

Has the sponsoring organization solicited local vendors to support the event?

( ) Yes (•) No

0000094 05/16/19

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012626255C-2	07/31/2019	07/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FLORIDA GULF COAST PARALYZED VETERANS
OF AMERICA INC
15435 N FLORIDA AVE
TAMPA FL 33613-1261

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

FGCPVA BASS
2022 Profit & Loss Report

Participants Income:	25 Anglers	$3,375.00
	7 Anglers – Waive Fees (National)	$ (945.00)
	32 Boat Captain	$1,600.00
	4 Bank Division	$ 320.00

Total Registration Collected: **$ 5295.00**

Expenses:

Prize Payouts:	**$** 9,675.00
Plaques	$ 490.00
Shirts	$ 1,265.60
Participants Water & Gatorade	$ Donation
Breakfast Ala Cart (2Days)	$ 506.75
Boxed Lunches (Anglers/Captains)	$1,722.70
Pairing Mtg. Food	$ 341.28
Captains Banquet Dinner Caterer	$2,453.49
Hotel Fees Employee/Volunteers	$1,700.30
Tents	$1,237.67
Golf Carts	$ 857.25
Van Rental	$ 367.80
Gas Van	$ 133.18
Ice 2 Days	$ 219.00
Bank Division Bait 2 Days	$ 83.85

Total Expenses $ 21,053.87

Raffles Income: $1765
50/50 Income: $285
Donations Received In Person & In the Mail: $ 5,500.00 **Chapter Gains: $15,050.00**
National Grant Reimbursement: $7,500.00

CITY OF KISSIMMEE 1883

Organization: Florida Gulf Coast Paralyzed Veterans Association **Event Dates:** March 25 & 26, 2023

Facility Fee:				
Fishing Pad Area 03/25/2022	$245.00 per day		$245.00 per day (Non-Profit Rate)	$245.00
Fishing Pad Area 03/26/2023	$245.00 per day		$245.00 per day (Non-Profit Rate)	$245.00
Multi-day Discount	20% off facility rental		$490.00 x 20%	-$98.00
Rental Items:				
Porta Let Fees	Market Rate		2 ADA Units plus service fees	$420.50
Bleachers	$50.00/ unit		1 bleachers x $50.00	$50.00
Light Tower	$75.00/unit		1 Light Tower x $75.00 per unit	$75.00
Taxes:			7.5%	EXEMPT
Staff:				
Total Estimate Before Deposits				**$937.50**
Damage Deposit (Refundable)				**$78.40**
Fee Waiver Amount				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street Program **Event Name:** Hop on Downtown

Event Date: 4/8/2023 **Year of fee waiver award: 1**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000.00 **Previous Year's Fee Waiver Award:** N/A

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Kissimmee Main Street Program Inc.

Full Legal Name of Organization

John Fields

Name of Chief Officer/President

407-361-2710

Telephone Number

407-361-2710

Mobile Number

Organization Address *

421 Broadway

Street Address

Kissimmee

City

FL

State/Region/Province

34741

Postal / Zip Code

United States

Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

501C3.pdf

Event Contact Information

Diana Marrero-Pinto

Name of Event Contact

Executive Director

Title of Event Contact

407-846-4643

Telephone

dmarreropinto@kissimmeemainstreet.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Hop on Downtown

Start Date & Time of Event *

04/08/2023 11:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/08/2023 02:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

2000

Brief Description of Event *

Hop on Downtown began 5 years ago as a small event with an attendance of 200, and has grown to 2000 in its most recent year (2022). The event features entertainment, pictures with the Easter Bunny and an easter egg hunt in collaboration with the City of Kissimmee.

Grant Request Amount *

3000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

04/08/2023 09:30 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/08/2023 02:30 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require tents? *

(•) Yes ( ) No

Will your event require vehicle access to the park?

( ) Yes (•) No

Will your event require road closures? *

(•) Yes ( ) No

If you require road closures, please provide details on your requested closures? *

Road closures will take place throughout Broadway starting at Neptune and extend to Ruby

Will your event require portable restrooms? *

(•) Yes ( ) No

Will your event require utilities? *

[x] No [ ] Power [ ] Water

Will your event hire outside production companies? *

( ) Yes (•) No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

[ ] Green/Dressing Room [ ] Locker-Room(s) [ ] Reception Area

[ ] Autograph Area [ ] Food Prep Area [ ] Dance Floor

[ ] Private Meeting Space [ ] Rehearsal Space [x] None

Fishing Tournament

Is the event a fishing tournament?

( ) Yes (•) No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

( ) Yes (•) No

Fee Waiver Grant Program Request

Will your event require a DJ?

(•) Yes ( ) No

Does your entertainer have special requirements and/or technical rider?

( ) Yes (•) No

Will your event have performers?

( ) Yes (•) No

Audio / Visual

Is this an indoor event?

( ) Yes (•) No

Promotions

Will your event require banners to be hung? *

( ) Yes (•) No

At what level will your event be promoted? *

☐ Local ☐ Regional ☑ National

Will the media be invited? *

(•) Yes ( ) No

If the media will be invited, what type of media will be expected? *

Local Print, Digital and Radio Media

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

24 years

Fee Waiver Grant Program Request

How long has the sponsoring organization physically been in operation? *

24 years

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

The Organization Chart of the Local Organizing Committee consists of a Board of Directors who preside over Kissimmee Main Street's Executive Director, who overseas the Small Business Liaison, Marketing Coordinator, and Farmers Market Manager. Kissimmee Main Street has a growing list of volunteers who are ready and available for events. We engage volunteers through social media, outside referrals and at events.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

Kissimmee Main Street coordinates several events within Historic Downtown Kissimmee, including: Boo on Broadway, The Kissimmee 5K, Hop on Downtown, Back to School Block Party, and Small Business Saturday / LightUp Kissimmee.

Has this specific event been previously produced? *

(•) Yes ( ) No

If so, when and where was the event held? *

April 16th, 2022 on Broadway

What is the uniqueness of the proposed event? *

Hop on Downtown is the only spring event with multiple activities in multiple locations within downtown and in collaboration with business owners, nonprofits & government entities including the City of Kissimmee.

How does the proposed event support the organization's mission and impact to residents? *

Events like Hop on Downtown create nostalgia & positive memories for those who attend while supporting the local small businesses.

Event Revenue & Economic Impact (25 Points)

Fee Waiver Grant Program Request

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Participants will have a chance to be introduced to small businesses they may not have been aware of, dine at local establishments and interact with business owners.

Please attach your itemized event budget.

Hop_2023_Budget.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

Family friendly events like Hop on Downtown compliment the City's brand by increasing community engagement by enhancing the vibrance in the heart of our city.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

90 days prior to the event it is promoted in its entirety alongside advertising event special features.

How much money will the sponsoring organization commit towards advertising? *

The marketing budget for this event is $150.00

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

(•) Yes ( ) No

If so, please state the commitment of all other groups: *

Team Kareem, Kissimmee Christian Church, and 1st United Methodist Church

Has the sponsoring organization solicited local vendors to support the event?

( ) Yes (•) No

Hop on Downtown 2023

Event Budget for *Hop on Downtown* : EXPENSES

Operational	Estimated	Actual
City of Kissimmee Fees	$8,000.00	
DJ	$500.00	
Total	**$8,500.00**	**$0.00**

Decorations	Estimated	Actual
Table Clothes	$50.00	
Ballons	$125.00	
Photo Booth	$400.00	
	$0.00	
	$0.00	
Total	**$0.00**	**$0.00**

Design/Print	Estimated	Actual
Signs	$200.00	
Printing	$200.00	
Postage		
Total	**$400.00**	**$0.00**

Activities	Estimated	Actual
Egg Hunt	$800.00	
Jelly Bean Hop	$250.00	
Cookie Decorating	$400.00	
Bunny Pictures	$200.00	
Total	**$1,650.00**	**$0.00**

Refreshments	Estimated	Actual
Food (Breakfast/Lunch)		
Drinks	$100.00	
Water (Toho)	$0.00	
Ice		
Total	**$100.00**	**$0.00**

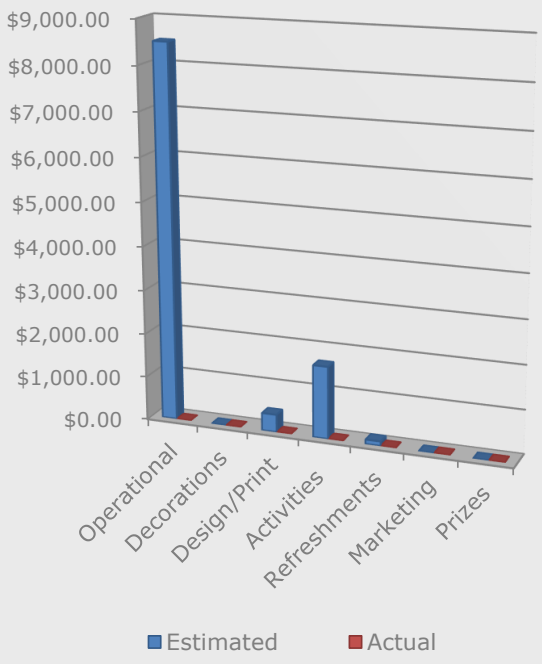
Marketing	Estimated	Actual
Print		
social media		
website		
logo		
yard sign		
Total	**$0.00**	**$0.00**

Prizes	Estimated	Actual
Ribbons/Plaques/Trophies		
Fun Prizes	$0.00	$0.00
Total	**$0.00**	**$0.00**

Total Expenses	Estimated	Actual
	$10,650.00	**$0.00**

Actual Cost Breakdown

Estimated vs. Actual



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Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

KISSIMMEE MAIN STREET PROGRAM INC
421 BROADWAY AVE
KISSIMMEE, FL 34741

Date:
08/05/2020
Employer ID number:
20-1867527
Person to contact:
Name: Renee Railey Norton
ID number: 0203263
Telephone: (877) 829-5500
Accounting period ending:
September 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 2, 2017
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053564004070

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

CITY OF KISSIMMEE 1883

Event Name: Hop on Downtown **Event Date:** April 8, 2023

Administrative Fee:				$100.00
Rental Items:				
Traffic Barricades	.40 - $1.00 per unit		31 Type II x .40 and 15 Type III x 1.00	$27.40
Crowd management barricades	$10.00 each		30 barriers x $10.00	$300.00
Portalets	$100.00 -200.00 per unit; environmental & COVID19 fees $7.75 each		4 Regular x $100, 2 ADA x $135, 2 Sinks x $200, 8 units x $7.75, delivery fee $50	$1,182.00
EZ systems	$80.00 each		1 Trash and 1 Recycling x $80.00	$160.00
Taxes:			7.5%	EXEMPT
Staff:				
Crowd Control Staff (9:00am - 3:00pm)	$20.00 per hour		6 staff x $20.00 per hour x 6 hours	$720.00
Traffic/Road closing staff (9:00am - 3:00pm)	$31.00 per hour		3 Traffic Staff x $31.00 per hour	$558.00
KPD Officers (9:00am-3:00pm)	$50.00 per hour		15 Officers x 6.5 hours x $50.00 per hour	$4,500.00
KPD Supervisors (9:00am - 3:00pm)	$55.00 per hour		2 Supervisors x 6.5 hours x $55.00 per hour	$660.00
EMT (9:00am-3:00pm)	$30.00 per hour		2 EMT x 6 hours x $30.00 per hour	$360.00
Total Estimate				**$8,567.40**
Damage Deposit (Refundable)				$333.88
Fee Waiver (Will Add Once Amount is Determined)				TBD
Total Due 30 Days Prior to Event				TBD

FEE WAIVER GRANT RANKING FORM

Organization Name: Caribbean and Floridian Association **Event Name:** CAFA Fusion

Event Date: 4/23/2023 **Year of fee waiver award: Signature Event**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award:** $3,000

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

(CAFA)

Full Legal Name of Organization

Caribbean And Floridian Association, Inc.

Name of Chief Officer/President

LLoyd Phillips

Telephone Number

407-873-8883

Mobile Number

Organization Address *

PO Box 450786

Street Address

Kissimmee

City

Florida

State/Region/Province

34743

Postal / Zip Code

United States

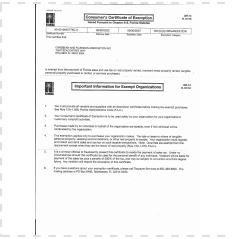
Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



CAFA_Tax_Exempt_Certificate-07-06-22.pdf.jpeg

Event Contact Information

Arnold King

Name of Event Contact

Chairman

Title of Event Contact

407-694-7497

Telephone

aking_39@yahoo.com

Email

Fee Waiver Grant Program Request

Event Information

Name of Event *

Caribbean Fusion Festival

Start Date & Time of Event *

04/23/2023 12:01 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/23/2023 07:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

6,000

Brief Description of Event *

Caribbean Fusion Festival is an event celebrating the rich culture, music, food and diversity of the Caribbean/American community the past 25+ years. The Caribbean/American population throughout Central Florida and especially in Kissimmee, Poinciana, St. Cloud and surrounding areas, count on this a must which showcases the best of the presentations of art, crafts, merchandise and entertainment.

Grant Request Amount *

3000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

04/23/2023 07:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

08/22/2022 07:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

(•) Yes ( ) No

Fee Waiver Grant Program Request

Will your event require the rental of the modular stage for Veterans Lawn? *

(•) Yes ( ) No

Will your event require tents? *

( ) Yes (•) No

Will your event require vehicle access to the park?

(•) Yes ( ) No

Will your event require road closures? *

( ) Yes (•) No

Will your event require portable restrooms? *

(•) Yes ( ) No

Will your event require utilities? *

☐ No ☑ Power ☑ Water

Will your event hire outside production companies? *

(•) Yes ( ) No

This includes lighting, staging, audio, decor, film, broadcast, etc.

If you are hiring outside production company, provide the name, point of contact, and phone number. *

Cocobean Entertainment
Mr. Creig Camacho
407-234-4688 (Cell)
creig@cocobeanproductions.com

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☑ None

Fishing Tournament

Is the event a fishing tournament?

( ) Yes (•) No

Entertainment

Fee Waiver Grant Program Request

Will your event require alcoholic beverages to be dispenses or sold?

(•) Yes ( ) No

Will your event require a DJ?

(•) Yes ( ) No

Does your entertainer have special requirements and/or technical rider?

(•) Yes ( ) No

Will your event have performers?

(•) Yes ( ) No

If you are having performers, please list if they are local, national, or international.

Local/National/International

Audio / Visual

Is this an indoor event?

( ) Yes (•) No

Promotions

Will your event require banners to be hung? *

(•) Yes ( ) No

At what level will your event be promoted? *

[x] Local [x] Regional [x] National

Will the media be invited? *

(•) Yes ( ) No

If the media will be invited, what type of media will be expected? *

Print/Internet/Radio/TV/Etc.

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

Fee Waiver Grant Program Request

How long has the sponsoring organization been incorporated? *

1990

How long has the sponsoring organization physically been in operation? *

1990

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

CAFA Fundraising and Entertainment Committee (approx 15 persons)
Donna Cadogan-Chairperson
Penny Simon-CoChair
Andy King-Event Coordinator
The Caribbean And Floridian Association has successfully worked with other community partners, such has Osceola Board of County Comm; The Kissimmee and Osceola Chamber of Commerce, The Caribbean American Chamber of Commerce, The Trinbago Association, The City of Kissimmee (Mayor's Office, City Manager's, Fire Department, Police and Parks and Recreations Dept, Roads and Bridges, Office of Communications, The Osceola Sheriff's Dept, Kissimmee Utility Authority, Osceola County TDC, Osceola County School District, etc.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

Annual Caribbean Fusion Festival
Annual Scholarship Awards
Annual Turkey and Food Supplies Giveaway

Has this specific event been previously produced? *

(•) Yes ( ) No

If so, when and where was the event held? *

April 24, 2022
Lakefront Park, Kissimmee, FL

What is the uniqueness of the proposed event? *

The Caribbean Fusion Festival is very unique in that it is still free to the public and it is in keeping with the City of Kissimmee's mission: "providing quality, effective, and efficient service to our citizen"

Fee Waiver Grant Program Request

How does the proposed event support the organization's mission and impact to residents? *

The word fusion means-The union or blending together of things, and when coupled with Caribbean, the words "Caribbean Fusion" truly expresses the blending of culture that influences a range from Chinese, Black, White, Indian, etc. and that fusion leads to a spectacle of colors, music, food and culture that only this festival can bring to the community for all to enjoy and appreciate.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Visitors impact spending directly related to cultural events including hotel accommodations, restaurants, visits to local theme parks and other entertainment, purchase of gas, etc.

Please attach your itemized event budget.

FEE_GRANT_CAFA_FUSION_2023__BUDGET.xlsx

Marketing

How does the proposed event benefit the image or reputation of the City? *

The "Caribbean Fusion Festival" assists the City of Kissimmee in it's mission to provide quality, effective, service to it's citizens by showcasing to the world, the blending and cooperative spirit of the city.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

We advertise in news magazines, TV and Radio, Online Ads, etc. Social media platforms-Facebook, Twitter, Instagram, we used advertising dollars from TDC to effect advertising through local/regional and national newspapers, radio, billboards, etc.

How much money will the sponsoring organization commit towards advertising? *

CAFA normally lays out in excess of $10,000 and works to recoup through sponsors, etc.

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

(•) Yes ( ) No

Fee Waiver Grant Program Request

If so, please state the commitment of all other groups: *

Sister NGO's work with CAFA by providing logistical support on the day of the event, as well as manning vendor portals, vendor check in and breakdown as well as providing talent for entertianment.

Has the sponsoring organization solicited local vendors to support the event?

(•) Yes ( ) No

If so, please identify all vendors that have committed to the event: *

Some 8-14 food vendors, 10-20 medical professionals, and other craft and merchandising vendors.

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012645776C-3	06/30/2022	06/30/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CARIBBEAN AND FLORIDIAN ASSOCIATION INC
12467 BEACONTREE WAY
ORLANDO FL 32837-6304

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

CARIBBEAN AND FLORIDIAN ASSOCIATION
2023 CARRIBBEAN FUSION - LAKEFRONT PARK
BUDGET/EXPENSES

REVENUE Anticipated	**BUDGET**		**ACTUAL**
Advance from General Fund *	10,000.00		
TDC Grant (Advertising)	20,000.00		
Sponsorships	7,000.00		
Booth Sales - General	10,000.00		
Alcohol Sales	4,000.00		
Food Sales	5,000.00		
City Of Kissimmee Waiver- Park Rental	3,000.00		
In-Kind-Services(Ice)	1,000.00		
Donations			
Total Revenue	**60,000.00**		
GGR	4,000.00		
Radio and Print Ads	20,000.00		
Food	2,500.00		
Park Rental	9,000.00		
Stage Rental	1,900.00		
Tent Rental	3,500.00		
Entertainment	7,000.00		
Generator	500.00		
Beer Garden	2,500.00		
Port-O-Lets	1,500.00		
Alcohol Permits	100.00		
Bounce House	2,000.00		
Misc. Exp.	2,500.00		
Advance	3,000.00		
Total Expenses	**60,000.00**		
Difference			

CITY OF KISSIMMEE 1883

Event: CAFA Fusion Festival **Event Date:** Sunday, April 23, 2023

Administration Fee:	$100.00			$100.00
Veterans Lawn	$1,295.00 per day		1 Day Rental x $1,295.00 per day	$1,295.00
Osprey and Hawk Pavilions	included		included with Veterans Lawn rental	$0.00
Rental Items:				
Portalets	Market Rate		2 ADA ($125each), 5 Regular ($110each), and 2 Hand-wash Sinks ($125each) + Delivery & Cleaning Fees	$1,150.00
Barricades	$10.00 each		30 barricades x $10.00 each	$300.00
EZ Systems	$80.00 each		4 EZ-Systems x $80.00 each (2 Trash, 2 Recycling)	$320.00
Picnic Tables	$15.00 each		8 picnic tables x $15.00 each	$0.00
Taxes:			7.5%	EXEMPT
Staff:				
Opening Facility Technician (7:30am-1:00pm)	$15.00/hr		1 Facility Tech x $15.00 hr x 6 hrs	$90.00
Load-in & Opening Event Staff (7:30am-1:00pm)	$15.00/hr		5 Event Staff x $15.00 hr x 6 hrs	$450.00
Closing Facility Technician (12:30pm-9:30pm)	$15.00/hr		1 Facility Tech x $15.00 hr x 6.5 hrs	$97.50
Load-out & Closing Event Staff (12:30pm-9:30pm)	$15.00/hr		5 Event Staff x $15.00 hr x 6.5 hrs	$487.50
Parks Staff (11:30am-9:00pm)	$15.00/hr		3 Parks Staff x $15.00 hr x 9.5 hrs	$427.50
KPD Event Supervisors (12:00pm-8:00pm)	$55.00/hr		1 KPD Supervisor x $55.00 hr x 8 hrs	$440.00
KPD Load-in + Event Security (8:00am-12:00pm)	$50.00/hr		1 KPD Officer x $50.00 hr x 4 hrs	$200.00
KPD Event Security (12:00pm-8:00pm)	$50.00/hr		9 KPD Officers x $50.00 hr x 8 hrs	$3,600.00
KFD Inspector (8:00am-12:00pm)	$30.00/hr		1 Fire Inspector x $30.00 hr x 4 hrs	$120.00
EMS (11:30am-7:30pm)	$30.00/hr		2 EMS Staff x $30.00 hr x 8 hrs	$480.00
Total Estimate Before Deposits				**$9,557.50**
Damage Deposit (Refundable)				$259.00
Fee Waiver				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola County Sheriff Event Name: Kickball Palooza

Event Date: 4/21/2023 - 4/23/2023 **Year of fee waiver award: 2**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 2,999.00 **Previous Year's Fee Waiver Award:** 2,976.00

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

OSCEOLA COUNTY SHERIFF'S OFFICE
Full Legal Name of Organization

MARCOS R LOPEZ
Name of Chief Officer/President

407-348-1100
Telephone Number

407-709-0266
Mobile Number

Organization Address *

2601 E. IRLO BRONSON MEMORIAL HWY.
Street Address

KISSIMMEE
City

FL
State/Region/Province

34744
Postal / Zip Code

United States
Country

Eligibility/Type *

○ Non-Profit ◉ Government ○ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Event Contact Information

ANGEE S VEGA
Name of Event Contact

COMMUNITY SERVICES SPECIALIST
Title of Event Contact

407-348-1105
Telephone

ANGEE.VEGA@OSCEOLASHERIFF.ORG
Email

Event Information

Name of Event *

KICKBALL PALOOZA

Fee Waiver Grant Program Request

Start Date & Time of Event *

04/21/2023 07:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/23/2023 08:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

300-500

Brief Description of Event *

KICKBALL TOURNAMENT BENEFITTING SPECIAL OLYMPICS FLORIDA

Grant Request Amount *

2999.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

04/21/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/23/2023 08:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Will your event require tents? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require vehicle access to the park?

○ Yes ◉ No

Will your event require road closures? *

○ Yes ◉ No

Will your event require portable restrooms? *

○ Yes ◉ No

Will your event require utilities? *

☐ No ☑ Power ☑ Water

Will your event hire outside production companies? *

○ Yes ◉ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☑ None

Fishing Tournament

Is the event a fishing tournament?

○ Yes ◉ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

○ Yes ◉ No

Will your event require a DJ?

◉ Yes ○ No

Does your entertainer have special requirements and/or technical rider?

○ Yes ◉ No

Will your event have performers?

○ Yes ◉ No

Fee Waiver Grant Program Request

Audio / Visual

Is this an indoor event?

○ Yes ◉ No

Promotions

Will your event require banners to be hung? *

◉ Yes ○ No

At what level will your event be promoted? *

☑ Local ☑ Regional ☐ National

Will the media be invited? *

◉ Yes ○ No

If the media will be invited, what type of media will be expected? *

SOCIAL MEDIA PLATFORMS SUCH AS POSITIVELY OSCEOLA. LOCAL NEWS CHANNELS WILL ALSO BE INVITED.

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

OVER 100 YEARS

How long has the sponsoring organization physically been in operation? *

OVER 100 YEARS

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

COMMUNITY SERVICES DIVISION
1. SERGEANT JOHN RIOS
2. ANGEE S VEGA, COMMUNITY SERVICES SPECIALIST
3. FIVE COMMUNITY SERVICES DEPUTIES
4. EXPLORERS PROGRAM - VOLUNTEERS
5. SHERIFF'S OFFICE VOLUNTEERS

Fee Waiver Grant Program Request

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

LAW ENFORCEMENT TORCH RUN AT THE KISSIMMEE LAKEFRONT AND AT THE KISSIMMEE CIVIC CENTER IN PAST YEARS.

Has this specific event been previously produced? *

( ) Yes (•) No

What is the uniqueness of the proposed event? *

THIS EVENT IS TO RAISE AWARENESS AND FUNDS FOR SPECIAL OLYMPICS FLORIDA. THE SHERIFF'S OFFICE HAVE BEEN A MAJOR SUPPORTER OF THIS CAUSE. WE ARE ALWAYS TRYING TO FIND WAYS TO BRING AWARENESS TO THIS PROGRAM.

How does the proposed event support the organization's mission and impact to residents? *

THIS EVENT BRINGS AWARENESS TO THOSE THAT PLAY AND ANYONE ASSOCIATED WITH THE TEAMS THAT PLAY. All around the world, Special Olympics has a formidable and caring legion of protectors and supporters: the law enforcement community. The signature event of the law enforcement community's year-round support is the annual Law Enforcement Torch Run® for Special Olympics Florida.
Law enforcement officers from over 300 Florida agencies — police departments, sheriff's offices, Florida Department of Corrections, Florida Department of Law Enforcement, Federal Bureau of Investigation, Drug Enforcement Agency, U.S. Customs, Air Force Police and Florida Fish and Wild Life Conservation Commission (FWCC) — all participate in the state-wide torch run to benefit the athletes of Special Olympics Florida. Each year, over 5,000 officers carry the torch on a 1500-mile relay through 67 counties in Florida to the Opening Ceremony of our annual State Summer Games.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Teams travel to Kissimmee to play in the game. Teams from all over Florida attend.

Please attach your itemized event budget.

CITY_OF_KISSIMMEE_2020_TORCH_CONTRACT_01.21.2020.pdf

2023_KICKBALL_BUDGET_LETTER.pdf

Fee Waiver Grant Program Request

Marketing

How does the proposed event benefit the image or reputation of the City? *

Teams from all over Florida attend this event. This will increase hotel room stays, restaurants will benefit as well.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Flyer, Sheriff's office social media, advertising with TV channels & radio stations a possibility.

How much money will the sponsoring organization commit towards advertising? *

Hopefully nothing, however, could be $500 - $1000

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

○ Yes ◉ No

Has the sponsoring organization solicited local vendors to support the event?

◉ Yes ○ No

If so, please identify all vendors that have committed to the event: *

None at this time, we are too far away on the date. As we get closer, we will solicit vendors to sponsor.

Sheriff Marcos R. Lopez

OSCEOLA COUNTY SHERIFF'S OFFICE

2601 E. Irlo Bronson Memorial Hwy. Kissimmee, Florida 34744

Telephone: 407-348-1100 • www.osceolasheriff.org

August 23, 2022

Dear City of Kissimmee Grants Board:

I respectfully provide you an itemized breakdown of our Kickball Palooza budget:

Our budget for this event is $2,500.

The Osceola County Sheriff's Office & Special Olympics Florida will provide all Advertising/Marketing free of charge. We also rely on the players/teams to forward the information to their friends and contacts.

Food for volunteers will be provided by local restaurants. If we do not have enough food donated, we will purchase food from the concession stand. We plan to spend $350-$450 for the entire weekend.

All flyers will be provided by Osceola County Sheriff's Office.

We usually purchase trophies for Men's teams, Co-Ed teams; 1st, 2nd & 3rd places. These trophies will cost approximately $1200 - $1500 for 10 trophies. Any money left over; we donate 100% of funds to Special Olympics Florida.

If you need further information, please feel free to contact me at 407-348-1105 or angee.vega@osceolasheriff.org. I will be happy to answer any questions.

Best regards,

Angee S. Vega, Community Services Specialist
Osceola County Sheriff's Office

CITY OF
KISSIMMEE
1883

EVENTS & VENUES LICENSE AGREEMENT

This **AGREEMENT,** made this **26th** day of **NOVEMBER, 2019** by and between the **CITY OF KISSIMMEE, FLORIDA**, a municipal corporation, located at 101 Church Street, Kissimmee, Florida 34741 (hereinafter referred to as the Licensor) and **OSCEOLA COUNTY SHERIFF'S OFFICE,** a non-profit organization, located at 2601 East Irlo Bronson Memorial Highway, Kissimmee, FL 34744 (hereinafter referred to as the Licensee) and Licensor and Licensee mutually agree and promise each to the other as follows.

1. **PREMISES RENTED**

VENUE (SINGLE DAY)	START DATE	END DATE	START TIME	END TIME	USE	FEE
Kissimmee Civic Center-Grand Ballroom	05/01/20	05/01/20	7:00 a.m.	1:00 p.m.	Torch Run Reception	$798.00

AND/OR

VENUE (MULTI DAY)	START DATE	END DATE	START TIME	END TIME	USE	FEE

AND

DAMAGE DEPOSIT – REFUNDABLE: PAID ON 10/17/2019	($159.60)
COORDINATOR FEES:	$150.00
EVENT STAFF FEES:	$120.00
RENTAL ITEMS:	$240.00
TAX:	EXEMPT
SUB TOTAL	$1,308.00
FEE WAIVER AMOUNT	($1,308.00)
TOTAL	$0.00

2. **TERM**

The term of this license shall commence on at **MAY 1ST,, 2020 at 7:00 A.M.** and end on at **April 21st, 2020 at 1:00 P.M.** which shall include move in and move out. All rentals are between the hours of 7:00 a.m. – 12:00 a.m. Licensor reserves the right to change or assign Licensee to other available facilities of equal or higher value. The rental fee is inclusive of specified set–up/load-in times. Actual event times cannot be extended into load out time without prior approval prior approval which would result of an increase of rental fee.

3. FEE

Licensee shall pay to the Licensor, in advance, a total fee of **$0.00**; together with any sales tax which may be applicable, on or before **April 1st, 2020.** Estimated Fees & Charges are outlined on the attached Cost Analysis. Additional charges may be incurred depending on changes or amendments made to the initial requested services. Payments may be made at the Civic Center located at 201 E. Dakin Avenue, Kissimmee, Florida. All returned checks will be assessed as provided in the Florida Statue Section 166.251. Licensee shall / has deposit(ed) the sum of **$0.00** dollars upon execution of this agreement as a non-refundable reservation deposit. The reservation deposit shall be deducted from the total balance of the License Agreement.

Licensee shall / **has** deposit(ed) the sum of **$159.60** dollars upon execution of this agreement as security for damages, administrative costs and reservation fees. The deposit shall be held by the Licensor and may be commingled with other Licensors funds. The deposit may be credited to and deducted from any and all sums due and owing under this Agreement by Licensee.

4. CANCELLATIONS

In the event that a reservation cancellation and/or reservation change is necessary, the licensee must present, in writing, notification to the Civic Center Event Coordinator(s). All applicable refunds will be processed within fifteen (15) working days of the cancellation notice and will be mailed directly to the home and/or business as listed on the License Agreement. Cancellations may only be requested by the person who signed the License Agreement, and the refund will be made directly to that individual.

4.1 Cancellations made prior to thirty (30) days of event date shall receive 100% of any payments less the non refundable reservation deposit.

4.2 Cancellations made fifteen (15) to twenty nine (29) days prior to event date shall receive 50% of the total rental amount less the non refundable reservation deposit.

4.3 Cancellations made fourteen (14) days or less shall not be granted a refund and licensee will be held responsible for any unpaid balances.

4.4 The City of Kissimmee shall not be responsible for any lost revenue claims for any "Open to the Public" Event that is cancelled. In the event that tickets have been presold for any "Open to the Public" event, the City of Kissimmee nor the Kissimmee Civic Center Venues shall not be responsible for the refund of any tickets

5. USE/SUPPORT SERVICES AND PERSONNEL

The use and support of the licensed premise shall be restricted to:

Support Personnel ____ Equipment Rentals ____ Catering ____ Concessions ____ Alcohol ____ Other _____

Licensee shall, by taking possession of the Licensed Premises, acknowledge that the Licensed Premise together with the additional uses checked above are in good condition and satisfactorily for the use of the Licensee. Licensee further acknowledges that he/she has had the opportunity to inspect the licensed facilities and accepts them "AS IS".

5.1 The Licensee shall arrange and pay for all decorations, signs, sound and lighting equipment, musical instruments, musicians and radio and television services. All contractors and personnel providing these services are subject to the approval or rejection of the Recreation Supervisor and/or designee as set forth in criteria explained in the Event Management Operational Policies / Procedures for the Kissimmee Civic Center Venues Handbook.

5.2 Unless the Recreation Supervisor and/or designee authorizes otherwise, the Licensor shall provide all personnel and services in support of the Licensee's activities, including but not limited to, production personnel, ticket sellers, ticket takers, door guards, ushers, security, police or emergency medical personnel, utility custodians, electrical wiring and/or other services, equipment and installations incidental to the event, even though such services, equipment and installations are in addition to regular services.

5.3 For support services and personnel described herein, Licensee shall pay the Licensor according to the charges as outlined in the Fees and Charges for support services and personnel establish and on file at the Civic Center. Private contracted services must be paid directly to an approved vendor(s). Fees and Charges are subject to change without notice.

5.4 The Licensee shall be responsible for making arrangements with the Recreation Supervisor and/or designee for all staffing requirements. Such arrangements shall be coordinated and approved by the Recreation Supervisor and/or designee at least 30 days prior to the beginning of the term. In the event the Licensee fails to do so, then the decision of the Recreation Supervisor and/or designee shall control and the Licensee shall be financially responsible for all charges for such services and equipment so furnished.

6. TICKETS

Unless otherwise provided herein, all tickets and money received therefrom shall, at all times, be under the care and control of the Recreation Supervisor and/or designee, and shall remain so until the completion of the event(s) or promotion and full and satisfactory settlement for all rent and charges incurred in connection with the event and promotion. Under no circumstances may the Licensee draw an advance of funds from the gross receipts generated in connection with this license prior to the final settlement herein described unless License Agreement has been paid in full.

6.1 The Licensee must use the Civic Center Box Office and only ticket agencies approved by the Recreation Supervisor and/or designee. The Recreation Supervisor and/or designee shall prescribe the form of the ticket account, records and reports that shall be used by the licensee in staging an event or attraction and in accounting for the gross receipts thereof. Licensee shall be responsible for the payments of all costs and box office fees whenever applicable and for all printing costs incurred therein.

6.2 Tickets may be given to the promoter for distribution under the following guideline: service and printing fees have been paid in full, the manifest has been initialed and/or approved by promoter and all complimentary tickets have been stamped and recorded.

6.3 In the event of a City co-sponsored event, Complimentary Tickets shall not exceed 5% of the event/show manifest.

6.4 Roll tickets are not permitted for entrance.

6.5 General admission event/shows will be reviewed and approved on a case by case basis.

6.6 Any and all tickets will be accessed sales tax, printing charge and facility fee.

6.7 The City of Kissimmee shall not be responsible for any lost revenue claims for any "Open to the Public" Event that is cancelled. In the event that tickets have been presold for any "Open to the Public" event, the City of Kissimmee nor the Kissimmee Civic Center shall not be responsible for the refund of any tickets.

7. PARKING

The Recreation Supervisor and/or designee reserve the right to charge for parking for any and all public events, meetings and/or shows. Parking fees are based on per entry and not per day.

7.1 Parking fees will be set by the Recreation Supervisor and/or designee.

7.2 The Recreation Supervisor and/or designee reserves the right to restrict and/or refuse VIP, Promoter, and Staff parking passes.

7.3 Parking areas may not be used for any exhibition without expressed written permission from the Recreation Supervisor and/or designee. All requests for exhibition use must be done no later than sixty (60) days prior to event/show.

7.4 Vendors may not use parking areas for sale of food, beverages and/or merchandise.

7.5 Flyers, brochures or any other promotional items may not be distributed on City property. Any cost incurred for removal or clean-up of will be directly charged to the licensee.

7.6 Parking for guests of private functions such as weddings, receptions, private parties, social functions, invitation only or pre registered events shall not be charged.

7.7 Parking for Civic Center members who are utilizing the Fitness Center, during regular operational hours, shall not be charged.

8. CONCESSIONS/SALES

The Licensor reserves for itself or its agents, contractors or concessionaires the sole right to the following sales and services:
a) Sales and serving of all foods and confection for consumption on premises, beverages (alcoholic and non-alcoholic)
b) Sales of all souvenirs, novelties, programs and other merchandise c) Parking

8.1 Unless the Recreation Supervisor and/or designee authorizes otherwise, the Licensor shall provide all food, beverage, concessions, parking and novelties. The Recreation Supervisor and/or designee reserve's the right to contract with third parties for such services in support of the Licensee's activities. In the event the Licensee has been granted permission to perform such services, the Licensee shall pay a concession / sales fee to the Licensor.

8.2 Licensee or Licensee's exhibitors shall not give away or sell items under the terms of this Agreement without the written permission of the Recreation Supervisor and/or designee. The concession sales or services are subject to regulations promulgated by the City of Kissimmee and will be provided to the Licensee at the prices and fees set or approved by the Recreation Supervisor and/or designee, in accordance with the Licensor's Fees and Charges Policy.

9. MEDIA/BROADCASTING RIGHTS

The Licensee is prohibited from having radio or television broadcasting, films, recordings or video tapes made of any performance or event in and/or on the facilities contracted hereunder, unless specific written permission is given by the Recreation Supervisor and/or designee. Before such permission is granted the Recreation Supervisor and/or designee may require payment from such Licensee. Licensee must obtain all required licenses and permits. Licensee assumes all costs arising from the use of patented, trademarked or copyrighted materials, equipment devices, processes, or dramatics rights used on or incorporated in the conduct of any event(s) covered under the permit; and Licensee agrees to indemnify and hold harmless the Licensor from all damages, costs and expenses in law or equity for or on account of any patented, trademarked, or copyrighted materials, equipment, devices, processes or dramatic rights furnished or used by Licensee, or its performers and exhibitors, in connection with this agreement and will defend the Licensor from any such suit or action, whether it be groundless or fraudulent.

10. CONTROL OF PREMISES

The Parks, Recreation & Public Facilities and premises, including keys thereto, shall be at all times under the control of the Recreation Supervisor and/or designee or other duly authorized representatives of the City and they shall have the right to enter the premises at all times during the period covered by this contract and shall have free access at all times to all space occupied by the Licensee. The entrances and exits of said premises will be locked and unlocked at such times as may be reasonably required by Licensee for its use of any Parks, Recreation & Public Facilities, and the Recreation Supervisor and/or designee shall have final determination as to when entrances and exits shall be unlocked and locked. Unless otherwise determined by the Recreation Supervisor and/or designee, Fitness members will be allowed access to premises for fitness purposes only during regular operating hours.

10.1 It is agreed that the Licensor retains the right to demand an intermission of not less than fifteen (15) minutes in duration during the event every hour and that the Licensor be notified of the time of said intermission prior to the time of said events.

10.2 The Recreation Supervisor and/or designee reserves the right to protect other bookings and take whatever action is necessary to enforce such right.

10.3 The Licensor reserves the right to refuse or cancel any booking for any reason. In the case of such cancellation, the Licensee's only legal claim shall be for a refund of the reservation fees less the non refundable reservation deposit. Please see the Event Management Operational Policies / Procedures for the Kissimmee Civic Center Venues Handbook for details on cancellations.

10.4 Licensor reserves the right to book like events not less than 45 days before or after licensee's event date.

10.5 Unless the Recreation Supervisor and/or designee authorizes otherwise, the licensee shall be responsible to properly credential all staff, volunteers, officials, press/media, sponsors and VIP's for entrance onto or in Civic Center Venues during open to the public, ticketed events or any other event deemed at risk.

10.6 Guest reentry to ticketed events/show shall be restricted and regulated by the Recreation Supervisor and/or designee.

10.7 The City of Kissimmee, Recreation Supervisor and/or designee reserves the right to refuse reentry for any "Open to the Public" event/show.

11. UTILITIES

The Licensor will provide customary lighting, heating, air conditioning, electricity, and water at no additional costs to Licensee. The Licensee or his sub-contractor, exhibitors or performers shall pay the costs of special lighting, electricity, gas, water, telephone, or other utilities required for exhibits or performances depending on which party orders the services. It is specifically understood that in the event the Licensor is unable to furnish any of the foregoing services resulting from the circumstances beyond the control of the Licensor, then such failure shall not be considered a breach of this License.

12. CLEANING

The Licensor will be responsible for normal cleaning of the facilities before and after use. However, there will be a labor charge for above normal clean-up services. Said fees for said extra clean up shall be assessed by the Recreation Supervisor and/or designee according to City Fees and Charges Policy. Charges will be applicable for any additional cleanup or services needed or requested by Licensee during event.

13. REMOVAL OF LICENSEE

It is expressly understood that the licensee will vacate the premises immediately upon the termination of the term herein. If Licensee fails to surrender the premises to the Licensor at the end of the term, then the Licensor may remove from the premises all effects remaining therein and store the same wherever it sees fit at Licensee's cost, expense, and risk. Licensor shall not be liable to Licensee on account of so removing and storing any items. In addition, Licensee shall be liable to Licensor for any claim or damages suffered by Licensor resulting from Licensee's failure to surrender the premises to Licensor. The Licensee expressly assumes all responsibility for all persons connected with Licensee's use of the premises, including all of its employees, agents, members, invitees, and licenses. Licensor reserves the right through its Supervisor and representatives, to eject any objectionable person or close the event should public safety be at risk.

14. LIENS

The Licensee hereby grants to Licensor a first lien on all property of the Licensee in or upon the premises, including receipts of the Licensee whether from ticket sales or any other source, to secure the payment of rent, taxes, utilities, charges, or damages herein contemplated to be paid by the Licensee and for the purpose of securing the performance of any and all covenants, conditions, or obligations arising under this License. In the event of default, the Licensor may take possession of any and all said property including box office receipts and hold the same until such default has been remedied and if not remedied or satisfied within ten (10) days of such default, the Licensor may advertise such property or properties for sale and upon such sale shall apply the proceeds therefrom to the satisfaction of any amounts due the Licensor and shall pay to the Licensee any sums remaining. This remedy is not exclusive, and the Licensor may, at its discretion, pursue any appropriate remedy to recover all or any deficits remaining from the above mentioned rents, charges, and other sums.

15. ASSIGNMENTS

The Licensee shall not assign or sublet to others the space covered by this license or any other portions of said property without the expressed written consent of the Licensor.

16. DEFAULT

Licensee shall be in default of this agreement: A) If Licensee fails to pay any amounts due under this license. B) If Licensee breaches any provision in this license or any rules and regulation promulgated by the Licensor. C) If Licensee violates any applicable laws or ordinances during its use of the premises. D) If Licensee should dissolve or go bankrupt. D) Upon default of Licensee, the Licensor may have one or more of the following remedies in its sole discretion:

16.1 Declare the entire rental for the balance of the term due and payable.

16.2 Re-enter the premises without being liable for damage thereof, re-let the property or any part thereof, or operate the same, for the balance of the term, receive rents therefrom and apply them first to expenses of making necessary repairs to the premises, attorney's fees and all other reasonable expenses of the Licensor in re-entering the premises and re-letting the premises; and second, to the payment of the rent hereunder: Licensee shall pay the full amount of the rental in case the premises shall not be re-let.

16.3 Terminate this license by giving the Licensee written notice of termination which shall not excuse breaches of this license which have already occurred, nor be a waiver of any rights which the Licensor might have for past, current or future breaches. Upon termination, the relation of the parties shall be the same as if the term had fully expired and the aid Licensor may re-enter the said premises and hold the same as of its former estates therein, remove all persons therefrom and resort to any legal proceeding to obtain such possession and Licensee shall, notwithstanding re-entry, pay the full amount of said rental as herein agreed to be paid together with any other costs, expenses or damages incurred by the Licensor as a result of the breach of this License.

16.4 Pursue any other remedies available to Licensor either at law or equity.

17. TERMINATION

The Licensor may terminate any grant of space to the Licensee if use of the property shall in any way conflict with Federal, State, or local laws, or if the occupancy shall operate to discredit the Licensor. Any ruling that the occupancy may discredit the Licensor may be appealed to the Parks, Recreation & Public Facilities Director, in writing within seven (7) days of such ruling. The decision of the Parks, Recreation & Public Facilities Director shall be final and binding. In such cases, the Licensee's only legal remedy shall be for a refund of the reservation fees less the non-refundable reservation deposit. All notices required or permitted under this contract may be given personally or by certified mail, with return receipt postage paid, addressed to such party at the address herein or at such address as one party may from time to time notify the other in writing.

18. **LIQUIDATED DAMAGES**

The Licensee shall be responsible for the filing of Federal, State and local tax returns and payment of all taxes due. The Licensor reserves the right to collect and/or withhold sales tax for ticket sales, or other taxable items, and remit the same directly to the Florida Department of Revenue.

19. **TAXES**

The Licensee shall be responsible for the filing of Federal, State and local tax returns and payment of all taxes due. The Licensor reserves the right to collect and/or withhold sales tax for ticket sales, or other taxable items, and remit the same directly to the Florida Department of Revenue.

20. **DISCRIMINATION**

No person, group or association shall be excluded from use of the facility because of race, religion, color creed, handicap, sex, or national origin.

21. **FORCE MAJEURE**

If the premises or any part of any Parks, Recreation & Public Facilities is destroyed or damaged by fire or any other cause, or casualty or an unforeseen occurrence renders the fulfillment of this license by the Licensor impossible, then this license shall be Terminated, the Licensee shall be liable for rent, charges for support personnel and services, additional utility charges which accrued only as to the time of termination; provided, however if such impossibility of performance shall be due to the act or omissions of Licensee, its agents, employees, members, licensees, or invitees, the Licensee shall be liable for the entire rent charged hereunder as well as all accrued charges in addition to such other damages as may result from such acts or omissions. Licensee hereby waives any claim for damages or compensation from the Licensor on account of such termination.

22. **GOVERNING LAW**

This shall be governed by the laws of the State of Florida and any suit brought on hereunder shall be brought within the City of Kissimmee/Osceola County.

23. **TIME IS OF THE ESSENCE** in this agreement.

24. **WAIVER OF RIGHT**

No single or partial exercise of a right or remedy shall preclude any other or further exercise of a right or remedy. The Licensor shall be under no obligation to re-let the premises. In the event the program is canceled by the Licensee, the Licensor shall have the right to retain all monies previously paid as rental for the program and Licensee shall pay the balance of the rental to Licensor upon demand: provided, however, that it does not occur within the refund policy window or if the Licensor obtains another Licensee for the date(s) of the program or any part thereof, the amount of the replacement program, less the costs incurred by the Licensor in securing such replacement programs, shall be utilized to off-set any rental payments paid to or owed to the Licensor.

25. **INSURANCE**

Licensee, at its sole cost and expense, shall cause to be maintained during the term of this License, insurance as follows:
a) Comprehensive General Liability Insurance with limits not less than $1,000,000 each occurrence, combined single limit for bodily injury and property damage with any deductible not to exceed $500.00 each occurrence. Said policies shall provide protection and indemnify the Licensor during the term of the License. Should any of the required insurance be provided under a claim made form, Licensee shall maintain such coverage continuously four (4) years beyond the termination of this License to cover such claims. Should any of the required insurance be provided under an annual aggregate limit or investigation or legal defense costs are included, such annual aggregate limit shall be three (3) times the occurrence limits above. Licensee shall provide proof of such insurance from a licensed insurance company approved by the Licensor. Said policy names the Licensor as an additional insured and must provide for a thirty (30) day notice prior to cancellation to the Licensor. Licensee shall provide a copy of said policy and certificate no later than thirty (30) days prior to the scheduled event.

26. **INDEMNITY**

Licensor and Licensee's employees and agents shall not be liable for any injury and Licensee agrees to hold the Licensor harmless therefrom, including death to any person or for damage to any property, regardless of how such injury or damage be caused,

sustained, or alleged to have been sustained by the Licensee or by others as a result of any condition, including existing or future defects in the Licensed Premises, or occurrence related in any way to the Licensed Premises and the areas adjacent thereto or related in any way to the Licensee's use or operation on the Licensed Premises and adjacent area thereto.

Licensee shall indemnify the Licensor or any employees or agents of the Licensee against all claims arising out of any injury to persons, including death or damage to property, sustained. Licensee shall defend any action brought against Licensor or any of it's employees or agents based upon any alleged injury or damage caused by the Licensee and Licensee shall pay all costs, including Attorney Fees, including any appeals filed, resulting from the action. Licensor has the right to reject or appoint an Attorney to defend said action.

27. APPICABLE REGULATIONS AND POLICIES

Licensee, at its sole cost and expense, shall comply with all laws, ordinances, judicial decisions, orders and regulations of federal, state, county and municipal government and departments, courts, commission board and officers thereof pertaining to the use of the Licensed Premises. Licensee further agrees to strictly comply with all Rules and Regulations, as outlined in the Event Management Operational Policies / Procedures for the Kissimmee Civic Center Venues Handbook, promulgated from time to time by the Parks, Recreation & Public Facilities Director and are hereby incorporated in this permit by reference, and Licensee shall comply fully with said policies by Licensee, its agents, employees, licensees or invites shall be a breach of this license. Licensee herby of the

Licensee hereby acknowledges receipt of a copy of the policies by signing this agreement.

28. WAIVER OF JURY TRIAL/ATTORNEY'S FEES

It is mutually agreed by and between Licensee and Licensor that each of the parties do hereby waive trial by jury in any action, proceeding or claim which may be brought by either of the parties hereto against the other on any matters concerning or arising out of this Agreement. In any such action the prevailing party shall be entitled to an award of attorney's fees, including those incurred in appellate proceedings.

This license agreement and the Event Management Operational Policies / Procedures for the Kissimmee Civic Center Venues Handbook and Operational Policies of the City of Kissimmee constitute the entire agreement between the parties and supersede all previous misunderstandings. This permit may not be modified except by written consent of the parties hereto.

IN WITNESS WHEREOF the parties have affixed their signatures as follows*:

LICENSEE

By: ANGEE S VEGA **Date:** 01/21/2020

Licensee
Title: COMMUNITY EVENTS SPECIALIST

Address: 2601 E. IRLO BRONSON MEMORIAL HWY.

KISSIMMEE, FL 34744

Phone Number: 407-348-1105

Driver's License #: V200-017-65-264-0

_____ **Date:** 01/21/2020

Witness as to Licensee

Corporate Seal (if applicable)

ATTEST:

By: _____ **Date:** _____

LICENSOR (City of Kissimmee)

_____ **Date:** _____

Events & Public Venues Manager or designee

_____ **Date:** _____

Parks & Recreation Director or designee

*** Signatures by all parties verify approval of this agreement and makes this a legally, binding agreement.**

PLEASE SIGN AND RETURN ALL COPIES

This agreement is void unless signed and ALL copies returned with deposit on or before TUESDAY, DECEMBER 10TH, 2020

Revised 10.1.2013

Organization: Osceola County Sheriff's Office **Event:** kickball Palooza **Date:** April 21-23, 2023

Administration Fee:				$100.00
Facility Fee:				
Fortune Road Athletic Complex	$615.00 per day		3 day rental x $615	$1,845.00
Muti Day Discount	20%			($369.00)
			Sub Total:	$1,476.00
City Services:				
Field Prep	50.00 per field		4 fields x $50	$200.00
Taxes:			7.5%	EXEMPT
Staff:				
Grounds Crew	$25.00 per hour		1 Grounds Crew x 30 hours x $25.00 per hour	$750.00
Staff Fees	$47.00 per hour		1 Utility Staff x 30 hours x $15.00 per hour	$450.00
Total Estimate				**$2,976.00**
Damage Deposit (Refundable)				$369.00
Fee Waiver Amount				TBD
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: HRFCC Event Name: Cuban Sandwich Festival of Kissimmee & Orlando

Event Date: 5/7/2023 **Year of fee waiver award: 3**

ORGANIZATION / EXPERIENCE	**50 POINTS**
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3000 **Previous Year's Fee Waiver Award: $2400**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

HRFCC
Full Legal Name of Organization

Yolanda Gonzalez-Padilla (Jolie)
Name of Chief Officer/President

(813) 407-6866
Telephone Number

(813) 407-6866
Mobile Number

Organization Address *

14391 Spring Hill Dr Suite 417
Street Address

Spring Hill
City

Florida
State/Region/Province

34609
Postal / Zip Code

United States
Country

Eligibility/Type *

(•) Non-Profit ( ) Government ( ) Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter

HRFCC_Tax_Exemption.PDF

Event Contact Information

Jolie Gonzalez-Padilla
Name of Event Contact

President
Title of Event Contact

(813) 407-6866
Telephone

Jolie@HRFCC.org
Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Cuban Sandwich Festival of Kissimmee & Orlando

Start Date & Time of Event *

05/07/2023 11:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

05/07/2023 06:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

1,500

Brief Description of Event *

Free Family and Community Cultural Festival featuring contest to find the best Cuban Sandwiches in Kissimmee and Orlando, FL. We also make the Biggest/Longest Cuban Sandwich in the World -breaking the Tampa record, and in the process -feeding the homeless, this year as a result of the Kissimmee event-over 600 homeless people were fed. The event features LIVE music and dance performances.

Grant Request Amount *

3000.0 **USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is $3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

05/07/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

05/07/2023 06:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Will your event require the rental of the modular stage for Veterans Lawn? *

○ Yes ◉ No

Fee Waiver Grant Program Request

Will your event require tents? *

(•) Yes ( ) No

Will your event require vehicle access to the park?

(•) Yes ( ) No

Will your event require road closures? *

( ) Yes (•) No

Will your event require portable restrooms? *

(•) Yes ( ) No

Will your event require utilities? *

[ ] No [ ] Power [x] Water

Will your event hire outside production companies? *

( ) Yes (•) No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

[ ] Green/Dressing Room [ ] Locker-Room(s) [ ] Reception Area

[ ] Autograph Area [ ] Food Prep Area [ ] Dance Floor

[ ] Private Meeting Space [ ] Rehearsal Space [x] None

Fishing Tournament

Is the event a fishing tournament?

( ) Yes (•) No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

( ) Yes (•) No

Will your event require a DJ?

(•) Yes ( ) No

Does your entertainer have special requirements and/or technical rider?

( ) Yes (•) No

Fee Waiver Grant Program Request

Will your event have performers?

(•) Yes ( ) No

If you are having performers, please list if they are local, national, or international.

They will be a combination of local, nation and or international. TBA.

Audio / Visual

Is this an indoor event?

( ) Yes (•) No

Promotions

Will your event require banners to be hung? *

(•) Yes ( ) No

At what level will your event be promoted? *

[x] Local [x] Regional [x] National

Will the media be invited? *

(•) Yes ( ) No

If the media will be invited, what type of media will be expected? *

Local News teams. Food Bloggers, and Foodies.

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

4+ years (prior to that with another organization)

How long has the sponsoring organization physically been in operation? *

4+ years (prior to that with another organization) 20+ Years

Fee Waiver Grant Program Request

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

Event production team: Victor and Jolie Padilla along with a travel team that has been with us for the last several years. We recruit via our collaboration with local organizations, friend, media contacts, social media and our website. Travel team: 15-20 People.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

(•) Yes ( ) No

If yes, please identify the event(s). *

Ford Cuban Sandwich Festivals - 5 years. Plus Ford Taste of Latino Festival, 1 year.

Has this specific event been previously produced? *

(•) Yes ( ) No

If so, when and where was the event held? *

in 2021 and again in 2022 this event was held at Kissimmee Lakefront Park.

What is the uniqueness of the proposed event? *

We host a Cuban Sandwich contest and we also make the biggest/longest Cuban Sandwich in the world -each year we break the record previously held by Tampa-the sandwich is then donated to a homeless shelter to feed the homeless. The sandwich fed over 600 homeless people. The winners of the Cuban Sandwich contest go on to compete and represent Kissimmee/Orlando in the World Cuban Sandwich contest in Tampa on Sunday, May 28th, 2023 -the winner of that contest receives a GOLDEN Ticket to go on and compete in the World Food Championships!

How does the proposed event support the organization's mission and impact to residents? *

Part of our mission is to preserve our cultural heritage in which we do be featuring and highlighting Hispanic talent and cultural foods. In addition, another part of our mission is to feed the homeless! We also make the Biggest/Longest Cuban Sandwich in the World -currently the goal is 275 ft. The Sandwich will then be donated to a homeless shelter and will feed over 650 homeless people - the event receives a lot of media attention. People later walk around and enjoy other areas of Kissimmee as the event closes at 6pm. This event is welcoming to local residents and invites locals to attend and or participate.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Fee Waiver Grant Program Request

Is so, please describe the impact:

We will bring attract people to the area and they will enjoy strolling beautiful downtown Kissimmee. In addition, we do not serve alcohol at our event and our events ends fairly early -so people will most likely enjoy strolling and visiting some of the local restaurants and bars.

Please attach your itemized event budget.

8th_Annual_FORD_Cuban_Sandwich_Festival_Budget_Kis.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

In 2021 and again in 2022: At Kissimmee Lakefront Park, we broke the world record for the Longest Cuban Sandwich in the World at the Kissimmee event and fed over 600 homeless people! This is a popular bilingual family and community event that gets a lot of great media attention. The event has become known for great food, media exposure and entertainment - it is free and open to locals and/or visiting guests. The event also features local leaders and VIP judges.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

We feature the event on our website which receives visitors from all over the world.
Social media marketing and ad buys
Event marketing via Eventbrite and other online event platforms
Television, newspapers, Magazine and radio advertising,
Video advertising, local organizations, local event calendars and more!

How much money will the sponsoring organization commit towards advertising? *

$1,500

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

(•) Yes ( ) No

If so, please state the commitment of all other groups: *

We work with local non-profits and other local vendors in order to make the event successful to all.
- Local non-profits
- Homeless Shelters
- Food Shelters

Including but not limited to: Council on ageing, Church and Community, Local chambers of commerce, Hispanic Organizations, local churches and more.

Has the sponsoring organization solicited local vendors to support the event?

(•) Yes ( ) No

Fee Waiver Grant Program Request

If so, please identify all vendors that have committed to the event: *

TBD

8th Annual Kissimmee/Orlando Cuban Sandwich Festival - Sunday, May 7th, 2023

REVENUE Goal:

SPONSORShip, Vendors and supporting Grant		$30,000.00
TOTAL Goal	**0.00**	$30,000.00

EXPENSES:		**Actual**
Making of the Sandwich	**$ 1,200.00**	
T-SHIRTS, APRONS	**$600.00**	
GENERATOR RENTALS	**$1,500.00**	
PERMITS & City Staff & Services (police, Fire, etc)	**$6,000.00**	
Grease Pit	**$250.00**	
Event Staffing: Promos, VIP, Stage hands, Set up, Breakdown, runner, contest pickup, etc	**$3,500.00**	
INSURANCE	**$1,400.00**	
GIFTS-PLAQUES & Awards	**$500.00**	
ENTERTAINMENT	**$3,500.00**	
TENTS/TABLES/CHRS	**$2,000.00**	
SUPPLIES	**$300.00**	
VOLUNTEER FOOD	**$400.00**	
Clean up Crew (all day maintenance and clean up)	**$600.00**	
Trash	**$300.00**	
WRIST BANDS	**$200.00**	
Hotel & Travel of VIP Actors, Out of town contestants, and team	**$3,500.00**	
Advertising	**$1,500.00**	
Sanitation Measures	**$1,000.00**	
Tent Weights, Fire Extinguishers, etc'	**$1,000.00**	
FLYERS & PROMOTION	**$750.00**	
TOTAL EXPENSES	**$30,000.00**	

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8017965693C-9	02/03/2020	02/28/2025	501(C)(3) ORGANIZATION

This certifies that

HISPANIC RESOURCE FAMILY CULTURAL CENTER
INC
14391 SPRING HILL DR STE 417
SPRING HILL FL 34609-8199

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

CITY OF KISSIMMEE 1883

Event: Cuban Sandwich Festival **Event Date:** May 7, 2023

Administration Fee:	$100.00			$100.00
Festival Lawn	$1,295.00 per day		1 day rental x $1,295.00	$1,295.00
Bass, Boar and Turtle Pavilions	incl w/Festival Lawn			
Rental Items:				
Portalets	$100.00-$200.00 per unit; environmental & COVID19 fees $7.75 each		1 ADA ($125each), 2 Regular ($125each), and 1 Hand-wash Sinks ($200each) + Delivery & Cleaning Fees	$575.00
EZ Systems	$80.00 each		3 EZ-Systems x $80.00 each (2 Trash, 1 Recycling)	$240.00
Taxes:			7.5%	EXEMPT
Staff:				
Opening Facility Tech (7:30am-1:30pm)	$15.00 per hour		1 Facility Tech x 6 hours x $15.00 per hour	$90.00
Event Load-in Staff (7:30am-1:30pm)	$15.00 per hour		4 Event Staff x 6 hours x $15.00 per hour	$360.00
Closing Facility Tech (1:00pm-7:30pm)	$15.00 per hour		1 Facility Tech x 6.5 hours x $15.00 per hour	$97.50
Event Load-out Staff (1:00pm-7:30pm)	$15.00 per hour		4 Event Staff x 6.5 hours x $15.00 per hour	$390.00
Parks Staff (11:30am-8:00pm)	$15.00 per hour		3 Parks Staff x 8 hours x $15.00 per hour	$360.00
KPD Event Load-in & Security (7:30am-1:30pm)	$50.00 per hour		2 KPD Officers x 6 hours x $50.00 per hour	$600.00
KPD Event Strike & Security (1:00pm-7:30pm)	$50.00 per hour		2 KPD Officers x 6.5 hours x $50.00 per hour	$650.00
KFD Inspector (7:30am-11:30am)	$30.00 per hour		2 Fire Inspector x 4 hours x $30.00 per hour	$240.00
KFD Supervisor (12:00pm-6:00pm)	$30.00 per hour		1 Supervisor x 6 hours x $30.00 per hour	$180.00
EMT (12:00pm-6:00pm)	$30.00 per hour		2 EMS Staff x 6 hours x $30.00 per hour	$360.00
Total Estimate Before Deposits				**$5,537.50**
Damage Deposit (Refundable)				$259.00
Fee Waiver Amount				TBD
Total Due 30 Days Prior to Event				**TBD**

ITEM 5.B
Community Benefit Grant

Item Details
Community Benefit Grant Scoring on below requests:

- Fund for Hope - request amount of $2,500
- Osceola Kowboys American Youth Football Regionals 7U - request amount of $2,500

Community Benefit Grants not qualified below:

- UCP Osceola Charter School (Field Trip)
- Harvest Ball - Bishop Grady
- Gracias Choir Christmas Cantata - International Youth Fellowship Orlando
- Kissimmee Valley Livestock Show/Fair

Attachment(s):
1. Evaluation Fund for Hope
2. Evaluation 7U

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 8/17/22 Evaluated by: Steve Lackey

Event Name: Fund for Hope Event Date: Nov. 11, 2022

	Meets Policy Requirements Yes	No	
Applicant Eligibility			
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	X		
Organization Eligibility (continued)			
Valid Article of Incorporation filed in the State of Florida?	X		
Incorporated for at least 12-months before date of application?	X		
Copy of valid 501(c) notifications letter provided?	X		
Copy of current Form 990 (if applicable) provided?	X		
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	X		
Does NOT receive funds from any other City program?			2021 schedule B
Request / Use Eligibility			
Will result in positive impact to the City of Kissimmee?	X		
Will NOT be used for event/activity in any City-owned facility?	X		
Will NOT be used to promote commercial/private business?	X		
Will NOT be used to promote/support political party/activity?	X		
Will NOT be used to promote tobacco or VICE activities?	X		
Will NOT support or benefit a single individual?	X		
Will NOT fund or support direct programming?	X		

Eligibility Determination

Note, a "no" to any question or criteria automatically makes the request ineligible for funding consideration pursuant to City Policy 1605.

Does the request meet or exceed policy requirements? X

Evaluator's Comments

Form 990 Schedule B (2021) COK = $5,000 Contribution
For FY 2022-23 Applicant may only use Community Benefit Grant.

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

12-Nov-2022

dd-MMM-yyyy

Event Name *

"Fund for Hope"

Event Address *

1105 Cross Prairie Parkway

Street Address

Kissimmee

City

FL

State/Region/Province

34744

Postal / Zip Code

Requestor's Information

Name *

Michele

First

Herpin

Last

Phone Number *

813-525-7434

Address *

1712 N. Kelley Ave

Street Address

Kissimmee

City

FL

State/Region/Province

34744

Postal / Zip Code

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Email

micheleh@claritashouse.com

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- ○ Individual
- ◉ Organization

In addition to an application, organizations must also submit:

- A copy of the organization's 501(c) notification letter; and
- A copy of a current Form 990, if the organization is required to file such; and
- A copy of the organization's most recent completed audit; and
- A copy of the organization's most recent annual budget.

501(c) Certification/Notification

Claritas_House_EIN.pdf

Form 990 (If Organization is Required to File)

Claritas_House_2021_Tax_Return.pdf

Last Completed Audit

letter_of_explanation_for_audited_financial_exempt.docx

Annual Budget

2022_Annual_Budget.pdf

Type of Request *

- ○ Donation
- ◉ Sponsorship

Total amount to be raised/fundraising goal for your event? *

50,000.00 **USD**

Amount Requested from Community Benefit Fund *

2,500.00 **USD**

General Information

Name of School Represented

N/A

Community Benefit Funds Application

City of Kissimmee, FL

Contact for Event Sponsor or School Representative

Michele	Herpin
First	Last

Phone Number for Event/School Representative

813-525-7434

Event/Competition's Website

https://claritashouse.com/

Have you participated in this event in the past? *

- (•) Yes
- ( ) No

Donation / Sponsorship Description

1. Briefly describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards? *

Clarita's House Outreach Ministry is having their 9th Annual Fund for Hope Gala Fundraiser. We will be back in person having the Gala Fundraiser. For the past 9 years "Fund for Hope" is our largest fundraiser of the year to raise hunger awareness in Osceola County FL. The community can participate by buying a ticket to the event on our software online. OR becoming a sponsor, or vendor by contacting Committee Coordinator.
The Sponsorship request will be used for our "Feed the Need" program that helps to supplement and feed the homeless and disadvantaged individuals and families in our community.

2. Are any other fundraisers planned to raise money for the event or for your participation in the event? *

There are no other fundraisers planned to raise money for the Fund for Hope. But we have other fundraisers throughout the year to support our programs.

3. Have you secured funding or funding commitments from any other governmental entity? If yes, please provide the name(s) of the entity(ies). *

KUA, Acahand Foundation, Advent Health, Restore the Path for Christ, Rotary Club of St. Cloud, and CCR Radio Network so far and have others that will coming on board in September.

Community Impact

Community Benefit Funds Application

City of Kissimmee, FL

Describe the impact this event will have on the quality of life and/or community pride for residents in the City of Kissimmee. *

Clarita's House Outreach Ministry is a 501 3 C non-profit organization helping the homeless and underprivileged individuals and families achieve self-sufficiency. Clarita's House Outreach was founded in 2007 by Doreen Edwards-Barker, for the past 15 years CHOM have been improving lives in the community. Clarita's House Outreach gives food, clothing, basic necessities and resources to the homeless living on the streets and struggling individuals and families living in motels, cars and low income neighborhoods.

Has this event ever received a donation or sponsorship from the Community Benefit Fund? *

- ○ Yes
- ◉ No

Community Benefit Funds Application

City of Kissimmee, FL

Terms and Conditions *

Funding Availability

Funds for the Community Benefit program are provided on an annual basis from the City Commission Contingency Fund. Requests through this process are limited to an annual request of $2,500.00 and must go towards an awareness event, fundraising activity or school related competition.

Organizations currently funded through the Social Services or Quality of Life Competitive Funding Process, the Special Events Fee Waiver Program, the Law Enforcement Trust Fund or any entitlement programs funded through the City do not quality for Community Benefit funds.

Eligibility

Organizations:

Be a non-profit organization with Articles of Incorporation filed with the Florida Department of State, an

Be in existence and operating within the State of Florida for at least twelve (12) month prior to the date of application to the City for a donation, and

In addition to their application, submit: (1) a copy of their 501(c)3, or 501(c)4 notification letter. (Consideration will be given to tax exempt organizations raising funds dedicated to a specific 501(c)3 activity); (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) an annual budget, and

Must provide a service, program, or event that demonstrates a local and positive impact to the City of Kissimmee and/or the residents of Kissimmee.

Individuals: When a requester is an individual, the individual shall:

Be a resident of the City of Kissimmee or Osceola County.

NOTE: All requests for financial support associated with a school-based program shall be paid directly to the sponsoring entity.

Program Restrictions

The following restrictions for funding shall apply to awards for any program, activity, person, or organization:

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Funds cannot be used for or to promote a commercial business or private enterprise, personal gain or to promote political parties, political activities or political advocacy groups.

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Organizations that discriminate based on age, race, sex, sexual orientation, marital status, disability or national origin are not eligible for funds.

Funds cannot be used for the purposes of supporting a private foundation or charity that benefits one individual.

A nonprofit currently receiving funding through a separate grant or fund from the City of Kissimmee are ineligible for funding through the Community Benefit Fund sponsorship and donation grant process.

Final Reporting Requirements

All recipients will be required to submit a final report outlining the results of the event and the impact of the city's funds towards the event, cause or competition.

All applicants that receive funds in any amount must utilize the City seal/logo on all marketing, promotional and advertising materials including but not limited to print media, radio, television, website and social media depicting the City of Kissimmee's support.

Failure to adhere to the requirements contained within this section or set forth as a contingency for funding, shall result in disqualification the requestor from future funding through this program.

☑ I accept the Terms and Conditions.

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 8/24/22 Evaluated by: Steve Lackey

Event Name: Osceola Kowboys American Youth Football Regionals 7U Event Date: Nov 18, 2022

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	X	
Organization Eligibility (continued)		
Valid Article of Incorporation filed in the State of Florida?	X	
Incorporated for at least 12-months before date of application?	X	
Copy of valid 501(c) notifications letter provided?	X	
Copy of current Form 990 (if applicable) provided?	X	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	X	
Does NOT receive funds from any other City program?	X	
Request / Use Eligibility		
Will result in positive impact to the City of Kissimmee?	X	
Will NOT be used for event/activity in any City-owned facility?	X	
Will NOT be used to promote commercial/private business?	X	
Will NOT be used to promote/support political party/activity?	X	
Will NOT be used to promote tobacco or VICE activities?	X	
Will NOT support or benefit a single individual?	X	
Will NOT fund or support direct programming?	X	

Eligibility Determination

Note, a "no" to any question or criteria automatically makes the request ineligible for funding consideration pursuant to City Policy 1605.

Does the request meet or exceed policy requirements?	X	

Evaluator's Comments

1st request for 7U Team FY 2022-23
Applicant informed only one request per Age Group per Year.
May request other sports

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

18-Nov-2022

dd-MMM-yyyy

Event Name *

American Youth Football Regionals

Event Address *

Skidaway Road Bona Bella Ave

Street Address

Savannah

City

Georgia

State/Region/Province

31406

Postal / Zip Code

Requestor's Information

Name *

Demarcus

First

Poole

Last

Phone Number *

8132407888

Address *

2605 Eagle Cliff drive

Street Address

Kissimmee

City

FL

State/Region/Province

34746

Postal / Zip Code

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Email

laurenloaiza@me.com

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- ○ Individual
- ◉ Organization

In addition to an application, organizations must also submit:

- A copy of the organization's 501(c) notification letter; and
- A copy of a current Form 990, if the organization is required to file such; and
- A copy of the organization's most recent completed audit; and
- A copy of the organization's most recent annual budget.

501(c) Certification/Notification

504c.pdf

Form 990 (If Organization is Required to File)

form990.HEIC

Last Completed Audit

504c.pdf

Annual Budget

504c.pdf

Type of Request *

- ◉ Donation
- ○ Sponsorship

Total amount to be raised/fundraising goal for your event? *

3,000.00 **USD**

Amount Requested from Community Benefit Fund *

2,500.00 **USD**

General Information

Name of School Represented

Osceola Kowboys

Community Benefit Funds Application

City of Kissimmee, FL

Contact for Event Sponsor or School Representative

Josh	Day
First	Last

Phone Number for Event/School Representative

4078738991

Event/Competition's Website

https://www.americanyouthfootball.com

Have you participated in this event in the past? *

- ○ Yes
- ◉ No

Donation / Sponsorship Description

1. Briefly describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards? *

Our team has qualified for the AYF regional tournament in Savannah Georgia in November. The funds will be used for transportation and stay for the 20 kids on our roster.

2. Are any other fundraisers planned to raise money for the event or for your participation in the event? *

No

3. Have you secured funding or funding commitments from any other governmental entity? If yes, please provide the name(s) of the entity(ies). *

No

Community Impact

Describe the impact this event will have on the quality of life and/or community pride for residents in the City of Kissimmee. *

Osceola Kowboys will be representing Kissimmee in the football tournament, competing last year has brought 5+ families to move to Kissimmee to be a part of our program. Currently we are nationally ranked #6 7U team.

Community Benefit Funds Application

City of Kissimmee, FL

Has this event ever received a donation or sponsorship from the Community Benefit Fund? *

- ○ Yes
- ◉ No

Terms and Conditions *

Funding Availability

Funds for the Community Benefit program are provided on an annual basis from the City Commission Contingency Fund. Requests through this process are limited to an annual request of $2,500.00 and must go towards an awareness event, fundraising activity or school related competition.

Organizations currently funded through the Social Services or Quality of Life Competitive Funding Process, the Special Events Fee Waiver Program, the Law Enforcement Trust Fund or any entitlement programs funded through the City do not quality for Community Benefit funds.

Eligibility

Organizations:

Be a non-profit organization with Articles of Incorporation filed with the Florida Department of State, an

Be in existence and operating within the State of Florida for at least twelve (12) month prior to the date of application to the City for a donation, and

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