MEETING AGENDA
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, JUNE 14, 2023 AT 6:00 PM

1. **MEETING CALLED TO ORDER**
2. **MINUTES**
   - 2.A Approval of the Meeting Minutes from April 12, 2023.
3. **HEAR AUDIENCE**
4. **DISCUSSION**
   - 4.A Directors Report
5. **NEW BUSINESS**
   - 5.A Fee Waiver Grant Scoring - Period I - October 1, 2023-January 31,2024
   - 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 2.A
Approval of the Meeting Minutes from April 12, 2023.

Item Details
Approval of the Meeting Minutes from April 12, 2023.

Attachment(s):
1. PARAB Minutes 2023_4_12

MEETING MINUTES
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, APRIL 12, 2023 AT 6:00 PM

1. MEETING CALLED TO ORDER **Members Present:** Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
Staff Present: Parks and Recreation Assistant Director Matt Libby, Office Manager Andrea Campbell, Events & Venues Manager Kayla Rogers and Assistant City Attorney Curtis Mcgehee
Members Absent: Board Member Guillermo (Bill) Hansen, Board Member Roy Oddo

Board Chair Edward Kilroy called the meeting to order at 6:03pm.

2. MINUTES

2.A Approval of the meeting minutes from December 14, 2022 and February 8, 2023.

Board Chair Edward Kilroy noted that he would like to approve the meeting minutes from December 14th and February 8th separately.

Board Member Vanessa Alvarez made a motion to approve the December 14th meeting minutes. Board Member Hannan Khan seconded the motion.

AYE: Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
NAY: None

Motion to 6 - 0.

Board Member Vanessa Alvarez made a motion to approve the February 8th, 2023 meeting minutes. Board Member Albert Dorsey seconded the motion.

AYE: Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
NAY: None

Motion to 6 - 0.

3. HEAR AUDIENCE No one was present in the audience.

4. DISCUSSION

4.A Directors Report

Board Chair Edward Kilroy introduced the Assistant City Attorney Curtis Mcgehee who will be at all future meetings as a resource to the board.

Parks and Recreation Assistant Director Matt Libby reported on the upcoming events as well as two upcoming park volunteer opportunities if any board members would like to attend. Matt will send the sign up links if you would like to preregister or to invite others to join. Board Chair Edward Kilroy asked if there were any updates on Lancaster Ranch Park and Assistant Director Matt Libby explained that the Mitigation Credit Agreements are in and going to the Commission for approval.

Board Member Hannan Khan asked if there were any updates on the Berlinsky Community House, Assistant Director Matt Libby explained that there will be another structural inspection completed to move forward and determine next steps to be certain of a rebuild or reconstruction process.

5. NEW BUSINESS

5.A Annual Amount for Fee Waivers for 2022/2023 Fiscal Year Events

Board Chair Edward Kilroy explained that a vote for clarification of awarded amounts of 2022/2023 Fee Waivers was needed due to quorum issues and just a precaution for clarity.
Board Member Albert Dorsey made a motion to accept the awarded amounts as presented for 2022/2023 Fee Waivers (Exhibit A) . Board Member Vanessa Alvarez seconded the motion.

AYE: Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
NAY: None

Motion to 6 - 0.

5.B Community Benefit Grant

Two Community Benefit Grants were submitted for review and award.

Team Kareem, Drowning Prevention Awareness - This group was awarded a Fee Waiver Grant in the past but has since decided that they did not want to accept the Fee Waiver and has applied for the Community Benefit Grant instead. Each board member voted for the amount each would like to propose to give and those amounts were entered in the spreadsheet (Exhibit B) and their average was for $2,500.
Board members Albert Dorsey and Robin Wright simultaneously made a motion to award Team Kareem $2,500. Board Member Vanessa Alvarez seconded the motion.

AYE: Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
NAY: None

Motion to 6 - 0.

Fostering Quality Education - The group is eligible for the grant and will provide supplies and books for students to further their education. They did receive a Community Benefit Grant last year in the amount of $2,000. Each board member voted for the amount each would like to propose to give and those amounts were entered in the spreadsheet (Exhibit B) and their average was for $2,333.

Board Member Vanessa Alvarez made a motion to award Fostering Quality Education $2,333. Board Member David Anderson seconded the motion.

AYE: Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
NAY: None

Motion to 6 - 0.

5.C 2022/23 Vote of Parks and Recreation Advisory Board Officers

Board Chair Edward Kilroy explained that due to the amount of meetings left this year we should just keep things the way they are and move forward in October.

Board member Robin Wright made a motion to nominate Ed Kilroy as the Chair and Vanessa Alvarez as the Vice Chair. Board member Hannan Khan seconded the motion.

AYE: Board Member M. Hannan Khan, Board Chair Edward Kilroy, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Albert Dorsey
NAY: None

Motion to 6 - 0.

5.D Board Attendance and Term Renewals

Parks and Recreation Assistant Director Matt Libby reiterated and clarified the criteria for the Parks and Recreation Advisory Board attendance policy. The policy says that a board member is considered resigned if 3 consecutive meetings are missed (no regard to a calendar year) and/or removed if three (or 50%) of meetings in a year. If either of these instances occur you will be removed from the board by the City Commission. If you have extenuating circumstances, you may write a letter on your behalf to the Commission with your request to stay on the board.

Board Member Robin Wright thanked the Board and the City Commission for allowing them to stay on after their Hurricane Ian displacement.

6. HEAR CHAIRMAN AND BOARD MEMBERS Nothing from the Board.

7. ADJOURNMENT

There being no further business to come before the Parks and Recreation Advisory Board, Board Chair Edward Kilroy adjourned the meeting at 6:35pm.

Board Chair

ATTEST:

Board Secretary

ITEM 4.A
Directors Report

Item Details

Attachment(s):
1. Directors Report 6.14.2023

Directors Report
June 14, 2023

1. Upcoming Events
    - Saturday June 17th – Juneteenth
    - Tuesday, July 4th – Monumental 4th of July
    - Saturday, September 16th – Fandom Kissimmee
    - Sunday, September 24th – Puerto Rican Parade

2. Volunteer Opportunities
    - Thursday, June 14th & 15th – Kissimmee Lakefront Park – 9am – 11am
    - Thursday, July 5th – Kissimmee Lakefront Park – 9am – 11am

3. New Hires
    - Randy Dunton, Recreation & Leisure Services Supervisor over Athletics
    - Lisette Vangas, Secretary for Recreation & Leisure Services
    - Kathi-Ann Thomas, Secretary for Admin

ITEM 5.A
Fee Waiver Grant Scoring - Period I - October 1, 2023-January 31,2024

Item Details
Fee Waiver Grants

- Viva Osceola
- Keep Kids off the Streets
- Boo! on Broadway
- Mid-Florida Football & Cheer Competition
- Orlando Japan Festival
- Veterans Resource Fair
- Activacion & Avivamiento
- HUGS Healing & Wellness
- YouthFIt
- Naismith Basketballlympics

Attachment(s):
1. Viva Osceola Binder
2. Keep Kids off the Streets Binder
3. Boo! on Broadway Binder
4. Mid-Florida Football & Cheer Comp Binder
5. Orlando Japan Festival Binder
6. Veterans Resource Binder
7. Activacion Avivamiento Binder
8. Hugs Healing & Wellness Binder
9. Youthfit Binder
10. Naismith Basketballlympics Binder
11. 2023-2024 Fee Grant Spreadsheet - Period I (1)

FEE WAIVER GRANT RANKING FORM

Organization Name: The Osceola Chamber
Event Name: Viva Osceola

Event Date: October 7, 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: $3,000.00 **Previous Year's Fee Waiver Award:** $3,000.00

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

The Osceola Chamber

Full Legal Name of Organization

John Newstreet

Name of Chief Officer/President

4078474434

Telephone Number

4078474434

Mobile Number

Organization Address *

1425 E. Vine St.

Street Address

Kisimmee

City

Florida

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

W9_The_Osceola_Chamber_5-2022.pdf

Event Contact Information

Paola Parra

Name of Event Contact

Events Director

Title of Event Contact

4072302341

Telephone

pparra@theosceolachamber.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Viva Osceola

Start Date & Time of Event *

10/07/2023 12:16 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/07/2023 12:16 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

5000

Brief Description of Event *

Community event to celebrate Hispanic Heritage month.

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 *

10/07/2023 03:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

05/07/2023 12:00 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 [x] Power [x] 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. *

Gustavo Soler

Will your event require the use of additional space? *

[ ] Green/Dressing Room	[ ] Locker-Room(s)	[ ] Reception Area
[ ] Autograph Area	[ ] Food Prep Area	[x] 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.

international and national

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? *

All Hispanic media outlets

Fee Waiver Grant Program Request

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 5 years

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

+10 years

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

Chamber Ambassadors,
Nonprofits volunteers, Chamber staff

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Viva Osceola

Has this specific event been previously produced? *

(•) Yes ( ) No

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

October, Kissimmee Lake front park

What is the uniqueness of the proposed event? *

Celebrate the Hispanic Heritage Month

Fee Waiver Grant Program Request

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

Cultural event for a minority group

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Increase the sales by buying booths at the event

Please attach your itemized event budget.

Anticipated_VIVA_Income___Expenses.xlsx

Marketing

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

In a partnership with the Osceola Chamber both entities working for the benefit of cultural events for the Latino community.

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

Major hispanic Radio stations, Tv station flyers and news paper.

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

20k

Collaboration

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

( ) Yes (•) No

Fee Waiver Grant Program Request

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: *

hospitals, food vendors, health care, dealers

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Kissimmee/Osceola County Chamber of Commerce

2 Business name/disregarded entity name, if different from above
The Osceola Chamber

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1425 E Vine Street

Requester's name and address (optional)

6 City, state, and ZIP code
Kissimmee FL 34744

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
			-			-				

or

Employer identification number
5	9	-	0	3	1	9	8	6	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] | **Date** ▶ May 17, 2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

	Income	Expense
Sponsors	$ 38,000.00	
Marketing Grant		
Business Vendors Qty 25	$ 11,100.00	
Food Vendor Qty 7	$ 3,100.00	
Non-Profit Vendor Qty 9	$ 1,500.00	
Alcohol Tax		$ (55.95)
Marketing Entravision		$ (2,500.00)
Marketing CBS Radio		$ (2,000.00)
Marketing Orlando Weekly		$ (3,000.00)
Marketing SnapChat		$ (50.00)
Marketing Downtown Calendar		$ (300.00)
Marketing El Osceola Star		$ (5,500.00)
Marketing iHeart Radio		$ (3,500.00)
Marketing Outfront Media		$ (2,000.00)
Marketing Facebook		$ (1,000.00)
Green Room		$ (400.00)
Alcohol Permits		$ (75.00)
Alcohol Cert. for Staff		$ (63.54)
Sunglasses Giveaway		$ (277.49)
Smiley Wristbands		$ (29.61)
Paint for Tent Mapping		$ (45.41)
Misc Items for		$ (70.64)
Insurance		$ (743.06)
Alcohol		$ (1,432.00)
Acts on Stage Charlie Cruz		$ (7,025.00)
Acts on Stage Locura en Gaitas		$ (500.00)
Acts on Stage Group Guanajuanto		$ (530.00)
Acts on Stage Happy Face		$ (322.50)
Acts on Stage Ramon		$ (300.00)
Stage Sound		$ (5,382.50)
Generator Delievery		$ (95.00)
Equipment Rentals		$ (7,997.17)
Extra Barricades		$ (140.05)
Missing Equipment		$ (118.09)
Stage		$ (979.75)
Park Fee		$ (3,708.00)
Additional Cord Covers		$ (400.00)

Porto Potties		$ (1,745.00)
	$ 53,700.00	$ (52,285.76)
		$ 1,414.24

CITY OF KISSIMMEE 1883

Event Name: VIVA Osceola **Event Date:** October 7, 2023 **Time:** 11am to 6:00pm

Facility Fee:			
Veterans Lawn	$1,295 per day	$1,295 per day x 1 day	$1,295.00
Hawk and Osprey Pavilions	Included with Lawn	Included with Lawn	
Rental Items:			
Barricades	$10.00 each	30 barricades x $10.00 each	$300.00
Portalets	$80.00 each		
Taxes:		7.5%	EXEMPT
Staff:			
Event Supervisor- Load In (06:00am-10:00am)	$25.00 per hour	2 Event Supervisor x 4 hours x $25.00 per hour	$200.00
Opening Event Staff (6:30am-3:00pm)	$20.00 per hour	2 Event Staff x 8 hours x $20.00 per hour	$320.00
Closing Event Staff (2:30pm-9:30pm)	$20.00 per hour	4 Event Staff x 7 hours x $20.00 per hour	$560.00
Parks Staff (1:00pm-9:30pm)	$20.00 per hour	3 Parks Staff x 8 hours x $20.00 per hour	$480.00
KPD Load-in Officer (7:00am-1:00pm)	$50.00 per hour	1 Officer x 6 hours x $50.00 per hour	$250.00
KPD Event Supervisor (11:00pm-7:00pm)	$55.00 per hour	1 Supervisor x 7 hours x $55.00 per hour	$385.00
Explosive Detention Dog (7:00am-11:00pm)	$50.00 per hour	1 Handler/Dog x 4 hours x $50.00 per hour	$200.00
KPD Event Officers (11:00pm-6:00pm)	$50.00 per hour	6 Officers x 7 hours x $50.00 per hour	$2,100.00
KFD Inspector (6:00am-10:30am)	$30.00 per hour	1 Fire Inspector x 4 hours x $30.00 per hour	$120.00
EMT (11:00am-6:00pm)	$30.00 per hour	4 EMT x 7 hours x $30.00 per hour	$840.00
Total Estimate			**$7,050.00**
Damage Deposit (Refundable)			$427.00
Fee Waiver- Waiver of cost of public safety personnel			**TBD**
Total Due 30 Days Prior to Event			**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Outreach Church of Jesus Incorporated

Event Name: 12th Annual Help Keep Kids off Streets! Walkathon

Event Date: October 21, 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:** $1,099.53

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Outreach Church of Jesus Incorporated

Full Legal Name of Organization

Aubrey Kipp, Senior Pastor

Name of Chief Officer/President

4076932711

Telephone Number

8475336345

Mobile Number

Organization Address *

2231 Fortune Road

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

501c3_Status_Confirmation_Letter_-_OCOJ_Kissimmee_.pdf

Event Contact Information

Brian Muhich

Name of Event Contact

Walkathon Director

Title of Event Contact

8475336345

Telephone

bwmuhich@gmail.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

12th Annual Help Keep Kids off Streets! Walkathon

Start Date & Time of Event *

10/21/2023 10:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/21/2023 03:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

750

Brief Description of Event *

Our annual Walkathon is a family friendly, free community event open to the general public. It is a Walkathon; however, it is free to walk, free food and drink will be provided to the first 500 registered walkers, and as a thank you for those walking in the event to help us collect our financial pledges, we conduct a free raffle throughout the event where we historically give back to the community $10,000+ in donations we receive from local businesses, restaurants and attractions.
All donations we receive for our raffle are given right back to the community at large; they are not for the direct benefit of Outreach Church of Jesus or its members; we simply collect the raffle donations and distribute them back to the local community during the event. All people, regardless of age, gender, nationality, race or religion are able to register to Walk and win the raffle donations we collect.

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 *

10/21/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/21/2023 03:00 PM

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

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 and Radio will be invited. Neither media outlet has come to previous walks; however, we continue to build relationships in the community to raise awareness of our annual event and are hopeful to secure some type of media presence for this year's Walk.

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? *

Incorporated since 1993.

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

Officially, since 1993. Unofficially, since 1983.

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

PASTOR:
Aubrey Kipp
EVENT DIRECTORS:
Brian Muhich & Kevin Strawter
YOUTH WALK PLANNING COMMITTEE:
Jeremiah Iriving, Caleb Rosebury, Adriana Lewis, Destiny Kipp, Jamiya Irving & Kirra Rosebury
ADULT WALK PLANNING COMMITTEE:
Ricky & Heralynn Jones, Kevin & Pamela Strawter, Brian & Deedee Muhich
ADDITIONAL WALK VOLUNTEERS:
~ 100 other members of Outreach Church of Jesus (OCOJ)
The national and international members of OCOJ volunteer to organize and operate this event while reaching out to local community business partners to participate in the event as community supporters.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Our last four Walkathons, our 8th, 9th, 10th and 11th Annual Walks were held at either Kissimmee Lakefront Park or Kissimmee Civic Center in 2018, 2019, 2021 and 2022.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Our 1st - 7th Annual Walks were held at Orlando's Lake Eola Park from 2010 - 2017.
Walks 8 - 11 were held in Kissimmee at Lakefront Park (in '18, '21 and '22) and the Civic Center in 2019.

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

What event can you participate in for FREE, get FREE food and drink for hours and have a chance to win thousands of dollars of FREE giveaways? Included in the event also is a FREE bounce house for the kids, FREE icees, children being able to explore the Fire Truck and Police vehicles that will be part of the event and you are talking about an amazing, family friendly, COMPLETELY FREE event to the entire community.

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

This event helps raise awareness of our presence and the programs we offer to our shared community and our resident neighbors. The impact to residents served by OCOJ has been extremely positive not only to the individuals we serve but also to the community at large, because by the power of God, residents' lives change from murderers to ministers of peace. Through faith in God which residents receive through the work of the local church at OCOJ, suicidal individuals find renewed purpose and hope. Those bound in depression and oppression find freedom, forgiveness and love in Jesus Christ. The hateful become loving residents, beautiful neighbors and model citizens to the community. Thieves are converted into residents working that which is honest with their hands and become productive members of our city. Liars become honorable citizens speaking only truth to their neighbors. The drunkard receives their sobriety back, are able to hold a steady job and provide for their own household.
Through OCOJ's local, national and international street missions, troubled youth of all ages receive deliverance from destructive lifestyles, deadly relationships, violence, drug addiction, crime, homelessness, oppression, hopelessness, depression, fear and hate, bringing lasting, positive change to both the youth we reach and to each community we have grace to minister and to serve.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Yes, absolutely! Quite a few local business receive recognition during our event as we have many local businesses donate gifts for us to raffle off to the community and we recognize them openly before, during and after the Walk. We also give some of the local businesses who come to our event as community supports and set up booths to speak for a few minutes over the speaker system to help raise awareness about their business.
Then you have local groceries like The Fresh Market in Kissimmee and 10th Street Produce in Saint Cloud who have been regular supporters, and their sponsorship of our event has provided opportunities to increase foot traffic into their respective stores. Then you have the businesses near Lakefront Park and downtown Main Street who benefit from increased foot traffic during the actual event.

Please attach your itemized event budget.

BUDGET_-_OCOJ_Annual_Walkathon_12th.pdf

Marketing

Fee Waiver Grant Program Request

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

Do you believe in the sanctity of marriage? Do you believe marriage is honorable in all and the bed undefiled? Do you believe in our daughters and sons preserving their virginity until they marry? Do you believe in modesty? Do you believe in speaking the truth in love to one another, and putting away lying? Do you believe in working only that which is honest with our own hands? Do you believe in working with all diligence and not being slothful, both when your boss/parents/peers are around, and when no one else is looking? Do you believe in safeguarding a sober mind, husbands loving their wives and wives reverencing their husbands? Do you believe in children obeying their parents in all things that are upright and honest? Do you believe in thinking about the needs of others, and not just our own needs? Do you believe in sacrifice and laying down your life to help others in need? Do you believe in righteousness? Do you believe in forgiveness? Do you believe in second chances? Do you believe in doing unto others as you would have done to you?
All of these precepts, our organization embraces, supports and advocates, and we pray the City shares this same heart. Our event reinforces these precepts, brings awareness of this way of life and promotes this image as one to be desired not only for the City of Kissimmee at large but for each individual resident and neighborhood we share.
We trust our event can help the City build a reputation of being a God honoring community. A City that is not ashamed of the gospel of Jesus Christ. A City that works all righteousness and works with its residents to restore holiness in the land we inhabit for this short time we are here in the earth that when we die, the account we give before our Sovereign Lord, Creator and Judge will be a positive one in which we will hear, "Well done my good and faithful servant."

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

Social Media Outlets:
Eventbrite (https://ocojwalk.eventbrite.com - currently active)
Facebook (www.facebook.com/ocojwalk - currently active)
Hispanic Business Counsel (through communication with Bethzaida Garcia)
407area.com (event to be added by August 1st)
AllEvents.in (event to be added by August 1st)
https://www.visitorlando.com/events/ (event to be added by August 1st)
http://www.eventeny.com (event to be added by August 1st)
Local Facebook Groups [St Cloud Community, Kissimmee / St Cloud / Lake Nona Classifieds] (event to be added by October 1st)
Print Outlets:
Main Walk Flyer - 5 x 7 postcards being distributed throughout the community (these are already developed and printed with distribution already underway). Main Walk flyer is available in both English & Spanish (electronically).
11 x 14 Posters to be printed and displayed in local business's storefront windows (2 months prior to event)
T-shirt advertisement of our event (shirts worn by OCOJ members 2 months leading up to event)
Media:
WFTV (TV), Z88.3 (radio) - requesting promotion of event week prior (and week of event)

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

$2,000.00.

Collaboration

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

○ Yes ◉ No

Fee Waiver Grant Program Request

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: *

KPD and KFD have committed thus far. We typically solicit vendor sponsorships a little closer to the event. We're still nearly 6 months out from our event, so we'll begin more aggressive vendor solicitation beginning in June. Our vendor partners are really more community supporters, as we don't sell anything at the event with it being completely free to the community, so any food "vendors" actually just donate all the food they cook, but we historically have 10-20 vendors (community business supporters) at our event.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
C - 1130
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

Date: AUG 11 1993

OUTREACH CHURCH OF JESUS
INCORPORATED
218 W BASS ST
KISSISSIMMEE, FL 34741

Employer Identification Number:
59-3161637
Case Number:
583209578
Contact Person:
JAMES ST. JULIEN
Contact Telephone Number:
(404) 331-0171
Accounting Period Ending:
12/31
Form 990 Required:
No
Addendum Applies:
Yes

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).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

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. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the 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.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Letter 947 (DO/CG)

Proposed BUDGET

Budget Item	Cost
Advertising & Promotion (including social media, printed material, event T-shirts)	**$2,000**
Entertainment (bounce house rental, balloon man, etc.)	**$380**
Food & Drink (Icee vendor)	**$500**
Gifts (Education Scholarships/Outstanding youth of the year awards)	**$2,500**
Licensing & Registration Fees	**$400**
Supplies (e.g. wrist bands, tents/leg weights, displays, food and drink supplies, etc.)	**$500**
Venue	**$1,720**
TOTAL Cost	**$8,000**

CITY OF KISSIMMEE 1883

Event: Outreach Ministries Keep Kids off the Streets Walkathon **Date:** October 21,2023

Facility Fee:				
Lighthouse Lawn	$700.00			$700.00
Otter Pavilion	included			
Panther Pavilion	included			
Rental items:				
Picnic tables	$15.00 per unit		4 picnic tables x $15 each	$60.00
Single Portalets	Current Market Rate		2 single portas x $100 each	$200.00
ADA Portalet	Current Market Rate		1 ADA porta x $135 each	$135.00
Hand-wash Sink	Current Market Rate		1 hand wash sink x $200 each	$200.00
Hand Sanitizer in Portas	Current Market Rate		3 hand sanitizer units x $20 each	$60.00
Porta Fees	Current Market Rate		Additional Fees (Sanitizing, Delivery, etc.)	$73.25
Staff:				
Event Staff (7:30am-5:30pm)	$15.00 per hour		1 Event Staff x 9.5 hours x $20.00 per hour	$190.00
Total Estimate Before Fee Waiver				**$1,618.25**
Damage Deposit (Refundable Deposit)				$140.00
Fee Waiver Amount				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street Program, Inc.
Event Name: Boo! On Broadway

Event Date: October 27, 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: $3,000.00 **Previous Year's Fee Waiver Award:** $5,817.00

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

4073612710

Telephone Number

4078464643

Mobile Number

Organization Address *

421 Broadway

Street Address

Kissimmee

City

Florida

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

KMS_501C3.pdf

Event Contact Information

Diana Marrero-Pinto

Name of Event Contact

Executive Director

Title of Event Contact

4407148124

Telephone

dmarreropinto@kissimmeemainstreet.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

BOO! on Broadway

Start Date & Time of Event *

10/27/2023 06:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/27/2023 09:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

8,000

Brief Description of Event *

Kissimmee Main Street largest event of the year, BOO! on Broadway brings entertainment, trick-or-treat, music and more to Historic Downtown 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 *

10/27/2023 04:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/27/2023 09:15 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

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

We are requesting Broadway be closed in it's entirety from Neptune to Ruby.

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

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

Local entertainment will be preforming.

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 media and social influencers will be invited.

Fee Waiver Grant Program Request

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

Kissimmee Main Street was incorporated in August 1998.

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

Kissimmee Main Street has been in operation since 1997.

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

Board of Directors
Chair, John Fields
Diana Marrero-Pinto, Executive Director
Small Business Liaison - Marketing Coordinator - Farmers Market Manager

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 host several events in addition to BOO! in Kissimmee throughout the year including; Kissimmee 5K, Hop on Downtown, and Light Up Kissimmee to name a few.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

This annual event was last held in October 2022.

What is the uniqueness of the proposed event? *

There is no larger, free, more entertaining event in Osceola County for Fall.

Fee Waiver Grant Program Request

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

This free event brings families of all shapes and sizes together to enjoy entertainment drawing in individuals of all ages to Historic Downtown Kissimmee, increasing their sense of community and the economic impact on the small businesses.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Every year Kissimmee Main Street's events increase sales among the businesses of downtown especially the restaurants.

Please attach your itemized event budget.

0131_001.pdf

Marketing

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

Through events like BOO! on Broadway residents build community pride and a sense of belonging. For visitors, these events make the City of Kissimmee a fun destination and less expensive alternative to the theme parks as it showcases all the beauty of our city.

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

Kissimmee Main Street will utilize social media, print, radio, and bus billboard advertising.

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

We are prepared to utilize $1,000 of the raised funds towards advertising with a potential for $5,000 should we receive the Experience Kissimmee grant we applied for.

Collaboration

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

( ) Yes (•) No

Fee Waiver Grant Program Request

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: *

Although we have not yet our intention is to send invitations out in early June.

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.

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8013677049C-4	09/30/2021	09/30/2026	501(C)(3) ORGANIZATION

This certifies that

KISSIMMEE MAIN STREET PROGRAM
INCORPORATED
421 BROADWAY
KISSIMMEE FL 34741-5719

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.

Event Budget for BOO! On Broadway 2021

EXPENSES

TOTAL EXPENSES	Estimated	Actual
	$19,020.00	$0.00

Site	Estimated	Actual
Street Closure Fees	$7,000.00	$0.00
Stage	$1,000.00	$0.00
Lighting	$300.00	$0.00
Tables and chairs	$200.00	$0.00
Total	**$8,500.00**	**$0.00**

Entertainment	Estimated	Actual
Stilt Walker	$300.00	$0.00
Band/Entertainer	$300.00	$0.00
Magician	$200.00	$0.00
Balloons	$100.00	$0.00
DJ	$500.00	$0.00
Total	**$1,400.00**	**$0.00**

Publicity/Advertising	Estimated	Actual
Radio	$250.00	$0.00
Newspaper	$500.00	$0.00
Online	$200.00	$0.00
Total	**$950.00**	**$0.00**

Miscellaneous	Estimated	Actual
Candy	$5,000.00	
Tshirts	$1,000.00	
Photo Booth Décor	$350.00	
Total	**$6,350.00**	**$0.00**

Case Race	Estimated	Actual
Barricades	$400.00	
Tape	$20.00	
Total	**$420.00**	**$0.00**

Promotions	Estimated	Actual
Flyers	$50.00	
Boards	$300.00	
Yard Signs	$250.00	
Aframes	$500.00	
Total	**$1,100.00**	**$0.00**

Prizes	Estimated	Actual
Ribbons/Plaques/Troph	$200.00	$0.00
Gifts	$100.00	$0.00
Total	**$300.00**	**$0.00**

CITY OF KISSIMMEE 1883

Event Name: Boo! on Broadway **Event Date:** October 27, 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:				
Traffic/Road closing staff (4:00pm - 10:00pm)	$31.00 per hour		3 Traffic Staff x $31.00 per hour	$558.00
KPD Officers (4:00pm-10:30pm)	$47.00 per hour		15 Officers x 6.5 hours x $50.00 per hour	$4,875.00
KPD Supervisors (4:00pm - 10:30pm)	$51.00 per hour		2 Supervisors x 6.5 hours x $55.00 per hour	$715.00
Lieutenant (4:00pm - 10:30pm)	$51.00 per hour		1 Lieutenant x 6.5 hours x $55.00	$357.50
EMT (6:00pm-10:00pm)	$30.00 per hour		2 EMT x 4 hours x $30.00 per hour	$240.00
Street Sweeper (9:30pm-10:30pm)	$15.00 per hour		1 Staff x 1 hour x $20.00 per hour	$20.00
Total Estimate				**$8,534.90**
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: Mid Florida Football & Cheerleading Conference
Event Name: Mid Florida Football & Cheerleading Conference Cheer Competition

Event Date: October 28, 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 *

MID FLORIDA FOOTBALL & CHEERLEADING CONFERENCE

Full Legal Name of Organization

ROSS FABIAN

Name of Chief Officer/President

813-850-6851

Telephone Number

813-850-6851

Mobile Number

Organization Address *

P.O. BOX 3221

Street Address

WINTER HAVEN

City

FLORIDA

State/Region/Province

33885

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

20230425151955939.pdf

Event Contact Information

ALEX GOINS

Name of Event Contact

BUSINESS MANAGER

Title of Event Contact

321-208-4088

Telephone

jagcampaign18@gmail.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

MID FLORIDA FOOTBALL & CHEERLEADING CONFERNCE CHEER COMPETITON

Start Date & Time of Event *

10/28/2023 08:30 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/28/2023 05:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

1500-2000

Brief Description of Event *

CHEERLEADING COMPETITON AGES 5-14 YRS OLD

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 *

10/28/2023 07:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/28/2023 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.

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

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

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

YOUTH CHEER TEAMS WILL BE PERFORMING

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
- [x] Microphones
- [x] Extension Cords/Power Strips
- [ ] None

Promotions

Will your event require banners to be hung? *

( ) Yes (•) No

At what level will your event be promoted? *

- [x] Local
- [x] 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? *

BREVARD SPORTS NETWORK

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 EXECUTIVE BOARD AND CONFERENCE MEMBERS

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

SILVER SPURS ARENA

Has this specific event been previously produced? *

(•) Yes ( ) No

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

NOVEMBER 4,2023 AT THE SILVER SPURS ARENA

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

CHEERLEADING COMPETITION

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

CHEER SPORT AND ENTERTAINMENT FOR THE YOUTH

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

HOTELS, GROCERY STORES, DEPARTMENT STORES, RESTAURANTS AND LOCAL BUSINESS WIL ALL BENEFIT FROM THE THOUSAND OF PARTICIPANTS STAYING IN THE CITY AND CATERING TO THE LOCAL BUSINESSES

Please attach your itemized event budget.

20230425163228961.pdf

Marketing

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

GREAT PUBLICITY FOR THE CITY AS A HOST

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

FLYERS ON SOCIAL MEDIA OUTLETS

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

AS MUCH NEEDED

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: *

LOOKING FOR LOCAL VENDORS

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

DEPARTMENT OF

Date: MAY 07 2009

MIDFLORIDA YOUTH FOOTBALL AND
CHEERLEADING CONFERENCE INC
C/O HORACE WEST
547 SIERRA CIR
DAVENPORT, FL 33837

Employer Identification Numbe
41-2227448
DLN:
17053119031009
Contact Person:
SHERRI L ROYCE
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
January 22, 2007
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application f exempt status we have determined that you are exempt from Federal i under section 501(c)(3) of the Internal Revenue Code. Contribution deductible under section 170 of the Code. You are also qualified t tax deductible bequests, devises, transfers or gifts under section or 2522 of the Code. Because this letter could help resolve any qu regarding your exempt status, you should keep it in your permanent

Organizations exempt under section 501(c)(3) of the Code are furthe as either public charities or private foundations. We determined t a public charity under the Code section(s) listed in the heading of letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c Charities, for some helpful information about your responsibilities

Gmail

SHETINA BROWN <shetinabrown72@gmail.com>

Itemized

1 message

James Alex Goins <jagcampaign18@gmail.com>
To: Shetina Brown <shetinabrown72@gmail.com>

Tue, Apr 25, 2023 at 4:29 PM

Ask for $ 4500.....

Itemized budget

Trophys $4000
Decotations $1600
Venue $2300
Wrist bands $250
Food for volunteers $300
Marketing (banners etc) $1200

Estimated total $9650

CITY OF KISSIMMEE 1883

Organization: Mid Florida Football and Cheerleading Conference **Event:** Cheer Competition **Date:** October 28, 2023

Facility Fee:				
Civic Center Arena	$2,130.00 per day		$2,130.00 per day x 1 day	$2,130.00
Grand Ballroom	$133.00 per hour		$133.00/hour x 8 hours (9:00 a.m. - 5:00 p.m.)	$1,064.00
Rental Items:				
Taxes:			7.5%	EXEMPT
Staff:				
Event Supervisor (7:00am-7:00pm)	$25.00 per hour		1 Event Supervisor x $25.00 per hour x 12 hours each	$300.00
Event Staff (7:00am-7:00pm)	$20.00 per hour		3 Crowd Mgmt. x $20.00 per hour x 12 hours each	$720.00
Total Estimate				**$4,214.00**
Damage Deposit (Amount Paid on Balance to Hold Date - Refundable)				$638.80
Fee Waiver Grant				TBD
Total Due 30 Days Before Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Japan Association of Orlando, Inc.
Event Name: Orlando Japan Festival 2023

Event Date: November 5, 2023 **Year of fee waiver award: Signature**

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: $3,000.00

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Japan Association of Orlando, Inc.

Full Legal Name of Organization

Takemasa Ishikura

Name of Chief Officer/President

407-435-9387

Telephone Number

407-435-9387

Mobile Number

Organization Address *

P.O.Box 692518

Street Address

Orlando

City

FL

State/Region/Province

32869

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

JAO_IRS_Approval_Letter.PDF

Event Contact Information

Tony Takehara

Name of Event Contact

Vi ce President

Title of Event Contact

321-402-7000

Telephone

tonytakehara@gmail.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Orlando Japan Festival 2023

Start Date & Time of Event *

11/05/2023 11:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

11/05/2023 05:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

3000

Brief Description of Event *

Yearly event of Japan Festival

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 *

11/04/2023 10:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

11/05/2023 06:30 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 [x] Power [x] 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. *

N/A

Will your event require the use of additional space? *

[x] 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.

All Local Groups

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? *

N/A

Fee Waiver Grant Program Request

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

12 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? *

SNS and word of mouse.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Orlando Japan Festival 2022

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Lakefront Park at Kissimmee in Nov 2022.

What is the uniqueness of the proposed event? *

Unique Cultural Event

Fee Waiver Grant Program Request

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

To help promote Japanese culture. This is a fun event to attend.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

This event draws a big crowd. As a result, this successful event attracts many people to Kissimmee.

Please attach your itemized event budget.

Budget_for_2023.xlsx

Marketing

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

This successful event will create even better reputation of the city.

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

SNS and word of mouse from August to November.

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

Not much. However, this event will attract thauthands of attendees.

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: *

Orlando Hoshuko, Inc.

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: *

Many Japan related companies like MItsubishi.

Cost of Goods Sold	
Cost of Food	$387.28
Release of Non-cash Donation	$2,782.00
Total COGS	$3,169.28
Equipment Rental	$8,911.75
Total Facility Charge- City of Kissm	$8,731.50
Festival Entertainers	$2,000.00
Festival Supplies	$3,174.54
Insurance - Liability	$577.31
Printing and Publications	$1,085.90
	$30,819.56

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

DEPARTMENT OF THE TREASURY

Date: JAN 26 2011

JAPAN ASSOCIATION OF ORLANDO INC
C/O BUSH ROSS PA
RANDY K STERNS
1801 N HIGHLAND AVE
TAMPA, FL 33602

Employer Identification Number:
45-3076295
DLN:
17053293313041
Contact Person:
BENJAMIN L DAVIS ID# 31465
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
March 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
June 21, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

JAPAN ASSOCIATION OF ORLANDO INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

CITY OF KISSIMMEE 1883

Event: Orlando Japan Festival **Event Date:** November 12, 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	Market Rate		2 ADA ($135each), 4 Regular ($100each), and 2 Hand-wash Sinks ($200each) + Delivery & Cleaning Fees	$1,176.00
Barricades	$10.00 each		25 barricades x $10.00 each	$250.00
Picnic Tables	$15.00 each		6 picnic tables x $15.00 each	$90.00
Utilities - Water & Power	$25.00 each		Water $25.00, Power $25.00	$50.00
Taxes:			7.5%	EXEMPT
Staff:				
Opening Facility Technician (6:30am-1:00pm)	$20.00/hr		1 Facility Tech x $20.00 hr x 6 hrs	$120.00
Load-in & Event Staff (6:30am-1:00pm)	$20.00/hr		2 Event Staff x $20.00 hr x 6 hrs	$240.00
Closing Facility Technician (12:30pm-7:30pm)	$20.00/hr		1 Facility Tech x $20.00 hr x 6.5 hrs	$130.00
Load-out & Event Staff (12:30pm-7:30pm)	$20.00/hr		2 Event Staff x $20.00 hr x 6.5 hrs	$260.00
Parks Staff (11:30am-8:00pm)	$20.00/hr		3 Parks Staff x $20.00 hr x 8 hrs	$480.00
KPD Event Supervisors (10:30am-5:00pm)	$51.00/hr		1 KPD Supervisors x $55.00 hr x 6.5 hrs	$357.50
KPD Event Security (10:30am-5:00pm)	$47.00/hr		5 KPD Officers x $50.00 hr x 6.5 hrs	$1,625.00
KFD Inspector (8:00am-12:00pm)	$30.00/hr		1 Fire Inspector x $30.00 hr x 4 hrs	$120.00
EMT (11:00am-5:00pm)	$30.00/hr		2 EMS Staff x $30.00 hr x 6 hrs	$360.00
Total Estimate Before Deposits				**$6,653.50**
Damage Deposit (Refundable)				**$259.00**
Fee Waiver				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Mercy Foundation
Event Name: Veterans Resource Fair

Event Date: November 12, 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 *

Mercy Foundation

Full Legal Name of Organization

Dr. A. Patel

Name of Chief Officer/President

Dr. A Patel

Telephone Number

407-922-7141

Mobile Number

Organization Address *

806 W. Emmett Street

Street Address

Kissimmee

City

Florida

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 *

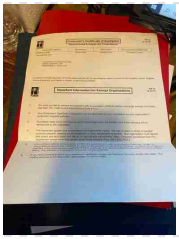

PHOTO-2023-01-28-16-28-25.jpeg

Fee Waiver Grant Program Request

Event Contact Information

Veterans Resource Fair

Name of Event Contact

Dr. A Patel

Title of Event Contact

407-922-7141

Telephone

marp786@yahoo.com

Email

Event Information

Name of Event *

Veterans Resource Fair

Start Date & Time of Event *

11/12/2023 03:08 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

11/12/2023 03:09 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

500

Brief Description of Event *

Provide information and resources on veteran's services and resources.

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.

Fee Waiver Grant Program Request

Event Setup Date & Time *

11/12/2023 09:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

11/12/2023 04:00 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

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

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

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? *

Local media is invited and expected to attend.

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

Mercy Foundation was officially incorporated as a Florida 501c3 nonprofit in 2018, but the group's founders have been community work in Osceola and Orange counties for more than 20 years.

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

Mercy Foundation was officially incorporated as a Florida 501c3 nonprofit in 2018, but the group's founders have been community work in Osceola and Orange counties for more than 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? *

Board of Directors
Dr. Abdul Patel
Asma Patel
Asma Patel has been volunteering in the community most of her life and this passion and zeal to help others led her to becoming a victim advocate, an attorney, and an active board member at the Mercy Foundation. At the Mercy Foundation, Asma is the chair of the women empowerment leadership and development committee.(WELD) WELD is a platform that connects, educates, and supports women of all ages and backgrounds. She is also the Co-Chair of the education committee working on various education initiatives.
Naji Aalim
Naji Aalim is tasked and responsible for establishing, maintaining, and running a fully functioning food pantry here in Osceola County. He is also co-chair of the newest addition to the Mercy Foundation family, the Homeless Veterans Program. He provides help, assistance, and facilitates for our President, multiple partner agencies, and events.
James Napier
Adil Adams
Terry Castillo
Teresa “Terry” Castillo has over ten years of experience in the Learning and Development field. She has worked as a facilitator, sales coach, and instructional designer for Apple Inc., Florida Hospital, and Charter Communications. She has experience in K-12 education as a tutor with the Valencia-Osceola District GEAR-up partnership and as a Psychology teacher at Freedom High School. She is currently a Training Manager for the Orange County Clerk of Courts. Terry holds the following board and committee memberships: Crummer Graduate School of Business Professional MBA Association - Career Enhancement and Community Service Chair, Osceola County Education Foundation- Board of Directors, Florida School Board Association- Board of Directors, Florida School Board Association- Advocacy Committee, Legislative (state and federal) subcommittee member, and Marydia Community Advisory Board.
Amin Haque
Aboo Patel
Dr. Wael Jamaleddine
Dr. Jamaleddine is Board Certified in Family Practice in private practice and serves as the Medical Director of the Free Clinic of Florida. He is past Chief of Medical Staff at Heart of Florida Hospital. He is past Chair of CAIR-FL Orlando Advisory Board. He is a current board member of the Hanan Foundation that promotes education and health for Syrian Refugees in Turkey. He is a passionate advocate of human rights including the right to healthcare for all.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Mercy Foundation sponsors and organizing several events in Kissimmee including, "Back the Blue" and previous "Veteran Resource Fairs" in addition to food distributions and basketball tournaments.

Has this specific event been previously produced? *

(•) Yes ( ) No

Fee Waiver Grant Program Request

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

November 2022

What is the uniqueness of the proposed event? *

The event is a free event designed by veterans for veterans with an emphasis on homeless veterans.

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

The people we serve often are stuck in cycles of abuse, financial instability, crime and poor health. Sometimes they need just one lifeline - one person who cares - to turn their lives around.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

○ Yes ◉ No

Please attach your itemized event budget. *

0183_001.pdf

Marketing

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

Kissimmee has longed worked towards providing social services to the community, this will be assisting veterans in need.

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

We will be using flyers mainly as many veterans are homeless, in addition to social media.

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

Most of our advertising will be free outside of printing cost.

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 intend to partner with any all all nonprofits serving veterans.

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

( ) Yes (•) No

Event Budget

EXPENSES

TOTAL EXPENSES	Estimated	Actual
	$2,025.00	$0.00

Site	Estimated	Actual
Room and hall fees	$1,000.00	
Site staff		
Equipment		
Tables and chairs		
Total	**$1,000.00**	**$0.00**

Refreshments	Estimated	Actual
Food	$500.00	
Drinks	$100.00	
Linens		
Staff and gratuities		
Total	**$600.00**	**$0.00**

Decorations	Estimated	Actual
Flowers		
Candles		
Lighting		
Balloons		
Paper supplies		
Total	**$0.00**	**$0.00**

Program	Estimated	Actual
Performers		
Speakers		
Travel		
Hotel		
Other		
Total	**$0.00**	**$0.00**

Publicity	Estimated	Actual
Graphics work	$100.00	
Photocopying/Printing	$250.00	
Postage		
Total	**$350.00**	**$0.00**

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

Miscellaneous	Estimated	Actual
Telephone		
Transportation	$75.00	
Stationery supplies		

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8018071360C-4	05/18/2020	05/31/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

The certifies that

THE MERCY FOUNDATION INC
2424 N CENTRAL AVE
KISSIMMEE FL 34741-2337

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

Organization: Mercy Foundation **Event:** Veteran's Resource Fair **Date:** 11/11/2023

Facility Fee:				
Civic Center Arena	$2,130.00 per day		$2,130.00 per day x 1 day	$2,130.00
Grand Ballroom	$133.00 per hour		$133.00/hour x 8 hours (9:00 a.m. - 5:00 p.m.)	$1,064.00
Rental Items:				
Taxes:			7.5%	EXEMPT
Staff:				
Event Supervisor (9:00am-5:00pm)	$25.00 per hour		1 Event Supervisor x $25.00 per hour x 8 hours each	$200.00
Event Staff (9:00am-5:00pm)	$20.00 per hour		2 Crowd Mgmt. x $20.00 per hour x 8 hours each	$320.00
Total Estimate				**$3,714.00**
Damage Deposit (Amount Paid on Balance to Hold Date - Refundable)				$638.80
Fee Waiver Grant				TBD
Total Due 30 Days Before Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Fountain of Salvacion Christian Churches

Event Name: Activacion & Avivamiento

Event Date: November 17, 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 *

FOUNTAIN OF SALVACION CHRISTIAN Churches

Full Legal Name of Organization

Martin Rivera

Name of Chief Officer/President

407-507-4240

Telephone Number

4075526955

Mobile Number

Organization Address *

4636 W Irlo Bronson Hwy

Street Address

Kissimmee

City

Fl

State/Region/Province

34746

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

Consumer_s_Certificate_of_Exemption.pdf

Event Contact Information

Luz Rodríguez - Lubin

Name of Event Contact

Pastor /Elder

Title of Event Contact

4075526955

Telephone

lucylubinfsk@gmail.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Activación & Avivamiento

Start Date & Time of Event *

11/17/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

11/18/2023 06:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

2500-3000

Brief Description of Event *

Is an event with the goal of gathering different ministries as one to change the lives of thousands of people bringing salvation, spiritual activation and revival. Believing for a better community.

Grant Request Amount *

3.0 **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 *

11/17/2023 09:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

11/18/2023 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.

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

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

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

Local

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

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 and Christian radio station

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 2009

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

20years

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

Pastors , Assistant Pastors, Deacons, elders and servants of the church. We reach out to other ministries to serve.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

In November 2022 , Congress of Activación & Avivamiento.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Kissimmee Civic Center

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

The gathering of the church and equipping them. So we can better serve the community.

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

Making ourselves known in the community and making an impact in people's life's . We have a heart for the people, especially this generation.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

○ Yes ◉ No

Please attach your itemized event budget.

healthy_egg_quiche_muffins_-_Google_Search.pdf

Consumer_s_Certificate_of_Exemption.pdf

Marketing

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

By uniting as one body and serving the people. Our reach out is for all Better families , better city

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

Social media platforms , radio 4months

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

4,000

Collaboration

Fee Waiver Grant Program Request

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

(•) Yes ( ) No

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

To serve during the event .

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

( ) Yes (•) No

0000018 01/28/19

DR-14
R. 01/18

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012933823C-6	05/31/2019	05/31/2024	501(C)(3) ORGANIZATION

This certifies that

FOUNTAIN OF SALVACION CHRISTIAN
CHURCHES INC
4636 W IBM HWY
KISSIMMEE FL 34746-5348

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

Organization: Fountain of Salvacion Christian Church **Event:** Activacion and Avivamiento **Date:** TBD

Facility Fee:				
Civic Center Arena	$2,130.00 per day		$2,130.00 per day x 1 day	$2,130.00
Grand Ballroom	$133.00 per hour		$133.00/hour x 8 hours (8:00 a.m. - 6:00 p.m.)	$1,064.00
Rental Items:				
Taxes:			7.5%	EXEMPT
Staff:				
Event Supervisor (8:00am-6:00pm)	$25.00 per hour		1 Event Supervisor x $25.00 per hour x 10 hours each	$250.00
Event Staff (8:00am-6:00pm)	$20.00 per hour		3 Crowd Mgmt. x $20.00 per hour x 10 hours each	$600.00
Total Estimate				**$4,044.00**
Damage Deposit (Amount Paid on Balance to Hold Date - Refundable)				$638.80
Fee Waiver Grant				TBD
Total Due 30 Days Before Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: HUGS Community Services
Event Name: HUGS Healing and Wellness Community Event

Event Date: December 1, 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 *

HUGS Community Services

Full Legal Name of Organization

HUGS

Name of Chief Officer/President

407-791-1900

Telephone Number

407-791-1900

Mobile Number

Organization Address *

600 N Thacker Ave Suite A-8

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

HUGS_Community_Services_Tax_exempt_form.pdf

Event Contact Information

Dr. Eugenia Agard

Name of Event Contact

HUGS Healing and Wellness Community Event

Title of Event Contact

407-791-1900

Telephone

EugeniaAgard4HUGS@gmail.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

HUGS Healing and Wellness Community Event

Start Date & Time of Event *

12/01/2023 06:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

12/01/2023 08:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

100

Brief Description of Event *

This will be a health and wellness event with presentation on Mental Health and resources for such as well as information on Physical health aliments from HIV prevention (World AIDS day) prevention and support, Hypertension , heart disease, screenings etc.. We will provide free food, entertainment, have venders etc.. Same format as our prior event pre- covid.

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 *

12/01/2023 04:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

12/01/2023 06:00 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. *

Orlando Housewives donation of time. Video crew will be present.

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

Fee Waiver Grant Program Request

How many boats are expected to participate?

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

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

Orlando Housewives and file crew local
Local singers/ dancers

Audio / Visual

Is this an indoor event?

◉ Yes ○ No

Will your event require the rental of audio equipment?

◉ Yes ○ No

Fee Waiver Grant Program Request

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

- [x] Podium
- [x] Easels
- [x] Projector & Screen
- [x] TV/VCR/DVD Player
- [x] Microphones
- [x] Extension Cords/Power Strips
- [ ] None

Promotions

Will your event require banners to be hung? *

- ( ) Yes
- (•) No

At what level will your event be promoted? *

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

Will the media be invited? *

- (•) Yes
- ( ) No

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

News and paper adds along with social 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? *

Over 7 years

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

Over 7 years

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

HUGS has been a positive supporter of the community for many years and based on our outreach we have volunteers that believe in our missions and join us from events and word of mouth. We facilitate each event with zeal and dedication along with structure , organization and great follow up and communication.

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). *

Multiple health and wellness days and prior to that World AIDS Day event. HUGS brought this program to Osceola and ask the DOH to be our partner over 10 years ago.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

The Civic Center pre - covid.

What is the uniqueness of the proposed event? *

We provided a wealth of health information, food, prizes, entertainment free for all. We offered screening booth for all and provide role play psycho-education drama in our presentations. All left empowered on some level.

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

This is the mission of HUGS to provide services and support to our community members to uplift us and prevent and cure mental health and physical health aliments.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

( ) Yes (•) No

Please attach your itemized event budget.

HUGS_Budget_for_Healing_and_Wellness_event.docx

Marketing

Fee Waiver Grant Program Request

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

This will demonstrate the ongoing support the City provides to our community. We also as in the past want to partner with the City on this program,

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

Newspapers local and regional, FB and other social media, TV News. Orlando Housewives promotion.

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

About $300 if necessary... pending

Collaboration

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

(•) Yes ( ) No

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

Churches locally, Woman's program, DOH etc...

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: *

Same venders as before,, Nurse Association, DOH, Vets, MHA, FCA etc.

HUGS Budget for Healing and Wellness event:

I must work on this budget and submit later as I did not want to be timed out. I am upload this shortly.

Blessing

Dr. Eugenia Agard

407-791-1900

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

DEPARTMENT OF THE TREASURY

Date: DEC 16 2014

HUGS COMMUNITY SERVICES INC
2423 AURORA COURT
KISSIMMEE, FL 34744-0000

Employer Identification Number:
47-2446380
DLN:
26053739001244
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 25, 2014
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 5436

HUGS COMMUNITY SERVICES INC

Sincerely,

Tamera Ripperda

Director, Exempt Organizations

Letter 5436

CITY OF KISSIMMEE 1883

Organization: HUGS **Event:** Healing and Wellness Community Event **Date:** December 7, 2023

Facility Fee:				
Civic Center Grand Ballrooms	$133 per hour		$133.00 x 6 hours	$798.00
Rental Items:				
Linen and Overlays	$10.00 per Table		20 tables x $10.00 per table	$200.00
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
Grand Ballroom AV package	$440			$440.00
Staff:				
Event Staff (3:00 p.m. - 9:00 p.m.)	$20.00 per hour		1 staff x $20.00 hr x 6 hrs	$120.00
Facility Technician (4:00 p.m. - 8:00 p.m.)	$20.00 per hour		4 hours included in cost of A/V package	$0.00
Total Estimate				**$1,758.00**
Damage Deposit (20% of Facility rental - Refundable)				**$159.60**
Fee Waiver Grant				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Children Athletes and Artists Involved in Recreational Events, Inc.
Event Name: YouthFit

Event Date: December 9, 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: $804.60 (2021)**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Children Athletes and Artists Involved in Recreational Events, Inc.

Full Legal Name of Organization

Denita Pimienta

Name of Chief Officer/President

4075917546

Telephone Number

4073255750

Mobile Number

Organization Address *

1746 E Silver Star Road, Ste. 288

Street Address

Ocoee

City

Florida

State/Region/Province

34761

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

cfy_-_IRS_501_c3_determination_-_05252018__1_.pdf

Event Contact Information

Jamie Y. Paul

Name of Event Contact

Supervisor, Programs & Community Engagement

Title of Event Contact

4079629369

Telephone

jamie@caaire.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

YouthFit

Start Date & Time of Event *

12/09/2023 10:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

12/09/2023 03:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

3000

Brief Description of Event *

YouthFit is a day of fun, fitness activities which promote health and nutrition for youth to combat childhood obesity. Their families can also take part in the activities so that the information learned can positively impact the entire family. YouthFit models the information delivered to our participants by providing healthy lunches/snacks and nutrition information.
We will kick-off the event with wellness activities. There will also be a game area with oversized games (i.e., Oversized Jenga, Connect 4, Corn Hole Toss, etc.), in addition to an obstacle course for youth and families. Younger participants will be able to enjoy the inflatable basketball games and age-appropriate activities, including art and music.

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 *

12/09/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

12/09/2023 03:00 PM

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

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. *

TBD

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

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

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

Local performers.

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? *

Print, tv, radio and various social media outlets

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

5 years

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

20 years

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

The Organizing Committee consists of two Board Members, Executive Director, Supervisor, Facilities Manager, CAAIRE Ambassadors (adult volunteers), CAAIRE Champions (youth volunteers) , head basketball instructor, and four Volunteer Organizers. The recruitment of volunteers will be through our current volunteer base of approximately 150 volunteers. We will also utilize our established Community partners such as the Sheriff's Office, UCF and Ambetter for Sunshine Health.

Organization & Experience (50 Points)

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

◉ Yes ○ No

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

YouthFit 2018, 2019

Fee Waiver Grant Program Request

Has this specific event been previously produced? *

(•) Yes ( ) No

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

2018, 2019 Kissimmee Civic Center

What is the uniqueness of the proposed event? *

YouthFit is designed to inspire youth, their parents, and caregivers to get active. Our one-day event will feature a basketball skills and cheer clinic, healthy lunch, nutrition station, fitness course, and other activities which will motivate youth and their families to maintain healthy lifestyles. This event aims to provide opportunities for the participants and attendees to engage in healthy and meaningful activities, promoting individual and family well-being. The diverse volunteer base will ensure the event is inclusive and attracts a wide range of individuals from our community.

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

YouthFit is a CAAIRE Health/Fitness Initiative with a mission of combatting childhood obesity. It is a program which promotes the improvement of the overall health and fitness of the participants, parents and the community.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Increased foot track for surrounding businesses in the area from event participants and their families (50%)

Please attach your itemized event budget.

Youthfit_2023.xlsx

Marketing

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

This event will showcase the City's support of living healthy and balanced family lives. Additionally, we will have students from UCF which will engage our youth in their next steps in their educational goals through fun games and activities. Volunteers coming together will lift up the community to show the best of us all working together, creating a reinforcement of the positive reputation for the City of Kissimmee. Moreover, the event will be inclusionary with KPD and the Sheriff's Office which will promote positive interactions with law enforcement.

Fee Waiver Grant Program Request

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

Ongoing Social Media with the event flyer, and partner social media outlets. News stations, Print media, as well as the circulation of the printed flyers in the local community and businesses within the area.

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

$500.00

Collaboration

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

(•) Yes ( ) No

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

Sunshine Health, Osceola Council On Aging, Kissimmee Chamber of Commerce, Hope Partnership, Help Now

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

( ) Yes (•) No

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

DEPARTMENT OF THE TREASURY

Date: MAY 25 2018

CAAIRE FOR YOUTH INC
1746 E SILVER STAR RD SUITE 288B
OCOEE, FL 34761-0000

Employer Identification Number:
83-0520192
DLN:
26053536002978
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 8, 2018
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

CAAIRE FOR YOUTH INC

Sincerely,

Stephen a. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

2023 YouthFit Family Fu

10:00 a.m. - 3:00 p.n

CAAIRE TO STAY HYDRA

CATEGORY- Other Contracted Services		
Entertainment/ Production	$	3,500.00
Medical Support/First Aid	$	1,000.00
Catering/Food	$	2,000.00
CATEGORY- Marketing/Printing/Graphics/Shirts		
Flyers	$	400.00
Participant T-Shirts	$	1,000.00
Volunteer T-Shirts	$	500.00
CAAIRE Souvenir Water Bottle	$	591.00
Event Directional Signage	$	200.00
CATEGORY- Operating Supplies	$	500.00
Hydration Stations/Cups	$	500.00
Decorations	$	500.00
Videography/Photography	$	425.00
Volunteer Incentives	$	300.00
Basketball Clinic Supplies	$	500.00
Cheerleading Clinic Supplies	$	500.00
Total Budget	**$**	**12,416.00**

un and Fitness

n.

ATED

Staffing

Lobby Greeters

8:00 a.m. 2

Participant Registration

8:00 a.m. 4

Arena Greeters

Lobby

10:00 a.m 2

\

Organization: CAAIRE **Event:** YouthFit Basketball and Cheer Clinic **Date:** December 16, 2023

Facility Fee:				
Civic Arena - uncovered floor	$1,610.00 per day		$1,610.00 per day x 1 day	$1,610.00
Grand Ballroom	$133.00 per hour		$133.00 per hour x 5 hours	$1,197.00
Rental Items:				
Grand Ballroom Audio Visual Package - includes	$440 per day		2 projectors x $125, 2 projector screens x $50, ballroom speaker set x $100, wi-fi $50 x 1 day, 2 microphones x $25	$440.00
Taxes:			7.5%	EXEMPT
Staff:				
Event Coordinator (6:30am-4:00pm)	$25.00 per hour		1 Coordinator x 9 hours x $25 per hour	$225.00
Facility Tech (6:30am-4:00pm)	$15.00 per hour		1 Facility Tech x 5 hours x $15.00 per hour	$75.00
Crowd Management Staff (9:30am-4:00pm)	$15.00 per hour		2 Crowd Management Staff x 6hours x $15.00 per hour	$180.00
Total Estimate				**$3,727.00**
Damage Deposit (Refundable)				$561.40
Fee Waiver Grant				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Naismith Intrnatioanl Basketball Foundation

Event Name: #2023 Naismith Basketballlympics Extravaganza featuring Fortnite

Event Date: December 20 – 23, 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: $3,000.0 **Previous Year's Fee Waiver Award: n/a**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

NAISMITH INTRNATIOANL BASKETBALL FOUNDATION

Full Legal Name of Organization

MR HECTOR PERDOMOM SR.

Name of Chief Officer/President

321-444-7080

Telephone Number

321-44-7080

Mobile Number

Organization Address *

1431 SIMPSOSN RD suite#172

Street Address

KISSIMMEE

City

FLORIDA

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

irs_Documents_Part_2.jpg

IRS_Documents_Part_1.jpg

Fee Waiver Grant Program Request

Event Contact Information

HECTOR PERDOMO SR.

Name of Event Contact

#2023 Naismith Basketballlympics Extravaganza© featuring Fortnite

Title of Event Contact

321-444-7080

Telephone

h.perdomo@naismithfoundation.org

Email

Event Information

Name of Event *

#2023 Naismith Basketballlympics Extravaganza© featuring Fortnite

Start Date & Time of Event *

12/20/2023 09:03 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

12/23/2023 09:03 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

3000

Brief Description of Event *

#2023 Naismith Basketballlympics Extravaganza© featuring Fortnite will be a dual tournament of 16 teams and a single elimination format - and at the same time a 24 hr. battle royale featuring FORTNITE. Winners at the end of the Basketballlympics time clock- Which is a 24hr nonstop clock from 12/21/1 until 12/22 #2023- will be the first ever Naismith Esports Basketballlympics Extravaganza Champions!

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.

Fee Waiver Grant Program Request

Event Setup Date & Time *

12/20/2023 09:10 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

12/22/2023 09:10 AM

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

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. *

n/a

Fee Waiver Grant Program Request

Will your event require the use of additional space? *

- [x] Green/Dressing Room
- [x] Locker-Room(s)
- [x] Reception Area
- [x] Autograph Area
- [x] Food Prep Area
- [ ] Dance Floor
- [x] 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

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

n/a

Audio / Visual

Is this an indoor event?

- ◉ Yes
- ○ No

Will your event require the rental of audio equipment?

- ◉ Yes
- ○ No

Fee Waiver Grant Program Request

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

- [x] 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

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? *

n/a

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

25 years

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

25 years

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

n/a

Fee Waiver Grant Program Request

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

What is the uniqueness of the proposed event? *

the ifrst tiem since 1936 the Naismith name will be attahced to anevent that Dr.Namsith wuld have neve rimagined ESPRTS- and at the sametime we will be haivng a trdatioanl baslketball routments marathon- NAISMITH'S BASKETBALLLYMPICS©

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

To help promote good sportsmanship and help and counsel mental anguish while bringing the first ever Naismith national fundraiser for the city of Kissimmee Florida.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

◉ Yes ○ No

Is so, please describe the impact:

Will have local sponsors to promote their companies and misson and purpose.

Please attach your itemized event budget.

itemized__game_day-NAISMITH_ESPORTS_EXTRAVAGANZA__.pdf

Marketing

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

The great florida shootout was a classic very winter back in the 90's now lets bring the Basketballlympics to improve and upgrade the event that had national attention.

Fee Waiver Grant Program Request

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

Social media and standard formats

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

n/a

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

NAISMITH ESPORTS EXTRAVAGANZA #BASKETBALLLYMPICS© BATTLE ROYALE, FEATURING #FORTNITE #2023-

Name	**Naismith International Basketball Foundation**
Email	h.perdomo@naismithfoudnation.org

Kissimmee Civic Center. Address:201 E. Dakin Avenue Kissimmee, FL 34741

Date:	Hours:
Date: 12/20/23	7:30 a.m. --- 9:30 p.m.
Date: 12/21/23	7:30 a.m. --- 12:00 a.m.
Date: 12/22/23	12:00 a.m. --- 7:00 p.m.

EXPENSES

Category	Details	Amount
equipment		**Amount-cost**
	mini basketball	**1000 X $4.95 = $4,950.00**
	t-shirts souvenir bag basketball-	**1000 X $9.95 = $9,950.00** **1000 X $4.95 = $4,950.00** **1000 x $24.95 = $24,950.00**
	certificate participating pin sneakers	**1000 X $4.95 = $4,950.00** **1000 X $2.95 = $2,950.00** **10 x $299.95 = $2,999.95**
	hat	**1000 x $9.95 = $9,950.00**
D.E.M.P. SCHOLARSHIPS	boy - girl -	**1 scholarship $5,000** **1 scholarship $5,000**
Retired NBA/PRO athletes	Basketball/baseball/football/boxing/	**$1,000**
	Veterans/First responders/ Doctor /Lawyer/	**4 per gym**
	CNA'S	**1**
Ushers	line ushers	**16 PER GYM**
Volunteers	table statistician	**16 PER GYM**
	breakfast – Kellogg's	**$0.00**
In-kind donations	lunch McDonalds's	**$0.00**
	TOTAL	**$72,649.95**

Signature **Date**

NAISMITH INTERNATIONAL BASKETBALL

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

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

DEPARTMENT OF THE TREASURY

Date: OCT 12 2018

NAISMITH INTERNATIONAL BASKETBALL
FOUNDATION
2013 JAFFA DRIVE SUITE K
SAINT CLOUD, FL 34771-5835

Employer Identification Number:
91-1917711
DLN:
17053116307028
Contact Person:
MITCHELL P STEELE ID# 31360
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 15, 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.

Based on the information you submitted in 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.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

Letter 947

CITY OF KISSIMMEE 1883

Event: Naismith Basketballympics Extravaganza Date: December 20, 2023

Civic Arena- Move in Day 12/20/2023	50% Discount for move in		$805.00 per day x 1 day	$ 805.00
Civic Arena- Tournament Day One 12/21/2023	$1,610.00 per day		$1,610.00 per day x 1 day	$ 1,610.00
Civic Arena- Tournament Day Two 12/22/2023	$1,610.00 per day		$1,610.00 per day x 1 day	$ 1,610.00
Grand Ballroom- Esports Tournament	$133.00/ hour		$133.00 x 24 hours	$ 3,192.00
Multi Day Discount	20% Discount			$ (1,282.40)
Rental Items:				
Taxes:			7.5%	EXEMPT
Staff:				
Event Staff 12/21/2023 (8:00 a.m. - 8:00 p.m.)	$20.00 per hour		3 Event Staff. x $20.00 per hour x 12 hours each	$ 720.00
Event Staff Overnight Premium (8:00 p.m. - 8:00 a.m.)	$30.00 per hour		3 Event Staff. x $30.00 per hour x 12 hours each	$ 1,080.00
Event Supervisor 12/21/23 (8:00 a.m. - 8:00 p.m.)	$25.00 per hour		1 Event Sup. x $25.00 per hour x 12 hours each	$ 300.00
Event Supervisor Premium (8:00 p.m. - 8:00 a.m.)	$37.50 per hour		1 Event Sup. x $37.50 per hour x 12 hours each	$ 450.00
Fire Inspection- Food Vendors	$30.00 per hour		Fire Inspection x 4 hours	$ 120.00
Total Estimate Before Deposit				$ 8,604.60
Damage Deposit (Refundable)			20%	$ 1,186.92
Fee Waiver Amount				TBD
Total Due 30 Days Prior to Event				TBD

2023/2024 Fee Grant Request
Period I, Events occuring October 1, 2023 - January 31, 2024

EVENT	Requested Date	22/23 Amount	Requested Amount	Year of award / Sunset year	Est. City Expenses	AWARDED	Scored	Ed	AL	Robin	Hannan	Guillermo	Roy	David	Hamza	Vanessa	Total
Viva Osceola	10/7/2023	$ 3,000.00	$ 3,000.00	signature	$7,050.00												
					$3,895.00												
Keep Kids off Streets	10/21/2023	$ 1,099.53	$ 3,000.00	3	$1,618.25												
Boo! On Broadway	10/27/2023	$ 5,817.00	$ 3,000.00	signature	$8,534.90												
					$6,187.00												
Mid FL Football & Cheer Comp	10/28/2023	n/a	$ 3,000.00	1	$4,214.00												
Orlando Japan Festival	11/5/2023	$ 3,000.00	$ 3,000.00	signature	$6,653.50												
					$2,463.00												
Veterans Resource Fair	11/12/2023	n/a	$3,000.00	1	$3,714.00												
Activacion & Avivamiento	11/17-18/2023	n/a	$ 3,000.00	1	$4,044.00												
HUGS Healing & Wellness	12/1/2023	n/a	$ 3,000.00	1	$1,758.00												
YouthFit	12/9/2023	$804.60 (21)	$ 3,000.00	3	$3,727.00												
Naismith Basketballlympics	12/20-23/2023	n/a	$ 3,000.00	1	$8,604.60												
			$30,000		**$62,463.25**	**$0.00**											

Total amount awarded for Period 1 October 2023-January 2024 $0.00

Masquerade Ball removed their application.

ITEM 5.B
Community Benefit Grant

Item Details
Community Benefit Grant

- Fostering Hope for All
- Kingdom Kids & Families Support
- Fore our Kids Golf Tournament

Attachment(s):
1. Fostering Hope for All
2. Kingdom Kids Families Support
3. Fore our Kids Golf Tournament
4. Community Benefit Spreadsheet

COMMUNITY BENEFIT EVALUATION FORM

Application Received: April 14 Evaluated by: S. LACKEY

Event Name: Fostering High Quality Education Fostering Hope for All Event Date: June 2023

	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)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓ → Attached Letter	
Request / Use Eligibility		
Will result in positive impact to the City of Kissimmee?	✓	
Will NOT be used for event/activity in any City-owned facility?	✓	
Will NOT be used to promote commercial/private business?	✓	
Will NOT be used to promote/support political party/activity?	✓	
Will NOT be used to promote tobacco or VICE activities?	✓	
Will NOT support or benefit a single individual?	✓	
Will NOT fund or support direct programming?	✓	

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?	✓	

Evaluator's Comments

Previously Funded.
Final Report Letter provided.

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

30-Jun-2023

dd-MMM-yyyy

Event Name *

Fostering High-Quality Education for All and Fostering Hope for All

Event Address *

547 Hunter Circle

Street Address

Kissimmee

City

Fl

State/Region/Province

34758

Postal / Zip Code

Requestor's Information

Name *

Rashaan

First

Foster

Last

Phone Number *

(407) 729-2805

Address *

547 Hunter Circle

Street Address

Kissimmee

City

Fl

State/Region/Province

34758

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

owner@fostergrantsandgiving.org

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

FGG_501C3.pdf

Form 990 (If Organization is Required to File)

FGG_2022_990.pdf

Last Completed Audit

2023_FLORIDA_NOT_FOR_PROFIT_CORPORATION_ANNUAL_REP.pdf

Annual Budget

FINAL_2023_FGG_BUDGET.pdf

Type of Request *

- ◉ Donation
- ○ Sponsorship

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

0.00 **USD**

Amount Requested from Community Benefit Fund *

2,500.00 **USD**

General Information

Community Benefit Funds Application

City of Kissimmee, FL

Name of School Represented

Foster Grants and Giving Inc.

Contact for Event Sponsor or School Representative

Rashaan	Foster
First	Last

Phone Number for Event/School Representative

(407) 729-2805

Event/Competition's Website

www.fostergrantsandgiving.org

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? *

Foster Grants and Giving Inc. wants to humbly request grant support to fund our impactful programs. Our programming comprises two areas that make an immediate and daily impact on vulnerable populations in our community. The two programs, Fostering High-Quality Education for All and Fostering Hope for All, were created to impact homeless students, their families, and underprivileged and lower socioeconomic students in Central Florida. Everyone involved in the education industry (Teachers, Administrators, Parents, and Students) knows about the severe learning loss that has occurred since March 2020. School Districts, Charter School Management Companies, and Private School Administrators across the country have been scrambling to figure out how to get our students back on track. Since the start of the pandemic, school districts across the country have spent $1,700,000,000.00, or $199.00 per student, of their COVID-19 federal relief funding on online and in-person tutoring, according to data from FutureEd. FutureEd is a Georgetown University research center that analyzes COVID-19 relief spending. Unfortunately, despite the millions of federal dollars spent, the results are not exactly moving the needle, as our students still need severe help. Even more disturbing, it is projected that the pandemic learning loss could cost students $70,000.00 in lifetime earnings, which equates to 5.6% lower lifetime earnings. Your support is imperative to our community. We have been working diligently daily to improve the academic impact of missed instructional time while responding to all our student's academic, social, emotional, and mental health needs, particularly those disproportionately impacted by COVID. Your funding will be a beacon of hope for students from low-income families, students of color, English learners, children with disabilities, students experiencing homelessness, children in foster care, and migratory students. Additionally, our programming supports literacy and remediation programs throughout our community for underserved students while providing books, supplies, college prep services, and feeding programs.

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

Yes, through foundational grants, corporate sponsorships, and community partnerships.

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

The City of St. Cloud and the City of Kissimmee.

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. *

The post-pandemic effect has hit our Central Florida students extremely hard, especially in underserved communities. More than one in three children in kindergarten through grade three have little chance of reading on grade level by the end of the school year without significant and systemic interventions, according to a new study based on data from more than 400,000 students in kindergarten through 5th grades who participated in the Dynamic Indicators of Basic Early Literacy Skills. In addition, fewer students are on track for grade-level reading instruction across each elementary grade than before the pandemic. For example, from 2019 to 2022, the share of students on track in reading by the middle of the school year has fallen from 55% to 47% in kindergarten, 58% to 48% in first grade, and 59% to 51% in second grade. By contrast, 57% of fifth graders are on track in reading, only a single percentage point lower than the on-track share pre-pandemic.

Pandemic learning loss could reduce the lifetime earnings of students by $70,000.00, according to a study from a Stanford economist. Based on math test scores, the study projects that the losses could total $28,000,000,000,000.00 over the century. The average score for eighth-grade math fell for every state nationwide, with a national average decline of eight NAEP scale score points. These low scores were enough to erase all of the gains since 2000. These estimated losses were equal to 0.6-0.8 years of schooling lost. The evidence on the labor market value of skills implies that the average student during the pandemic will have 5.6% lower lifetime earnings. This figure compares the expected earnings given the eight-point loss in math achievement to what could have been expected without the pandemic. The lower lifetime earnings could significantly reduce the country's gross domestic product in the coming years. The pandemic's effects imply that the future workforce will need more preparation to contribute to economic growth. Even if education returns to its pre-pandemic quality, a cohort of students will move through the future labor force with lower skills and achievement than before and after. By historical observations, this lowered aggregate skill level will lead to a slowdown in growth relative to what would have occurred without the pandemic.

Black and Hispanic students, who had lower average reading scores compared to white students before the pandemic, fell even further behind on average during school disruptions. According to federal data, Black and Hispanic students have been particularly hard hit by education disruptions, staying in remote classrooms longer than their white peers. Since the pandemic, the share of 1st graders on track in reading by midyear fell from 51% to 37 % of Black students, 54% to 42% of Hispanic students, and 65% to 58% of white students. When students get to grades 3, 4, and 5, those compounding effects will be prevalent, and it will take more time and resources to close the gap. According to the researchers, these at-risk students have only about a 20% chance of reading on grade level by the end of the school year without intensive reading interventions.

Another significant issue is the link between poverty and lack of education. Low-income and minority children face insurmountable obstacles that make finishing high school difficult and going to college almost impossible. Nearly 60% of Florida children live in poverty, and the numbers increase yearly. Often these children are overlooked and underserved. Most of these students face a bleak future as they do not have the resources offered to their peers from higher socioeconomic levels to complete their education. We know that, economically, graduating from college will be critical for individual economic success. However, most of Florida's youth in poverty will never complete college. According to the Department of Education data, less than half of the impoverished students will graduate from high school. Furthermore, only half of the students in poverty who graduate from high school will attend college. Individually, these numbers are startling, but their impact on the state of Florida is staggering. Our state lags behind others in the number of college graduates needed for a healthy economy. Research by the nationally known Lumina Foundation suggests that 60% of Floridians should have some post-secondary degree by 2025. We are currently at 37.8%, and our current growth rate will only have 42.8% of adults with a post-secondary degree by 2022, putting us far below what will be needed for a robust and competitive economy.

Fostering High-Quality Education for All

During these unprecedented times, Fostering High-Quality Education for All is honored to support students in Central Florida, help close learning gaps, and provide vital services to support elementary, middle, and high school students' well-being during these uncertain times. Post-pandemic, we are committed to supporting remediation and literacy programs to keep our students up from being behind due to the year and a half of academic learning loss from digital learning due to COVID. In addition, we provide brand new books to underserved students and books to schools that serve low-income African Americans and students of color to create classroom libraries. We also provide high-impact and high-dosage tutoring to provide targeted tutoring to our struggling population of students who might be struggling more in one subject area than another. In contrast, teacher-assigned tutoring allows schools to provide intensive support as needs arise. The personalized attention our students will receive will help pinpoint the root causes of their struggles while bridging gaps that will set up our students for a future of academic success and lead to the goal of improving grade-level reading by the end of our programming. Our programs will engage research-based practices and implement literacy-rich schedules for identified students that would benefit from these additional supports. Our tutors will utilize high-quality materials and practices to ensure every student understands phonics, basic reading skills, vocabulary, spelling, reading comprehension, word meaning, critical thinking skills, and other identified needs.

Our high-school program provides free PERT, SAT, and ACT testing preparation study guides and tutoring, complimentary breakfast and lunch during tutoring sessions, scientific calculators, up to five free college books for their first semester of college, gas cards, paid college application costs, and ACT/SAT waivers. Our high school programming

will build critical thinking skills for our student's future higher education and post-high-school career endeavors.
High School Services
• Providing strategies, advice, support, and guidance to students and their families from the application process throughout their time in high school makes the best-individualized choice for college.
• Assisting students in identifying resources for scholarships and financial aid for colleges and universities.
• PERT, ACT, and SAT preparation/payment assistance.
• Setting short-term and long-term academic and career goals.
• Mentoring services.
Fostering Hope for All
Fostering Hope for All ensures that homeless children and youth have access to food, clothing, shelter, supplemental education, and other wraparound services to meet our vulnerable students' needs. We also partner with school districts to collaborate and advocate for homeless students to provide hope and maintain stability for students and their families who do not have a fixed, regular, and adequate nighttime residence. Our program's feeding portion is a critical component of our program, used to fight against hunger and food insecurity in our community. Implementing high-quality food programs in impoverished areas effectively promotes higher academic performance, lower absenteeism rates, higher mental and physical health outcomes, and improved behavior. Unfortunately, our community suffers from extreme food insecurity despite the thousands of meals we provide yearly. Currently, we are partnering with two large school districts, health organizations, and local nonprofits to provide our disadvantaged students with meals and healthy snacks for the entire school year and beyond.
Program Goals
• Providing books to underserved students to support literacy to combat learning gaps due to COVID and post-pandemic education slides.
• Providing books to schools to build classroom libraries and supporting literacy programs to combat learning gaps due to COVID and post-pandemic education slides.
• Providing consistent and personalized high-impact and high-dosage (offered three or more days of the week) tutoring to struggling, underserved students.
• Providing PERT, SAT, and ACT test preparation, including study guides, online access, and tutoring.
• Focusing on closing achievement gaps and accelerating student reading achievement for our identified students.
• Providing nutritious and appealing meals while being served by caring professionals in a friendly atmosphere.
• Ensuring homeless children have access to education and other services meets the same standards to which all students are held.
• Ensuring all high school students of every race, religion, gender, sexual orientation, and socioeconomic level have accurate information, tools, knowledge, and opportunity to attend the country's best colleges.
• Getting 99%-100% of our students into some College (Technical, Vocational, Community, Junior, or University).

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

- (•) Yes
- ( ) No

Final Report - Please upload the Final Report for the previous event that received monies from the Community Benefit Fund.

City_of_Kissimee_2022_FGG_REPORTING.pdf

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:

Funds will be available on a first come, first served basis and based on the availability of funds at the time of the application.

Requests for funds to support events hosted in any City of Kissimmee owed and/or operated facility or venue are not eligible for funding through the Community Benefit Fund. Requests must be submitted through the City of Kissimmee Fee Waiver Grant Program.

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.

Funds cannot be used to promote the sale or consumption of tobacco products, illegal drugs, gambling, erotic materials or services.

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.

Foster Grants and Giving Inc.
547 Hunter Circle
Kissimmee, Fl. 34758
(407) 729-2805
owner@fostergrantsandgiving.org
www.fostergrantsandgiving.org
Ein# 83-1790452

To Whom it May Concern:

We sincerely thank the City of Kissimmee for your $2,000.00 grant allocation for our Fostering Quality Education for All and Fostering Hope for All programs. Your funding helped us connect over **150 students** with literacy books and tutoring materials for learning loss due to the pandemic. Everyone involved in the education industry (Teachers, Administrators, Parents, and Students) knows about the severe learning loss that has occurred since March 2020. School districts, Charter School Management Companies, and Private School Administrators across the country have been scrambling to figure out how to get our students back on track. Even with the millions of federal dollars spent, the solutions remain fluid. Your funding was imperative to our community as we have been working diligently daily to improve the academic impact of missed instructional time while responding to the academic, social, emotional, and mental health needs of all of our students, particularly those disproportionately impacted by the COVID. Your funding has been a beacon of hope for students from low-income families, students of color, English learners, children with disabilities, students experiencing homelessness, children in foster care, and migratory students. Additionally, our programming will support Literacy and Remediation programs throughout our community to the neediest of the needy while providing laptops, internet access, books, and feeding programs.

This year alone, we provided over **5,000 books** valued at **$60,000.00** to start class libraries that will support Summer Literacy and Summer Acceleration due to the COVID Slide. In addition, our programming provided **tutoring materials**, **STEM kits**, **ACT/SAT** testing prep, and **academic support** for **1,500 students** at **thirteen Title I schools** across Central Florida. If that is not enough, we were able to provide **15 $500.00 scholarships** to African American High School Seniors from low-income Title I schools. In addition, we donated over **500 Backpacks** filled to the top with **school supplies** for the beginning of the 2022 school year. We also donated **hygiene kits (toothbrushes, toothpaste, deodorant, soap, sanitizer, and shampoo)** to over **150** needy students and **provided snacks and meals** for after-school tutoring sessions the entire year. We hope to double our impact next year and continue to get our underserved students caught up to pre-pandemic levels. We are excited about the future and hope you consider us again during the 2022/2023 grant cycle. Please visit our sponsorship page at ***www.fostergrantsandgiving.org/sponsors*** so you can see your logo and company name. Thanks again for your support. Please let us know if you need anything. Have a fantastic day.

Cordially,

Rashaan Foster, MABC.

Rashaan Foster, MABC.
President

Foster Grants and Giving Inc.

Profit and Loss - Foster Grants and Giving Inc.

January 2023 - December 2023

INCOME	TOTAL
Consulting Services	$25,000.00
Program Evaluation Services	$65,000.00
Grant Writing Services	$110,500.00
Private Donations	$1,250.00
Grant Income	$188,500.00
Total Income	**$390,250.00**
EXPENSES	**TOTAL**
Insurance	$205.80
Executive Director Salary	$12,000.00
Rent	$16,800.00
Employee Health Insurance	$2,006.35
Employee Dental Insurance	$443.76
Telephone	$3,254.52
Marketing	$3,600.00
Website Hosting Plan	$410.35
Professional Development/Trainings	$3,000.00
Memberships	$750.00
Travel	$3,000.00
Internet/Technology	$849.00
Foster Grants and Giving Program Costs	$332,850.00
Total Expenses	**$379,169.78**
Net Operating Income	**$11,080.22**

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

DEPARTMENT OF THE TREASURY

Date: SEP 12 2018

FOSTER GRANTS AND GIVING INC
PO BOX 771501
ORLANDO, FL 32877-0000

Employer Identification Number:
83-1790452
DLN:
26053649003438
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:
August 30, 2018
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

FOSTER GRANTS AND GIVING INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

Form **990-N**

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2022

Open to Public Inspection

A For the **2022** Calendar year, or tax year beginning **2022-01-01** and ending **2022-12-31**

B Check if available

- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **FOSTER GRANTS AND GIVING INC**
PO Box 771501, Orlando, FL, US, 32877

D Employee Identification Number **83-1790452**

E Website:
www.fostergrantsandgiving.org

F Name of Principal Officer: **Rashaan Foster**
PO Box 771501, Orlando, FL, US, 32877

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2023
Secretary of State
3835119242CC

DOCUMENT# N18000009488

Entity Name: FOSTER GRANTS AND GIVING INC.

Current Principal Place of Business:

547 HUNTER CIRCLE
KISSIMMEE, FL 34758

Current Mailing Address:

PO BOX 771501
ORLANDO, FL 32877 US

FEI Number: 83-1790452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, RASHAAN J
547 HUNTER CIRCLE
KISSIMMEE, FL 34758 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	FOSTER, RASHAAN J	Name	FOSTER, IMANI M
Address	547 HUNTER CIRCLE	Address	547 HUNTER CIRCLE
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	KISSIMMEE FL 34758

Title	SEC
Name	FOSTER, LIZ G
Address	547 HUNTER CIRCLE
City-State-Zip:	KISSIMMEE FL 34758

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RASHAAN FOSTER PRESIDENT 01/07/2023

Electronic Signature of Signing Officer/Director Detail — Date

COMMUNITY BENEFIT EVALUATION FORM

Application Received: April 14 Evaluated by: S. LACKEY

Event Name: Kingdom Kids : Families Support Event Date: June 2023

	Meets Policy Requirements	
Applicant Eligibility	**Yes**	**No**
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓ → Attached letter	
Request / Use Eligibility		
Will result in positive impact to the City of Kissimmee?	✓	
Will NOT be used for event/activity in any City-owned facility?	✓	
Will NOT be used to promote commercial/private business?	✓	
Will NOT be used to promote/support political party/activity?	✓	
Will NOT be used to promote tobacco or VICE activities?	✓	
Will NOT support or benefit a single individual?	✓	
Will NOT fund or support direct programming?	✓	

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?	✓	

Evaluator's Comments

Previously Funded

Final Report letter provided.

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

02-Jun-2023

dd-MMM-yyyy

Event Name *

Kingdom Kids and Families Support Program

Event Address *

1003 S. John Young Pkwy.

Street Address

Kissimmee

City

Fl

State/Region/Province

34741

Postal / Zip Code

Requestor's Information

Name *

Liz

First

Foster

Last

Phone Number *

(407) 346-9136

Address *

1003 S. John Young Pkwy.

Street Address

Kissimmee

City

Fl.

State/Region/Province

34741

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

lizkkca@gmail.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

KKCA_501c3.pdf

Form 990 (If Organization is Required to File)

2022_KKCA_990.pdf

Last Completed Audit

KKCA_2023_Budget.pdf

Annual Budget

KKCA_2023_Budget.pdf

Type of Request *

- ◉ Donation
- ○ Sponsorship

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

0.00 **USD**

Amount Requested from Community Benefit Fund *

2,500.00 **USD**

General Information

Community Benefit Funds Application

City of Kissimmee, FL

Name of School Represented

Kingdom Kids Christian Academy

Contact for Event Sponsor or School Representative

Liz	Foster
First	Last

Phone Number for Event/School Representative

(407) 346-9136

Event/Competition's Website

www.kingdomkidsca.com

Have you participated in this event in the past? *

- (•) Yes
- ( ) No

Donation / Sponsorship Description

Community Benefit Funds Application

City of Kissimmee, FL

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? *

Thank you for the opportunity to request grant support for our community education and homeless/underserved programs known as the Kingdom Kids and Families Support Program in Kissimmee, Florida. Even though we continue to impact Osceola County with feeding and outreach programs for homeless and needy families, we have also made it our priority to help our entire community's students combat the learning loss COVID has caused throughout Central Florida. With more kids failing in the history of education, our services are an absolute necessity. Along with educating our school's students and providing tutoring and laptops for low-income families outside our school family, we holistically provide clothing, feeding, counseling, and community outreach for needy students and families. Funding from your foundation will help us overcome our communities' challenges and obstacles due to the pandemic while keeping children and classrooms safe and safeguarding productive learning environments.

The Kingdom Kids and Families Support Program has made it our priority to educate, feed, and clothe our students while providing services to restore dignity and self-sufficiency to their parents. Because our school has a partnership with the Vine Church, we believe in SERVING and HELPING everyone we can. Our program is comprised of two categories, Community Education (Academic Acceleration to Address Lost Instructional Time due to COVID) and Community Programming.

Community Education (Academic Acceleration to Address Lost Instructional Time due to COVID)

Students from low socioeconomic communities were disproportionately impacted during the pandemic, resulting in further widening achievement gaps. To help struggling students in our community, we provide high-quality tutoring to accelerate student learning, make up for lost instructional time, and help raise their test scores. Our tutoring ensures that students, especially those who have experienced the most significant learning losses, are consistently instructed with grade-level materials, provided scaffolding, and gain the most critical just-in-time content knowledge and skills needed to access curricula at the appropriate grade level. In addition, our programming offers a blend of computer-delivered and teacher-led instruction to increase students' vocabulary, listening skills, social-emotional development, independence, and academic and cognitive skills.

Our instructional focus will be on the following:

English

- Foundational skills
- Priority standards
- Standard deficiencies

Reading

- Foundational skills and enrichment
- Grade-level standard deficiencies
- Focus on remedial skills
- Focus on acceleration

Math

- Standard deficiencies that bridge the gap for primary grades.
- Foundational skills
- Priority standards
- Standard deficiencies
- Foundational skills and enrichment
- Grade-level standard deficiencies
- Remedial skills
- Acceleration

Although our programs are year-round, we also offer extensive summer programming. In addition, KKCA provides a comprehensive summer school program to provide support and enrichment to meet the whole child's needs. Summer programs are available to students in all ESSA Subgroups in grades Pre-K-5.

We provide ALL needy students free laptops, hotspots, and face-to-face/online tutoring regardless of where they attend school. We also are enhancing our literacy programs by purchasing classroom libraries for intensive reading. Our literacy program supports independent student reading within the rotational model and provides opportunities for students to participate in cohort book studies to enhance fluency, vocabulary, and reading comprehension. Trends have shown the need for increased print materials to promote improved independent reading. Providing classroom libraries gives students the platform to engage in active self-regulation based on Nell Duke's Active View of Reading, which is the first step in creating skilled readers. We will also help preschoolers build essential skills for emergent writing, handwriting, and letter knowledge. Our purchased materials will help teach young children how to write well-formed letters and increase letter identification skills using a practical, developmentally appropriate multisensory writing approach. When taught explicitly, multisensory instruction will help children who struggle with pencil grip, letter formation, and many other skills.

Community Programming

With homelessness increasing daily in our community, we are helping 5-10 new families weekly to provide hundreds of children and their families with education, food, clothing, shelter, tutoring, and counseling. We have made community outreach and community partnerships an essential part of our programming that bridges all races, socioeconomic

statuses, religions, genders, and sexual orientations. We provide an on-site food pantry to help the homeless and families with immediate needs. We are very conscious of people not having transportation to our school, so we make it a point to go out and feed hundreds of people in various high-poverty areas. We also help prepare and serve lunch to the homeless at The Osceola Christian Ministry Center. Our team prepares and serves meals from 8 am-12 pm on the 3rd Monday of each month. Through our partnership with Grace Landing, we have placed multiple foster children with families within our school and program. We provide extra support for our foster families, such as transportation, respite, babysitting, clothing, and meals. Single mothers who face domestic violence are an area we get behind. Besides feeding, clothing, tutoring, and counseling for abused females, we partner with H.O.M.E, which houses our single mothers and their children. For the past 14 years, the Kingdom Kids and Families Support Program has sent mission teams to Honduras. We provide food distribution, construction, medical and orphanage assistance, and micro-economic aid to the children and families of the most impoverished areas of Honduras. To demonstrate the versatility of our programs, we provide a Pastor for spiritual guidance, a therapist to help families cope with mental health, and a Social Worker who can help link families to services such as counseling, housing, employment, medical services, and transportation.

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

Yes.

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

Yes, the City of Kissimmee.

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. *

Along with educating our school's students and providing tutoring and laptops for low-income families outside our school family, we holistically provide clothing, feeding, counseling, and community outreach for needy students and families. Funding from your foundation will help us overcome our communities' challenges and obstacles due to the pandemic while keeping children and classrooms safe and safeguarding productive learning environments.

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

- (•) Yes
- ( ) No

Final Report - Please upload the Final Report for the previous event that received monies from the Community Benefit Fund.

CITY_OF_KISSIMEE_KINGDOM_KIDS_AND_FAMILIES_SUPPORT.pdf

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:

Funds will be available on a first come, first served basis and based on the availability of funds at the time of the application.

Requests for funds to support events hosted in any City of Kissimmee owed and/or operated facility or venue are not eligible for funding through the Community Benefit Fund. Requests must be submitted through the City of Kissimmee Fee Waiver Grant Program.

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.

Funds cannot be used to promote the sale or consumption of tobacco products, illegal drugs, gambling, erotic materials or services.

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.

1003 S. John Young Pkwy.
Kissimmee, FL. 34741
(407) 346-9136
www.kingdomkidsca.com

Dear Program Manager:

Thank you for your **$2,500.00** donation to our **Kingdom Kids and Families Support Program.** Your funding helped us overcome our communities' challenges and obstacles due to the pandemic while keeping children and classrooms safe and safeguarding productive learning environments. Your donation allowed us to provide high-quality tutoring to accelerate student learning, make up for lost instructional time, and help raise underserved student test scores. Our tutoring ensures that students, especially those who have experienced the most significant learning losses, are consistently instructed with grade-level materials, provided scaffolding, and gain the most critical just-in-time content knowledge and skills needed to access curricula at the appropriate grade level. In addition, your donation helped **100** students receive books and take-home materials. We cannot thank you enough for your generosity and support for our students and community. We really hope you will not forget us again next year.

Liz Foster

Liz Foster

Director/Assistant Principal

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
6000 KINGDOM KIDS OPERATION EXPENSES													
6120. - Workers Comp & Liability Insurance	$0	$0	$0	$0	$0	$0	$0	$0	$6,700.00	$0	$0	$0	$6,700
6160 - Advertising	$0	$500	$0	$0	$500	$0	$500	$0	$0	$0	$500	$0	$2,000
6150 - Licenses & Permits	$100	$0	$0	$0	$0	$0	$0	$0	$75	$0	$0	$0	$175
6210 - Office Expense	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$1,440
6215. - Telephone	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$1,440
6280 - Copier	$0	$0	$450	$0	$0	$450	$0	$0	$450	$0	$0	$450	$1,800
6340 - Testing	$0	$0	$0	$0	$0	$0	$650	$0	$0	$0	$0	$0	$650
6320 - Curriculum	$0	$0	$0	$0	$0	$0	$2,000	$0	$0	$0	$1,000	0	$3,000
6330 - Capital Improvement	$75	$0	$0	$75	$0	$0	$75	$0	$0	$75	$0	$0	$300
6350 - Classroom Furniture	$1,500	$0	$0	$0	$0	$0	$0	$1,500	$0	$1,000	$0	$0	$4,000
6360 - Classroom Snacks & Supplies	$1,500	$500	$500	$500	$1,500	$500	$500	$1,500	$500	$500	$500	$500	$9,000.00
6390 - First Aid/Meds Supplies	$60	$0	$0	$60	$0	$0	$60	$0	$0	$60	$0	$0	$240
6410 - Playground	$0	$0	$0	$0	$0	$300	$0	$0	$300	$0	$0	$0	$600
6610 - Uniform Expenses	$100	$0	$0	$0	$0	$0	$100	$0	$0	$0	$0	$0	$200
6710. - Step Up Audit	$2,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,000
6810. - Mission Fund	$150	$150	$150	$150	$150	$150	$150	$150	$150	$150	$150	$150	$1,800
6820 - Food / Entertainment	$0	$0	$100	$0	$150	$0	$0	$100	$0	$0	$0	$150	$500
6840 - School Activities	$0	$300	$0	$300	$0	$300	$0	$300	$0	$300	$0	$300	$1,800
6910 Miscellaneous - School	$0	$500	$0	$0	$0	$0	$500	$0	$0	$0	$0	$0	$1,000.00
6930 - Annual Rennovation projects	$5,000	$0	$0	$0	$0	$0	$5,000	$0	$0	$0	$0	$0	$10,000.00
6940 - Sub-Contractors	$200	$400	$300	$400	$400	$0	$0	$200	$400	$400	$300	$200	$3,200
6500 - SCHOOL PAYROLL EXPENSE													
6510 School - Salary & Wages	$20,000	$20,000	$20,000	$20,000	$20,000	$10,000	$10,000	$15,000	$23,000	$23,000	$23,000	$23,000	$227,000
6520 School - Employer Taxes	$1,600	$1,600	$1,600	$1,600	$1,600	$800	$800	$2,000	$1,900	$1,900	$1,900	$1,900	$19,200
Kingdom Kids and Families Support Program	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$25,374	$304,490
Total Expenses													**$602,535**

Form **990-N**

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

OMB No. 1545-2085

2022

Open to Public Inspection

A For the **2022** Calendar year, or tax year beginning **2022-01-01** and ending **2022-12-31**

B Check if available
- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **KINGDOM KIDS CHRISTIAN ACADEMY PTO INC**
1175 Hidden Harbor,
Kissimmee, FL, US, 34746

D Employee Identification Number **82-1325450**

E Website:
www.kingdomkidsca.com

F Name of Principal Officer: **Sarah Cook**
1175 Hidden Harbor,
Kissimmee, FL, US, 34758

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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

DEPARTMENT OF THE TREASURY

Date: JUN 19 2017

KINGDOM KIDS CHRISTIAN ACADEMY PTO INC
1175 HIDDEN HARBOR LN
KISSIMMEE, FL 34746-0000

Employer Identification Number:
82-1325450
DLN:
26053550006127
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:
April 24, 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

KINGDOM KIDS CHRISTIAN ACADEMY PTO

Sincerely,

Director, Exempt Organizations
Rulings and Agreements

Letter 947

COMMUNITY BENEFIT EVALUATION FORM

Application Received: May 1, 2023 Evaluated by: Steve Lackey

Event Name: Embrace Family Solutions / Children's Advocacy of Osceola County "Fore our Kids Golf Tournament" Event Date: Oct 13, 2023

	Meets Policy Requirements	
Applicant Eligibility	**Yes**	**No**
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)		
Meets incorporation, tax, budget, and audit requirements?	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	
Meets reporting requirements? (previously funded organizations)	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

Children's Advocacy of Osceola County
Fundraiser → Golf Tournament.

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

13-Oct-2023

dd-MMM-yyyy

Event Name *

Fore our Kids Gold Tournament

Event Address *

8701 World Center Dr.

Street Address

Orlando

City

FL

State/Region/Province

32821

Postal / Zip Code

Requestor's Information

Name *

Melinda

First

Clark

Last

Phone Number *

407-946-5679

Address *

704 Generation Point, Ste 301

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

melinda.clark@embracefamilies.org

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

EFS-IRS_Determination_Letter.pdf

Form 990 (If Organization is Required to File)

2020-21_990_Embrace_Families_Solutions-e_public.pdf

Last Completed Audit

Embrace_Families_Solutions_Audit__FY20-21-small.pdf

Annual Budget

Embrace_Families_Solutions_FY22-23_Budget_et.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

Community Benefit Funds Application

City of Kissimmee, FL

Name of School Represented

Contact for Event Sponsor or School Representative

First Last

Phone Number for Event/School Representative

Event/Competition's Website

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? *

Fore Our Kids Golf Tournament is a successful annual fundraising event for Embrace Families to support is mission to empower children and families to transform their lives through community-based solutions. The requested donation will be used toward the operating support of our Children's Advocacy Center Osceola program of Embrace Families Solutions.

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

The golf tournament is held at Hawks Landing Golf Club at Orlando World Center Marriott each October. This Embrace Families event sells out every year with excellent exposure for our supporters.

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

We are currently soliciting donations and sponsors for this golf event to be held October 2023. The Children's Advocacy Center Osceola program receives other grant funding from the City of St. Cloud and Osceola County BCC.

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. *

Our Children's Advocacy Center Osceola program has provided residents of the City of Kissimmee a one-of-a-kind resources since 2004 providing specialized child victim services in response to allegations of child sexual and physical assault abuse. We provide a single access point for the investigation, crisis services, advocacy and treatment to help children and their non-offending family members to get justice and begin to heal. The Children's Advocacy Center Osceola serves an average of 600 children each year and their caregivers.

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:

Funds will be available on a first come, first served basis and based on the availability of funds at the time of the application.

Requests for funds to support events hosted in any City of Kissimmee owed and/or operated facility or venue are not eligible for funding through the Community Benefit Fund. Requests must be submitted through the City of Kissimmee Fee Waiver Grant Program.

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.

Funds cannot be used to promote the sale or consumption of tobacco products, illegal drugs, gambling, erotic materials or services.

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.

EMBRACE FAMILIES SOLUTIONS

Agency Budget **FY 2022-2023**

REVENUE		
Foundation & Corporate Grants	$	335,000
Government Service Contracts & Grants	$	3,107,637
Contributions & Fundraising Special Events	$	150,000
Other Earned Income	$	108,772
TOTAL REVENUE	**$**	**3,701,409**
EXPENSES		
Personnel Expenses		
Salaries	$	1,566,808.00
Benefits & Taxes	$	394,256.00
Other (background & drug screenings)	$	12,448.00
Total Personnel	**$**	**1,973,512**
Operating Expenses		
Occupancy	$	179,845
Professional Fees	$	68,945
Insurance	$	7,640
Supplies	$	29,970
Communications (telphone etc)	$	24,031
Postage & Shipping	$	500
Equipment & Rental	$	3,795
Conference, Training & Travel	$	117,225
Membership, Dues & Subscriptions	$	5,599
Marketing & Community Relations	$	75,000
Fees, Depreciation and Bad Debt	$	15,430
Other Direct Expense	$	189,703
Contributions & Fundraising Expense	$	1,000
Contracted Professional Services	$	26,818.00
Client Assistance Expense	$	640,332
sub-total	**$**	**1,385,833**
Total Operating	$	3,359,345
*General & Admin (indirect)	$	342,064
TOTAL EXPENSES	**$**	**3,701,409**
NET revenue(expense)	**$**	-
**Gen & Admin= contracted services with affiliated agency for an array of administrative, executive and fundraising service.*		

Embrace Families Solutions, Inc.

Financial and Compliance Report
June 30, 2021

Contents

RSM US LLP

Independent Auditor's Report

Board of Directors
Embrace Families Solutions, Inc.

Report on the Financial Statements
We have audited the accompanying financial statements of Embrace Families Solutions, Inc., which comprise the statements of financial position as of June 30, 2021 and 2020, the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting principles used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Embrace Families Solutions, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters—Supplementary Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*
In accordance with *Government Auditing Standards*, we have also issued our report dated February 23, 2022, on our consideration of Embrace Families Solutions, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Embrace Families Solutions, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Embrace Families Solutions, Inc.'s internal control over financial reporting and compliance.

RSM US LLP

Orlando, Florida
February 23, 2022

Embrace Families Solutions, Inc.

Statements of Financial Position
June 30, 2021 and 2020

	2021	2020
Assets		
Current assets:		
Cash	$ 888,148	$ 1,027,499
Restricted cash	172,976	141,359
Accounts receivable	742,166	295,772
Total current assets	1,803,290	1,464,630
Property and equipment, net	-	129
Total assets	$ 1,803,290	$ 1,464,759
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued expenses	$ 161,627	$ 184,756
Deferred revenues	40,339	36,667
Assets held for breakthrough	172,976	141,359
Total current liabilities	374,942	362,782
Note payable	213,621	213,621
Total liabilities	588,563	576,403
Contingencies (Note 6)		
Net assets:		
Net assets without donor restrictions	1,016,769	865,817
Net assets with donor restrictions	197,958	22,539
Total net assets	1,214,727	888,356
Total liabilities and net assets	$ 1,803,290	$ 1,464,759

See notes to financial statements.

Embrace Families Solutions, Inc.

Statement of Activities
Year Ended June 30, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue:			
Grants and contributions	$ 2,804,666	$ 204,959	$ 3,009,625
Other income	105,669	-	105,669
Net assets released from restrictions	29,540	(29,540)	-
Total support and revenue	2,939,875	175,419	3,115,294
Expenses:			
Program services:			
System of care	1,409,447	-	1,409,447
Financial assistance	825,514	-	825,514
Other program services	133,027	-	133,027
Total program services	2,367,988	-	2,367,988
Supporting services:			
General and administrative	420,935	-	420,935
Total supporting services	420,935	-	420,935
Total expenses	2,788,923	-	2,788,923
Change in net assets	150,952	175,419	326,371
Net assets:			
Beginning	865,817	22,539	888,356
Ending	$ 1,016,769	$ 197,958	$ 1,214,727

See notes to financial statements.

Embrace Families Solutions, Inc.

Statement of Activities
Year Ended June 30, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue:			
Grants and contributions	$ 2,712,992	$ 22,051	$ 2,735,043
Other income	100,158	-	100,158
Net assets released from restrictions	15,571	(15,571)	-
Total support and revenue	2,828,721	6,480	2,835,201
Expenses:			
Program services:			
System of care	1,570,981	-	1,570,981
Financial assistance	695,484	-	695,484
Other program services	125,679	-	125,679
Total program services	2,392,144	-	2,392,144
Supporting services:			
General and administrative	387,990	-	387,990
Total supporting services	387,990	-	387,990
Total expenses	2,780,134	-	2,780,134
Change in net assets	48,587	6,480	55,067
Net assets:			
Beginning	817,230	16,059	833,289
Ending	$ 865,817	$ 22,539	$ 888,356

See notes to financial statements.

Embrace Families Solutions, Inc.

Statement of Functional Expenses
Year Ended June 30, 2021

	Program Services				Supporting Services	
	System of Care	Financial Assistance	Other Program Services	Total Program Services	General and Administrative	Total Expenses
Salaries	$ 802,168	$ 180,669	$ 81,045	$ 1,063,882	$ 55,994	$ 1,119,876
Payroll taxes and employee benefits	209,318	47,323	14,723	271,364	14,282	285,646
Total salaries and related benefits	1,011,486	227,992	95,768	1,335,246	70,276	1,405,522
Financial assistance	20,833	542,842	-	563,675	-	563,675
Professional fees	207,075	(113)	27,241	234,203	338,297	572,500
Occupancy	102,330	38,797	4,312	145,439	7,655	153,094
Conferences, travel and training	15,620	4,306	631	20,557	1,082	21,639
Supplies	8,590	1,530	1,272	11,392	600	11,992
Communication	15,978	3,192	1,008	20,178	1,062	21,240
Fees and bad debts	6,105	1,590	1,309	9,004	474	9,478
Insurance	3,461	1,370	6	4,837	255	5,092
Other	6,569	2,632	14	9,215	485	9,700
Advertising and marketing	5,056	35	195	5,286	278	5,564
Memberships	5,964	1,317	1,080	8,361	440	8,801
Postage and shipping	380	24	191	595	31	626
Total expenses	$ 1,409,447	$ 825,514	$ 133,027	$ 2,367,988	$ 420,935	$ 2,788,923

See notes to financial statements.

Embrace Families Solutions, Inc.

Statement of Functional Expenses
Year Ended June 30, 2020

	Program Services				Supporting Services	
	System of Care	Financial Assistance	Other Program Services	Total Program Services	General and Administrative	Total Expenses
Salaries	$ 788,793	$ 184,418	$ 69,079	$ 1,042,290	$ 54,857	$ 1,097,147
Payroll taxes and employee benefits	205,139	48,720	12,298	266,157	14,008	280,165
Total salaries and related benefits	993,932	233,138	81,377	1,308,447	68,865	1,377,312
Financial assistance	161,918	387,092	-	549,010	-	549,010
Professional fees	203,489	14,107	25,543	243,139	303,780	546,919
Occupancy	111,750	41,670	4,975	158,395	8,337	166,732
Conferences, travel and training	32,243	6,799	862	39,904	2,100	42,004
Supplies	16,769	5,846	1,400	24,015	1,264	25,279
Communication	16,940	4,547	560	22,047	1,160	23,207
Fees and bad debts	4,233	921	755	5,909	311	6,220
Insurance	3,242	1,175	6	4,423	233	4,656
Other	21,495	880	10,069	32,444	1,707	34,151
Advertising and marketing	3,119	(882)	110	2,347	124	2,471
Memberships	1,503	61	3	1,567	83	1,650
Postage and shipping	348	130	19	497	26	523
Total expenses	$ 1,570,981	$ 695,484	$ 125,679	$ 2,392,144	$ 387,990	$ 2,780,134

See notes to financial statements.

Embrace Families Solutions, Inc.

Statements of Cash Flows
Years Ended June 30, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Change in net assets	$ 326,371	$ 55,067
Adjustments to reconcile change in net assets to net cash		
(used in) provided by operating activities:		
Depreciation	129	778
Provision for doubtful accounts	476	2,008
Changes in operating assets and liabilities:		
(Increase) decrease in assets:		
Accounts receivable	(446,870)	200,603
(Decrease) increase in liabilities:		
Accounts payable and accrued expenses	(23,129)	(48,034)
Deferred revenues	3,672	10,801
Assets held for breakthrough	31,617	99,201
Net cash (used in) provided by operating activities	(107,734)	320,424
Cash flows from financing activities:		
Proceeds from note payable	-	213,621
Net cash provided by financing activities	-	213,621
Net change in cash and restricted cash	(107,734)	534,045
Cash and restricted cash:		
Beginning of year	1,168,858	634,813
End of year	$ 1,061,124	$ 1,168,858
Cash, end of year	$ 888,148	$ 1,027,499
Restricted cash, end of year	172,976	141,359
	$ 1,061,124	$ 1,168,858

See notes to financial statements.

Note 1. Nature of Activities and Significant Accounting Policies

Nature of activities: Embrace Families Solutions, Inc. (the Organization) is a Florida nonprofit organization formed in 2011, with a mission to improve the well-being of vulnerable children and their families through community-driven solutions. Operations are directed by a voluntary board who receive no compensation for their services.

The Organization is a wholly owned subsidiary of Embrace Families, Inc.

The Organization's program services are as follows:

System of care: Provides case management, access to therapeutic services, assessment and diagnostic services, financial stability programs and child victim services including advocacy and related support.

Financial assistance: Provides needs-based assistance for housing and other household-stabilizing support for families with children.

Other program services: Provides career development and educational enrichment for vulnerable and/or disconnected youth populations.

A summary of the Organization's significant accounting policies follows:

Basis of presentation: The accompanying financial statements have been prepared on the accrual basis of accounting.

A nonprofit organization is required to report information regarding its financial position and activities according to two classes of net assets: without donor restrictions, and with donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed stipulations, but may be designated for specific purposes by action of the Board of Directors.

Net assets with donor restrictions: Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization, the passage of time, or permanently maintained by the Organization. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the accompanying statements of activities as net assets released from restrictions.

Accounts receivable: Accounts receivable are stated at net realizable value. The Organization uses the allowance method to determine uncollectible accounts receivable. The allowance is established based upon management's analysis of specific accounts and other economic factors. In the opinion of management, no allowance for uncollectible accounts receivable was considered necessary at June 30, 2021 and 2020.

Property and equipment: Property and equipment are recorded at cost when purchased or at fair value at the date of gift, if contributed. Property and equipment is capitalized if it has a cost of $1,000 or more and a useful life when acquired of more than a year. Depreciation of property and equipment is computed using the straight-line method of accounting over the estimated useful lives of the assets.

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Impairment of long-lived assets: The carrying value of property and equipment is reviewed for impairment whenever events or changes in circumstances indicate such value may not be recoverable. Recoverability of assets or asset groups to be held and used is measured by comparison of the carrying amount of an asset or asset group to future net cash flows expected to be generated by the asset tor asset group. If such assets or asset groups are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets or asset groups exceeds the fair value of the assets or asset groups. Assets or asset groups to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell. No impairment of its long-lived assets or asset groups has been recognized during the years ended June 30, 2021 and 2020.

Assets held for breakthrough: The Organization is a representative payee for children who have had inpatient hospitalizations and are receiving mental health services. Benefit payments and withdrawals are recorded as assets and liabilities and are not reflected in the accompanying statements of activities. Funds are maintained in separate bank accounts as required by funding sources and reflected on the accompanying statements of financial position as restricted cash. During each of the years ended June 30, 2021 and 2020, Embrace Families Community Based Care, Inc., a related entity to the Organization, contributed $150,000 to the breakthrough fund.

Grants and contributions: The Organization is principally funded by grants from federal, state and local governmental agencies. Government grants and contracts are considered exchange transactions if each party receives and sacrifices commensurate value. Funds from these exchange transactions are not considered contributions and are deemed to be earned and reported as revenue when such funds have been expended towards the designated purpose or when the services are provided as stipulated by the grant or contract. Funds received in advance and not yet earned are recorded as deferred revenues.

Government grants and contracts not considered exchange transactions are recognized as revenue when the funds are utilized by the Organization to carry out the activity stipulated by the grant or contract. The grants and contracts can be terminated by the grantor or refunding can be required under certain circumstances coupled with other performance and/or control barriers. For these reasons, these grant and contract agreements are considered conditional. Accordingly, amounts received, but not recognized as revenue, are classified in the accompanying statements of financial position as deferred revenues.

The Organization is subject to state and federal audit examination to determine compliance with grant or contract requirements. In the event that expenditures would be disallowed, repayment could be required. Management is of the opinion that such expenditures, if any, would not have a material adverse impact on the Organization.

Contributions received are recorded at fair value as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor restrictions. Donor-restricted support is reported as an increase in net assets with donor restrictions. Support that is restricted by the donor is reported as an increase in net assets without restrictions if the restriction expires in the reporting period in which the support is recognized. When a restriction is accomplished or it expires (that is when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the accompanying statements of activities as net assets released from restrictions.

Unconditional promises to give are recognized as contributions in the period received at their fair value. Conditional contributions or promises to give, that is those with a measurable performance or other barrier and a right of return or release, are not recognized until the conditions upon which they depend are substantially met. Conditional contributions received in advance of satisfying the conditions are recorded as deferred revenues in the accompanying financial statements.

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Contributed services are recognized and reported at fair value in the period received, if the services received create or enhance non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by contribution. There were no contributed services for the years ended June 30, 2021 and 2020.

Functional expenses: The costs of providing the various programs and supporting services have been summarized on a functional basis in the accompanying statements of activities and in the accompanying statements of functional expenses. Accordingly, certain costs have been allocated among the various programs and supporting services benefited. Salaries and related payroll expenses are allocated among functional categories based on the estimated proportion of time spent to each function. All other expenses are allocated based on management's estimate of the relative functional activity.

Income taxes: The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of the Florida Statutes. Accordingly, no provision for federal and state income taxes has been recorded in the accompanying financial statements.

The Organization follows accounting standards relating to accounting for uncertainty in income taxes. Management assessed whether there were any uncertain tax positions, which may give rise to income tax liabilities, and determined that there were no such matters requiring recognition in the accompanying financial statements.

Use of estimates: The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification: Certain amounts have been reclassified from prior year financial statements to conform with current year presentation. Such reclassifications had no effect on total net assets, change in net assets, or cash flows as previously reported.

Concentrations: At various times throughout 2021 and 2020 and at June 30, 2021 and 2020, cash balances held at a financial institution were in excess of federally insured limits. However, the Organization has not experienced any losses in such accounts and management believes no significant concentration of credit risk exists with respect to this cash account.

Unsecured accounts receivable is limited as the receivables are primarily grants and contracts receivable from governmental entities.

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Newly adopted accounting pronouncements: In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09. The amendments in this update create Topic 606, *Revenue from Contracts with Customers*, and supersede the revenue recognition requirements in Topic 605, *Revenue Recognition*, including most industry-specific revenue recognition guidance throughout the Industry Topics of the Codification. The core principle of Topic 606 is that an entity recognized revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. On July 1, 2020, the Organization adopted ASU 2014-09 under the modified retrospective approach, which allows the cumulative prior effect to be recognized as of the date of the initial application. The Organization has determined that the adoption of ASU 2014-09 did not result in an adjustment to opening net assets and did not have a significant effect on the amount of timing and revenue recognition for the year ended June 30, 2021.

Recent accounting pronouncements: In February 2016, the FASB issued its new lease accounting guidance in ASU 2016-02, *Leases (Topic 842)*. Under the new guidance, lessees will be required to recognize the following for all leases (except for short-term leases) at the commencement date: (1) a lease liability, which is a lessee's obligation to make lease payments arising from a lease, measured on a discounted basis, and (2) a right of use asset, which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. Lessees will no longer be provided with a source of off-balance sheet financing. Lessees must apply a modified retrospective transition approach for leases existing at, or entered after, the beginning of the earliest comparative period presented in the financial statements. Nonpublic entities should apply the amendments for fiscal years beginning after December 15, 2021. The Organization is currently evaluating the impact this ASU will have on the financial statements.

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU is intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for nonprofit entities. The ASU will require a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. The ASU will also require enhanced disclosure, including disaggregation of nonfinancial assets recognized by category and qualitative information about each category. The amendments in this ASU will be applied on a retrospective basis and are effective for annual reporting periods beginning after June 15, 2021. The Organization is currently evaluating the impact this ASU will have on its financial statements.

Subsequent events: Management has assessed subsequent events through February 23, 2022, the date the financial statements were available to be issued.

Note 2. Retirement Plan

The Organization's employees are eligible to participate in a defined contribution 401(k) Profit Sharing Plan (the Plan). Employees become eligible to participate in the Plan on the first monthly date following the attainment of age 18 and the completion of one hour of service. The Plan participants may voluntarily contribute, on a pre-tax basis, up to 100% of their qualified annual compensation, as defined in the Plan, up to the Internal Revenue Code maximum limits. The Organization makes matching contributions equal to 100% of each participant's contribution to a maximum of 4% of compensation, as defined in the Plan document. Contributions to the Plan for the years ended June 30, 2021 and 2020, were approximately $26,500 and $27,900, respectively, and are included in payroll taxes and employee benefits in the accompanying statements of functional expenses.

Note 3. Related Party Transactions

The Organization receives management and administrative services through an agreement with its parent company, Embrace Families, Inc. The agreement automatically continues for successive one-year periods, unless either party gives written notice not to renew within 30 days prior to the expiration of each term. Fees are charged based on a schedule of both direct and indirect costs incurred monthly. Expenses incurred by the Organization during the years ended June 30, 2021 and 2020, for these services was approximately $428,000 and $386,600, respectively, which is included in professional fees in the accompanying statements of functional expenses. Amounts due to Embrace Families, Inc. at June 30, 2021 and 2020, related to this agreement, totaled approximately $86,000 and $70,000, respectively, which is included in accounts payable and accrued expenses in the accompanying statements of financial position.

The Organization recognized grant revenue from an affiliate, Embrace Families Community Based Care, Inc., of approximately $1,027,000 and $1,005,000, during the years ended June 30, 2021 and 2020, respectively, which is included in grants and contributions revenue in the accompanying statements of activities. Amounts due from Embrace Families Community Based Care, Inc. at June 30, 2021 and 2020, related to grant revenue, totaled approximately $49,000 and $51,000, respectively, which is included in accounts receivable in the accompanying statements of financial position.

The Organization recognized grants from an affiliate, Embrace Families Foundation, of approximately $254,500 and $99,400, respectively, for the years ended June 30, 2021 and 2020. Amounts due from Embrace Families Foundation at June 30, 2021 and 2020, related to the aforementioned grant revenue are $190,000 and $0, respectively, which are included in accounts receivable in the accompanying statements of financial position.

The Organization receives marketing services through an agreement with an affiliate, Embrace Families Foundation, Inc. The agreement automatically continues for successive one-year periods, unless either party gives written notice not to renew within 30 days prior to the expiration of each term. Fees are fixed and incurred monthly. Expenses incurred by the Organization during the years ended June 30, 2021 and 2020, for these services was $75,000 and $50,000, respectively, which is included in professional fees and other expenses, respectively, in the accompanying statements of functional expenses.

Note 4. Liquidity and Availability of Resources

As of June 30, 2021 and 2020, the following reflects the Organization's financial assets, reduced by amounts not available for general use within one year of June 30, 2021 and 2020:

	2021	2020
Financial assets, at year-end:		
Cash and restricted cash	$ 1,061,124	$ 1,168,858
Accounts receivable	742,166	295,772
	1,803,290	1,464,630
Less those unavailable for general expenditures within one year:		
Restricted cash	(172,976)	(141,359)
Net assets restricted as to purpose	(197,958)	(22,539)
Financial assets available to meet cash needs for general expenditures within one year	$ 1,432,356	$ 1,300,732

As part the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations become due.

Note 5. Note Payable

On April 20, 2020, the Organization received a U.S. Small Business Administration (SBA) Paycheck Protection Program (PPP) loan in the amount of $213,621, which is recorded as a noncurrent note payable as of June 30, 2021 and 2020, in the accompanying statements of financial position. The loan bears interest at 1% and matures on April 20, 2022. Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), up to the full principal amount of the loan and any accrued interest can be forgiven if the Organization uses all of the loan proceeds for forgivable purposes as required under the CARES Act. The loan was forgiven subsequent to fiscal year-end by the SBA in the amount of $213,621. In accordance with ASC 470, Simplifying the Classification of Debt in a Classified Balance Sheet, the loan is classified as noncurrent in the accompanying statements of financial position at June 30, 2021 and 2020. The loan is subject to audit by the SBA for a period of six years following forgiveness.

Note 6. COVID-19

On January 30, 2020, the World Health Organization declared the coronavirus outbreak (COVID-19) a "Public Health Emergency of International Concern" and on March 11, 2020, declared COVID-19 a pandemic. The extent to which COVID-19 impacts the operations of the Company in the future will depend on future developments, which are highly uncertain and cannot be predicted with confidence, including the duration of the outbreak, new information that may emerge concerning the severity of COVID-19, the actions taken to contain COVID-19 or treat its impact, and the impact of each of these items on the economics and financial markets in the United States. In particular, the continued spread of COVID-19 could adversely impact the Organization's operations, including among others, grant and contribution revenues and daily operations, and may have a material adverse effect on the financial condition, results of operations and cash flows of the Organization.

Note 7. Conditional Grants

The Organization has conditional grants awarded from grantors of $16,952 as of June 30, 2021. Future payments are contingent upon the Organization carrying out certain activities related to meeting grantor-imposed barriers stipulated by the grant or contract.

Note 8. Subsequent Event

In July 2021, the PPP loan, was forgiven by the SBA as described in Note 5.

Embrace Families Solutions, Inc.

Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Grantor/Program Title/Pass-Through	Pass-Through Entity Identifying Number	Federal Assistance Listing Number	Total Federal Expenditures	Provided to Subrecipients
Federal Awards:				
U.S. Department of Housing and Urban Development:				
Community Development Block Grants/Entitlement Grants Program:				
Passed through Orange County	CDBG Program FY2019-2020	14.218	$ 8,750	$ -
Passed through Orange County	CDBG Program FY2020-2021	14.218	26,250	-
Passed through Seminole County	CDBG FY 2019/2020	14.218	23,218	-
Passed through Seminole County	CDBG FY 2020/2021	14.218	48,731	-
Program total			106,949	-
COVID -19 Emergency Solutions Grant Program:				
Passed through Orange County	ESG-CV 2019-15-06	14.231	196,773	-
Passed through Seminole County	ESG-CV FY 2020/2021	14.231	117,964	-
Emergency Solutions Grant Program:				
Passed through Seminole County	ESG FY 2019/2020	14.231	11,128	-
Passed through Seminole County	ESG FY 2020/2021	14.231	44,808	-
Program total			372,673	-
Continuum of Care Program:				
Passed through Homeless Services Network of Central Florida, Inc.	FL0331L4H071807	14.267	17,867	-
Passed through Homeless Services Network of Central Florida, Inc.	FL0331L4H071908	14.267	82,964	-
Passed through Homeless Services Network of Central Florida, Inc.	FL0562L4H071803	14.267	19,314	-
Passed through Homeless Services Network of Central Florida, Inc.	FL0562L4H071904	14.267	36,465	-
Passed through Homeless Services Network of Central Florida, Inc.	FL0605L4H071803	14.267	28,233	-
Passed through Homeless Services Network of Central Florida, Inc.	FL0562L4H071904	14.267	60,100	-
Program total			244,943	-
Total U.S. Department of Housing and Urban Development			724,565	-
U.S. Department of Justice:				
Crime Victim Assistance:				
Passed through Florida Office of the Attorney General	VOCA-2020-Community Initiatives	16.575	26,329	-
Passed through Florida Office of the Attorney General	VOCA-2021-Community Initiatives	16.575	99,246	-
Program total			125,575	-
Total U.S. Department of Justice			125,575	-
U.S. Department of Health and Human Services:				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	1H79SM081388-01	93.243	93,057	-
MaryLee Allen Promoting Safe and Stable Families Program:				
Passed through Embrace Families Community Based Care, Inc.	OROS 020-2021	93.556	4,354	-
Temporary Assistance for Needy Families				
Passed through Embrace Families Community Based Care, Inc.	SEMOROS 015-2021	93.558	82,945	-
Foster Care Title IV – E Program:				
Passed through Embrace Families Community Based Care, Inc.	SEMOROS 015-2021	93.658	103,495	-
Child Abuse and Neglect State Grants				
Passed through Embrace Families Community Based Care, Inc.	OROS 020-2021	93.669	6,183	-
Social Services Block Grant				
Passed through Embrace Families Community Based Care, Inc.	OROS 020-2021	93.667	1,056	-
Total U.S. Department of Health and Human Services			291,090	-

(Continued)

Embrace Families Solutions, Inc.

Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2021

Grantor/Program Title/Pass-Through	Pass-Through Entity Identifying Number	Federal Assistance Listing Number	Total Federal Expenditures	Provided to Subrecipients
Federal Awards (Continued):				
Corporation for National and Community Service:				
AmeriCorps:				
Passed through Public Allies National	OP019-94.006-20-PACF	94.006	$ 36,268	$ -
Passed through Public Allies National	OP019-94.006-21-PACF	94.006	206,416	-
Program total			242,684	-
Total expenditures of federal awards			$ 1,383,914	$ -

See notes to schedule of expenditures of federal awards.

Embrace Families Solutions, Inc.

Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Embrace Families Solutions, Inc. under programs of the federal government for the year ended June 30, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Embrace Families Solutions, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Embrace Families Solutions, Inc.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are recognized on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3. Indirect Cost Rate

Embrace Families Solutions, Inc. has elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

Board of Directors
Embrace Families Solutions, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States, the financial statements of Embrace Families Solutions, Inc., which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 23, 2022.

Internal Control Over Financial Reporting
In planning and performing our audit of the financial statements, we considered Embrace Families Solutions, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Embrace Families Solutions, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Embrace Families Solutions, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we considered material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters
As part of obtaining reasonable assurance about whether Embrace Families Solutions, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of this Report
The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Embrace Families Solutions, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Embrace Families Solutions, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

RSM US LLP

Orlando, Florida
February 23, 2022

RSM US LLP

Report on Compliance for its Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Independent Auditor's Report

Board of Directors
Embrace Families Solutions, Inc.

Report on Compliance for its Major Federal Program
We have audited Embrace Families Solutions, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on Embrace Families Solutions, Inc.'s major federal program for the year ended June 30, 2021. Embrace Families Solutions, Inc.'s major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility
Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility
Our responsibility is to express an opinion on compliance of Embrace Families Solutions, Inc.'s major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Embrace Families Solutions, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for its major federal program. However, our audit does not provide a legal determination of Embrace Families Solutions, Inc.'s compliance.

Opinion on its Major Federal Program
In our opinion, Embrace Families Solutions, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2021.

Report on Internal Control Over Compliance
Management of Embrace Families Solutions, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Embrace Families Solutions, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Embrace Families Solutions, Inc.'s internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

RSM US LLP

Orlando, Florida
February 23, 2022

Embrace Families Solutions, Inc.

Schedule of Findings and Questioned Costs
Year Ended June 30, 2021

Section I – Summary of Auditor's Results

Financial Statements

Type of report issued on whether the financial statements audited were prepared in accordance with GAAP:	Unmodified	
Internal control over financial reporting:		
Material weakness(es) identified?	____ Yes	X No
Significant deficiency(ies) identified?	____ Yes	X None Reported
Noncompliance material to financial statements noted?	____ Yes	X No

Federal Awards

Internal control over major programs:		
Material weakness(es) identified?	____ Yes	X No
Significant deficiency(ies) identified?	____ Yes	X None Reported
Type of auditor's report issued on compliance for major programs:	Unmodified	
Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?	____ Yes	X No

Identification of major programs:

Assistance Listing Number	Name of Federal Program
14.231	Emergency Solutions Grant

Dollar threshold used to distinguish between type A and type B federal programs:	$ 750,000	
Auditee qualified as low-risk auditee?	X Yes	____ No

Section II – Financial Statement Findings

No matters to report.

Section III – Findings and Questioned Costs for Federal Awards

No matters to report.

Section IV – Other Reporting

There was no management letter or control deficiency letter issued for the year ended June 30, 2021, as there were no matters required to be reported in these letters.

No Corrective Action Plan is presented because there were no findings required to be reported under the Federal Single Audit Act.

No Summary Schedule of Prior Audit Findings is presented because there were no prior audit findings.

EMBRACE FAMILIES SOLUTIONS, INC.
901 N. LAKE DESTINY RD., NO. 400
MAITLAND, FL 32751

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

FORM 990

026340
04-01-20

Form **8868**
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
EMBRACE FAMILIES SOLUTIONS, INC.

Taxpayer identification number (TIN)
45-2843994

Number, street, and room or suite no. If a P.O. box, see instructions.
901 N. LAKE DESTINY RD., NO. 400

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
MAITLAND, FL 32751

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CATHERINE MACINA 901 N. LAKE DESTINY RD., NO. 400 - MAITLAND, FL 32751
  Telephone No. ▶ 321-441-2060 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2020)

023841 04-01-20

** PUBLIC DISCLOSURE COPY **

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: [X] Address change; [ ] Name change; [ ] Initial return; [ ] Final return/terminated; [ ] Amended return; [ ] Application pending

C Name of organization: EMBRACE FAMILIES SOLUTIONS, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 901 N. LAKE DESTINY RD.

Room/suite: 400

City or town, state or province, country, and ZIP or foreign postal code: MAITLAND, FL 32751

F Name and address of principal officer: GLEN CASEL
SAME AS C ABOVE

D Employer identification number: 45-2843994

E Telephone number: 321-441-2060

G Gross receipts $: 3,029,176.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.EMBRACEFAMILIES.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2011

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: DIRECT SERVICES TO HELP STRENGTHEN FAMILIES AND THE COMMUNITIES IN WHICH THEY LIVE.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	41
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,735,043.	3,011,650.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,286.	-79,063.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,701,757.	2,932,587.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,297,741.	1,320,556.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,348,949.	1,283,895.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,646,690.	2,604,451.
19	Revenue less expenses. Subtract line 18 from line 12	55,067.	328,136.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,464,759.	1,803,290.
21	Total liabilities (Part X, line 26)	576,403.	588,563.
22	Net assets or fund balances. Subtract line 21 from line 20	888,356.	1,214,727.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ CATHERINE MACINA, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JULIANA KREUL		05/13/22	[ ]	P01204534

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 7351 OFFICE PARK PLACE
MELBOURNE, FL 32940-8229 — Phone no. 321-751-6200

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
WE ARE CHAMPIONS FOR CHILDREN. EMBRACE FAMILIES SOLUTIONS EMPOWERS CHILDREN AND FAMILIES TO TRANSFORM THEIR LIVES THROUGH INNOVATIVE, COMMUNITY DRIVEN SOLUTIONS. WE WORK TO HELP FAMILIES STAY TOGETHER, OVERCOME CHALLENGES, AND DEVELOP LONG-TERM STABILITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 1,291,470. including grants of $ _____) (Revenue $ _____)
PROGRAMS: PATHWAYS TO HOME HELPED 109 HOMELESS FAMILIES, INCLUDING 266 CHILDREN, QUICKLY RE-ENTER PERMANENT HOUSING WITH WRAPAROUND SUPPORT. CHILDREN'S ADVOCACY CENTER OSCEOLA PROVIDED CRISIS RESPONSE AND VICTIM ADVOCACY TO 389 CHILD VICTIMS OF SEXUAL AND/OR PHYSICAL ABUSE AND THEIR NON-OFFENDING CAREGIVERS. PUBLIC ALLIES PROGRAM PROVIDED 18 YOUNG ADULTS FROM TRADITIONALLY UNDER-SERVED BACKGROUNDS WITH CAREER APPRENTICESHIPS AND LEADERSHIP DEVELOPMENT. CAREER INITIATIVES SERVED APPROXIMATELY 30 YOUTH IN FOSTER CARE HELPING PREPARE THEM FOR TRANSITIONING TO ADULTHOOD. YOUTH MENTAL HEALTH INITIATIVES DIRECTLY SERVED 18 TEENS WITH FAMILY NAVIGATION SERVICES AND PROVIDED 1,059 COMMUNITY RESIDENTS WITH MENTAL HEALTH AWARENESS TRAINING.

4b (Code: _____) (Expenses $ 805,024. including grants of $ _____) (Revenue $ _____)
FINANCIAL ASSISTANCE: PROVIDES NEEDS-BASED FINANCIAL ASSISTANCE FOR FAMILIES WITH CHILDREN AND VULNERABLE YOUTH/YOUNG ADULTS ENGAGED IN EMBRACE FAMILIES SOLUTIONS PROGRAMMING. PATHWAYS TO HOME PROVIDES SUPPORT FOR HOMELESS FAMILIES WITH CHILDREN, OR THOSE ON THE BRINK OF EVICTION, TO ESTABLISH PERMANENT HOUSING TO ENSURE CHILD SAFETY AND WELL-BEING WHILE HELPING PARENTS ACHIEVE LONG-TERM STABILITY. CHILDREN'S ADVOCACY OSCEOLA PROVIDES SUPPORT TO FAMILIES WHO MUST RELOCATE IN THE AFTERMATH OF A PHYSICAL OR SEXUAL ASSAULT ON A CHILD. CHILDREN'S MENTAL HEALTH INITIATIVES MAY PROVIDE LIMITED FINANCIAL ASSISTANCE TO ENSURE PARTICIPANTS ARE ABLE TO MEET THEIR BASIC NEEDS WHILE ENGAGED IN THE PROGRAM.

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)
(Expenses $ 96,242. including grants of $ _____) (Revenue $ -79,063.)

4e Total program service expenses ▶ 2,192,736.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

CATHERINE MACINA - 321-441-2060

901 N. LAKE DESTINY RD., NO. 400, MAITLAND, FL 32751

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLEN CASEL	2.00									
PRESIDENT	38.00			X				0.	444,917.	27,891.
(2) MICHAEL BRYANT	2.00									
CHIEF OPERATING OFFICER	38.00			X				0.	255,323.	28,935.
(3) GERARD GLYNN	2.00									
CHIEF LEGAL OFFICER/SECRETARY	38.00			X				0.	224,631.	16,222.
(4) CATHERINE MACINA	2.00									
CHIEF FINANCIAL OFFICER	38.00			X				0.	205,826.	17,240.
(5) ANGELA FOLGER	2.50									
CHAIR	2.50	X		X				0.	0.	0.
(6) GREG BARNETT	2.50									
DIRECTOR	2.50	X						0.	0.	0.
(7) CRAIG KESLER	2.50									
DIRECTOR	2.50	X						0.	0.	0.
(8) SUSIE OLIVER	2.50									
DIRECTOR	2.50	X						0.	0.	0.
(9) MICHAEL SANGIORGIO	2.50									
DIRECTOR	2.50	X						0.	0.	0.
(10) HELENE WELCH	2.50									
DIRECTOR	2.50	X						0.	0.	0.
(11) OWEN WENTWORTH	3.50									
DIRECTOR	7.00	X						0.	0.	0.

Detail by Entity Name

Florida Not For Profit Corporation
EMBRACE FAMILIES SOLUTIONS, INC.

Filing Information

Document Number	N11000007019
FEI/EIN Number	45-2843994
Date Filed	07/25/2011
Effective Date	07/25/2011
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	12/14/2018
Event Effective Date	NONE

Principal Address

901 N. Lake Destiny Rd.
Ste. 400
Maitland, FL 32751

Changed: 04/11/2022

Mailing Address

901 N. Lake Destiny Rd.
Ste. 400
Maitland, FL 32751

Changed: 04/11/2022

Registered Agent Name & Address

GLYNN, GERARD
901 N. Lake Destiny Rd.
Ste. 400
Maitland, FL 32751

Name Changed: 05/28/2013

Address Changed: 04/11/2022

Officer/Director Detail

Name & Address

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007019

Entity Name: EMBRACE FAMILIES SOLUTIONS, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY RD.
STE. 400
MAITLAND, FL 32751

Current Mailing Address:

901 N. LAKE DESTINY RD.
STE. 400
MAITLAND, FL 32751 US

FEI Number: 45-2843994

FILED
Apr 05, 2023
Secretary of State
1189106545CC

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GLYNN, GERARD
901 N. LAKE DESTINY RD.
STE. 400
MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLEN CASEL 04/05/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	WENTWORTH, OWEN	Name	OLIVER, SUSIE
Address	901 N. LAKE DESTINY RD. STE. 400	Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	CFO
Name	BARNETT, GREG	Name	MACINA, CATHERINE
Address	901 N. LAKE DESTINY RD. STE. 400	Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	OTHER	Title	DIRECTOR
Name	CARUSO, CAROLE	Name	FOLGER, ANGELA
Address	901 N. LAKE DESTINY RD. STE. 400	Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	PRESIDENT, CEO	Title	COO
Name	CASEL, GLEN	Name	BRYANT, MICHAEL
Address	901 N. LAKE DESTINY RD. STE. 400	Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLE CARUSO STAKEHOLDER ENGAGEMENT MANAGER 04/05/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CHAIRMAN
Name	KESLER, CRAIG
Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	JOSEPHS, LAURENT
Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	GELTZ, SARAH
Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	SANGIORIO, MICHAEL
Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	BYINGTON, MICHELE
Address	901 N. LAKE DESTINY RD. STE. 400
City-State-Zip:	MAITLAND FL 32751

2022/2023 Community Benefit Grant

EVENT	Award Date	Requested Amount	AWARDED	Ed	AL	Robin	Hannan	Guillermo	Roy	David	Sheila	Vanessa	Total
Fund for Hope	10/12/2022	$2,500	$2,100	2000			2000		2000	2500		2000	10500
American Youth Football Regionals - 7U	10/12/2022	$2,500	$2,000	2000			2000		2000	2000		2000	10000
MERGE (Women Encouraging Women)	2/8/2023	$2,500	$2,000	1500			2000	2500		2000			8000
Drowning Prevention Awareness (Team Kareem)	4/12/2023	$2,500	$2,500	2500	2500	2500	2500			2500		2500	15000
Fostering Quality Education	4/12/2023	$2,500	$2,333	2000	2500	2500	2000			2500		2500	14000
Fostering Hope for All	6/14/2023	$2,500	$0										0
Kingdom Kids Families Support	6/14/2023	$2,500	$0										0
Fore our Kids Golf Tournament	6/14/2023	$2,500	$0										0
													0
													0
													0
													0
													0
													0
													0
													0

$20,000 **$10,933.00**