MEETING AGENDA
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, OCTOBER 11, 2023 AT 6:00 PM

1. **MEETING CALLED TO ORDER**
2. **MINUTES**
   - 2.A Approval of meeting minutes from August 9, 2023
3. **HEAR AUDIENCE**
4. **DISCUSSION**
   - 4.A Directors Report
5. **NEW BUSINESS**
   - 5.A Fee Waiver Grants
   - 5.B Community Benefit Grant
   - 5.C Board Chair and Co-Chair Nominations
   - 5.D Meeting Dates 2023/2024 Fiscal Year
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 meeting minutes from August 9, 2023

Item Details
Approve the meeting minutes from the August 9, 2023 meeting.

Attachment(s):
1. PARAB Minutes 2023_8_9

MEETING MINUTES
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, AUGUST 9, 2023 AT 6:00 PM

1. MEETING CALLED TO ORDER **Members Present:** Board Member Edward Kilroy, Board Member M. Hannan Khan, Board Member Hamza Godil, Board Member Roy Oddo, Board Member Seewdat "David" Anderson
Staff Present: Assistant Director Steve Lackey, Office Manager Andrea Campbell
Members Absent: Board Member Albert Dorsey, Board Member Robin Wright, Board Member Vanessa Alvarez

Board Chair Edward Kilroy called the meeting to order at 06:07 PM.

2. MINUTES

2.A Approval of the Meeting Minutes from June 14, 2023.

Board Member Roy Oddo made a motion to approve the minutes as presented. Board Member Hannan Khan seconded the motion.

AYE: Board Member Edward Kilroy, Board Member M. Hannan Khan, Board Member Hamza Godil, Board Member Roy Oddo, Board Member Seewdat "David" Anderson
NAY: None
Motion to 5 - 0

3. HEAR AUDIENCE No one present for hear the audience.

4. DISCUSSION

4.A Directors Report

Department Director Steve Lackey went over the upcoming events (Fandom, Flyover, Puerto Rican Parade, Veterans Day Parade, VIVA, Boo! on Broadway and Festival of Lights) and explained details of the Impact Fees that will be on the August 15th Commission Agenda. The department also has a couple of employees retiring, Keith Periera with 37 years and Dawn Stapf with 16 years. Board Member Hannan Khan inquired about an employee appreciation event that celebrates the staff's hard work. Director Steve Lackey explained that the department holds an annual event in October that he will invite the board to where the employees are acknowledged and goals are shared for the upcoming fiscal year.

5. NEW BUSINESS

5.A Community Benefit Grant

There is a Community Benefit Grant for D Anderson Foundation's Back to School Giveaway. Board Chair Edward Kilroy asked about all the other efforts around the City for the same cause. Director Steve Lackey explained that the City itself has an event and uses many contributions toward the same cause and the award is at the discretion of the Board.

Board Member Roy Oddo made a motion to award the application $1,600. Board Member Hannan Khan seconded the motion.

AYE: Board Member Edward Kilroy, Board Member M. Hannan Khan, Board Member Hamza Godil, Board Member Roy Oddo, Board Member Seewdat "David" Anderson
NAY: None
Motion to 5 - 0.

6. HEAR CHAIRMAN AND BOARD MEMBERS Board Chair Edward Kilroy reminded the board that the next meeting in October will be a vote for the new Chair and Co-Chair and that attendance is important. Board Member Roy Oddo would like to do something for past Board Member Guillermo Hanson from the board, and asked that the board members bring ideas to the next meeting.

7. ADJOURNMENT

There being no further business to come before the Parks & Recreation Advisory Board, Board Chair Edward Kilroy adjourned the meeting at 06:51 PM.

Board Chairman

ATTEST:

Board Secretary

ITEM 4.A
Directors Report

Item Details
The Parks and Recreation Department Director will give a report of general happenings of the department.

Attachment(s):
1. Directors Report 10.11.2023

Directors Report
October 11, 2023

1. Upcoming Events
    - 1st Friday of the Month – Movie in the Park – October-March
    - Saturday, October 27th – Boo! On Broadway
    - Friday, November 3rd – Annual State of the Department – 10am-noon – Fortune Road Athletic Complex
    - Saturday, November 11th – Veterans Day Parade

2. Volunteer Opportunities
    - Saturday, December 9th – Judge for Festival of Lights Parade

3. Staff Updates
    - New Events & Venues Assistant Manager – Micheal Garcia
    - New Parks & Public Lands Manager - TBD
    - New Parks & Public Lands Assistant Manager - TBD

NEXT PARAB MEETING, December 13th - Meeting at 6pm at City Hall – Potluck at 7pm at Lakefront Park

ITEM 5.A
Fee Waiver Grants

Item Details
Score of Fee Waiver Grants:

- JILM Revival
- Kissimmee 5K
- Ladies Expo
- Bridal Ball
- Hop on Downtown
- PVA Citrus Slam
- CAFA Fusion
- Women's Agents of Peace
- OCVC Veteran's Ball
- Touching the Throne

Attachment(s):
1. JILM Binder
2. Kissimmee 5K Binder
3. Ladie's Expo Binder
4. Candyland Binder
5. Hop on Downtown Binder
6. Citrus Slam Binder
7. Opportunity Center Gala Binder
8. CAFA Binder
9. Women's Agents of Peace binder
10. Veteran's Ball Binder
11. Touching the throne binder
12. 2023-2024 Fee Grant Spreadsheet - Period II

FEE WAIVER GRANT RANKING FORM

Organization Name: Jesus is Lord Ministry
Event Name: JILM Revival

Event Date: December 20, 2023 **Year of fee waiver award: 1**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: n/a**

Anna Miller

From: noreply@kissimmee.gov
Sent: Tuesday, August 8, 2023 6:20 PM
To: jamie.paul@kissimmee.gov; Matt Libby
Subject: City of Kissimmee Fee Grant Application

Follow Up Flag: Follow up
Flag Status: Flagged

A new entry to a form/survey has been submitted.

Form Name:	Fee Grant Application
Date & Time:	08/08/2023 6:20 PM
Response #:	76
Submitter ID:	18871
IP address:	2603:9001:2e00:8ca5:3414:7a25:3ef6:99b4
Time to complete:	13 min. , 9 sec.

Survey Details

Page 1

City of Kissimmee Fee Grant Application (4 pages)

Event Information

Choose Eligibility Status

In order to be eligible to apply for a fee waiver grant the organization must meet at least 1 (one) of the following criteria:

Non-profit organization with a current 501(C) certificate

Government agency

An agency in which the City is a member

(○) Non Profit Organization

If non profit, attach a copy of the 501c certificate 501c3 church certificate.jpg

New Standard Question

Requesting Organization:	JESUS IS LORD MINISTRY INC	**Zip Code:**	34769
Address:	4727 OLD CANOE CREEK RD	**Organization Phone:**	3218054706

City:	ST CLOUD	**Email:**	JILMINC@YAHOO.COM
State:	Florida		

New Standard Question

Event Name:	JILM REVIVAL	**Event Type:**	CHURCH SERVICE
Potential Event Date	12/20/2023	**Event Contact:**	DR MONIQUE HARRIS
Event Location:	CHAMBERS PARK	**Event Contact Cell Number:**	4073611460
Event Set Up Time:	6:30PM	**Grant Amount Requesting ($3,000 maximum):**	$3000.00
Actual Event Times:	7:30PM	**Organization's Chief Officer:**	DR MONIQUE HARRIS
Event Break Down Time:	10:00PM	**Signature of Chief Officer:**	DR MONIQUE HARRIS
Anticipated Attendance:	50+	**Brief Description of Event:**	

Hello,
We, Jesus Is Lord Ministry Inc, would like to host this event as an opportunity to fellowship and encourage the community through singing, preaching and prayer.

We would like to have a microphone and podium outside with chairs, but also have access to the restrooms and a room inside if it rains.

Page 2

Event Information (All Events)

Will your event require outdoor staging?

(○) Yes
Size: small

Will your event require the rental of the modular stage (Veterans Lawn)?

Size: not sure

Will your event require tents? If yes, how many?

(○) No
How many: Not answered

Will your event require vehicles to access the park?

(○) No

Will your event require any road closures?

(○) No
If yes, please provide details of your requested road closures:
Not answered

Will your event require portable restrooms? If yes, how many?

(○) No
How many: Not answered

Will your event require utilities?

[×] Electric

Will your event hire Production Companies (lighting, sound, decorating, television, radio, etc.)?

(○) No

Name of Company: Not answered
Point of Contact: Not answered
Contact Phone Number: Not answered

Will your event require the use of additional space?

[×] Reception Area

Fishing Tournaments

Will your event require the use of the boat ramp?

How many Boats: Not answered

Will your event require space for a tournament draw?

Not answered

Will your event require space for a weigh in?

Tournament Draw: Not answered

Entertainment (All Events)

Will your event require alcoholic beverages to be dispensed, provided and/or sold? (The sale of alcohol at an event may require the use of the City's contracted and licensed concessionaire.)

(○) No

Will your event require a DJ?

(○) No

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

(○) No

Will your event have performers? Please specify whether they are international, national or local artists.

No

Audio Visual (Indoor Events Only)

Will your event require rental of Civic Center audio equipment? (The City cannot provide AV equipment for outdoor events. That is the sole responsibility of the outdoor event licensee.)

(○) No

Will your event require additional AV Equipment?

[×] Podium
[×] Microphones

Promotions (All Events)

Will your event require banners to be hung?

(○) No

If yes, please provide size and location for the banners.

Not answered

At what level will your event be promoted?

(○) Local

Will media outlets be invited to the event?

(○) No

If yes, what type of media will be invited?

Not answered

Page 3

Organization Structure (Mandatory Questions - no point value)

How long has the sponsoring organization been incorporated?

15 years

How long has the sponsoring organization physically been in operation?

33 years

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

Jesus Is Lord Ministry Inc a Non-Denomination Church and will utilize our event and leadership teams to organize and execute the event. Volunteers will be members of the congregation.

BYLAWS SIGNED PG 1 OF 2.jpg

Organization and Experience (50 Available Points)

Has the sponsoring organization previously produced an event in Kissimmee? If so, please identify the events. (20 pts)

JILM Inc"s Pastor is Chairman on the Board of Youth Development Task Force which do a Youth and Family Summit every year. This years event is scheduled on Sept 24, 2023 at the Kissimmee Civic Center.

In the past years, JILM have had revivals or church services at Chambers Park or Kissimmee Civic Center.

Has this specific event been produced previously? If so, when and where was the event held? (10 pts)

We have had several church events such as banquets, revivals.

What is the uniqueness of the proposed event? (10 pts)

The uniqueness is we are able to come out and meet the spiritual and emotional need of the community. This kind of event helps those who doesn't go to church have access to spiritual and emotional resources. This experience can encourage a relationship with the Lord and enhance current relationships with the Lord.

How does the proposed event support the organization's mission and benefit Kissimmee residents? (10 pts)

This event support JILM Inc mission-111 JOHN 1:2 BELOVED, I WISH ABOVE ALL THINGS THAT THOU MAYEST PROSPER AND BE IN HEALTH, EVEN AS THY SOUL PROSPERETH.

Page 4

Event Revenue and Economic Impact (25 Available Points)

Will the proposed event impact local businesses? If so, please describe the impact. (15 pts)

NO

Evaluation of Itemized Budget (Please attach the sponsoring organization's event budget). (10 pts)

File Name:

Page 5

Marketing (15 Available Points)

How does the proposed event benefit the image or the reputation of the City? (5 pts)

The event will display to the community that the city supports resources for the betterment of the people by allowing community buildings to be utilize for such events.

Identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. (5 pts)

Social Media and flyers will be used from the church and members social media page. Promotion will begin about a month before the event until the day.

How much money will the sponsoring organization commit towards advertising? (5 pts)

$100.00

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Collaboration (10 Available Points)

Is the sponsoring organization collaborating with any other non-profit group? If so, please state the commitments of all other groups. (5 pts)

No

Has the sponsoring organization solicited local vendors to support the event? If so, please identify all vendors/merchants that have committed to the event. (5 pts)

No

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After Action Report (Previous Award Recipients Only)

If an organization has previously received grant funding from the Event Fee Waiver Program, did the City's After Action Report indicate that the organization adhered to the requirements within the fee waiver policy, event policies & guidelines, or any contracts/agreements. (If no, -10 pts)

[ ] **Yes**
[ ] **No**

The overall percentage of the requested amount of expenses to be waived by the City shall be determined by the total points earned during the scoring process. The breakdown of the percentage that shall be waived is as follows:

	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			

Insurance

Do you currently have or have you applied for insurance? (All insurance must follow specific guidelines as outlined in the Special Event Insurance guidelines)

(○) Yes

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, call this office at 407.518.2503.

Please type your name to serve as a signature in the fields below acknowledging the information you have provided is correct.

Signature: Dr Monique Harris
Date: August 8, 2023

Thank you,
City of Kissimmee, FL

This is an automated message generated by Granicus. Please do not reply directly to this email.

CITY OF KISSIMMEE 1883

Organization: Jesus is Lord Ministry Inc. **Event:** JILM Revival **Date: 12/20/23**

Facility Fee:			
Chambers Park	$350 per day	3 days	$ 1,050.00
Rental Items:			
Stage Panels	$50 per pannel	4 pannels	$ 200.00
Microphone and Speakers	$150	1 kit	$ 150.00
Taxes:		7.5%	$ 78.75
Staff:			
Event Staff (Chambers Staff)	$15.00 per hour	1 Event Staff x 6 hours X $15 per hour X 3 days	$ 90.00
Kissimmee Police Department- Detail	$50.00 per hour	1 Officers x 6 hours x $50.00 per hour X 3 days	$ 900.00
Total Estimate (With Tax)			**$ 2,468.75**
Damage Deposit (Refundable)			$ 210.00
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: Kissimmee 5K

Event Date: February 10, 2024 **Year of fee waiver award: sunset year (4)**

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: $1,800.00**

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

407-846-4643

Telephone Number

4073612710

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 *

0937_001.pdf

Event Contact Information

Diana Marrero-Pinto

Name of Event Contact

Executive Director

Title of Event Contact

440-714-8124

Telephone

dmarreropinto@kissimmeemainstreet.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Kissimmee 5K

Start Date & Time of Event *

02/10/2024 06:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

02/10/2024 10:00 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

500

Brief Description of Event *

Kissimmee Main Street is a nonprofit 501c3 established in 1997 whose mission it is to preserve and enhance Historic Downtown Kissimmee for the enjoyment of current and future generations. We accomplish our mission, in part, through our many community events including annual signature events like; BOO! on Broadway, The Kissimmee 5K Run/Walk in support of The American Heart Association, Kissimmee, Hop on Downtown, Small Business Saturday, Light Up Kissimmee and several monthly events that promote the downtown and lend to its economic vitality. In addition, we are "ambassadors" to our beautiful historic downtown by marketing and supporting our merchants through advertising & promotions, maintaining our city's rich history, and overseeing The Kissimmee Welcome Station, a 1922 historic gas station that provides maps, history information, and guides to tens of thousands of visitors annually, it's one of the reasons we say, #wewelcometheworld. But perhaps our greatest role being the support and guidance we provide to over 800 business in the city CRA district.
Our annual race, The Kissimmee 5K happens in February and brings heart health to the forefront of the community with a fun and active Valentines themed event. Runners and walkers are treated to a brisk early Saturday morning scenic race through our breath taking Lake Toho. As the sunrises and the fog rolls from the lake local gyms warm up the pink and red dressed crowd in preparation for the days activities to the sounds of a DJ. Prior to, and following the race attendees are welcomed to visit health contentious vendors and enjoy healthy snacks. Once the race has concluded, awards are given in ten different age categories and themed prizes are awarded to the cutest cupid, prettiest pair and Care Club, the largest group in attendance. The Kissimmee K5 is the unique and perfect blend of a fun run and a professionally timed race attended by a mix of community leaders, professional runners, local organizations, and residents.

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 *

02/10/2024 04:30 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

02/10/2024 09:30 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

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

Our route is yet to be determined as each year construction plays a role in the final city approved route. However, we work in tandem with the Kissimmee Police Department and the City of Kissimmee to determine the safest and best route for everyone,

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.

Fee Waiver Grant Program Request

Will your event require the use of additional space? *

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

Fishing Tournament

Is the event a fishing tournament?

- ○ Yes
- ◉ No

Entertainment

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

- ○ Yes
- ◉ No

Will your event require a DJ?

- ◉ Yes
- ○ No

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

- ○ Yes
- ◉ No

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
- [x] National

Fee Waiver Grant Program Request

Will the media be invited? *

(•) Yes ( ) No

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

Kissimmee Main Street has a long standing relationship with the Osceola Gazette and Positively Osceola, both will be invited.

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

Kissimmee Main Street has been incorporated for twenty-six years.

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

Kissimmee Main Street has been in operation for nearly thirty years.

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

Kissimmee Main Street is a nonprofit governed by a board of 11 chairs and led by an Exective Director.
Executive Director - Diana Marrero-Pinto
Small Business Liaison - Ruth Mendez
Marketing Coordinator - Will Fonseca

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 produces several events within the City of Kissimmee including two City Signature Events; BOO! on Broadway our annual fall event with an attendance of over 8,000 and Hop on Downtown which boasted an attendance of 3,000 this past April in only it 4th year since inception.

Has this specific event been previously produced? *

(•) Yes ( ) No

Fee Waiver Grant Program Request

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

February 2022, and for the past 15 years.

What is the uniqueness of the proposed event? *

The Kissimmee 5K is a rarity among local races. It is the only professionally times race in Osceola County, making a favorite among professional runners seeking to better their time for larger races. In addition, we fuse in the fun by adding the Valentine's theme by encouraging all the things pink, red, and love.

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

The mission of Kissimmee Main Street is to preserve and enhance Historic Downtown Kissimmee for the enjoyment of current and future generations. Events like the Kissimmee 5K not only shine a light on the beauty of our lakefront and city as a whole but runners and attendees stay in the downtown to enjoy breakfast at our local establishments added an economic boast to an already stellar event.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Annually survey recipients respond to having visited local establishments following the race, and local establish report seeing an increase in sales.

Please attach your itemized event budget. *

K5K_Event_Budget_2024_pg1.pdf

K5K_Event_Budget_2024_pg2.pdf

Marketing

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

Through this and our many diverse events, Kissimmee Main Street draws individuals from all over the globe to our quant downtown, filling our business and making registers ring. Survey responses prove time and time again individuals are left with a positive, memorable impression of our city that makes residents proud to live here and visitors excited to return.

Fee Waiver Grant Program Request

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

Kissimmee Main Street advertises primarily through social media and runners magazines. Currently Kissimmee Main Street Facebook page has nearly 20,000 followers and a quarterly reach of 300,000.

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

Kissimmee Main Street intends to place $1,000 into advertising.

Collaboration

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

(•) Yes ( ) No

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

In addition to our nonprofit vendor partners, a portion of the proceeds benefit the American Heart Association.

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: *

We have a strong relationship with several organizations. Osceola Council on Aging, Love Makes Me Grow, Team Kareem and Destination Life are a few of our nonprofit partners. Toho Water Authority and the Kissimmee Utility Authority are annual sponsors.

2024 Kiss-Im Mee 5K

Event Budget for *2024 Kiss- Im Mee* : EXPENSES

Operational	Estimated	Actual
Laughing Rhino	$5,000.00	
City Fees	$4,000.00	
DJ	$400.00	
Bibs	$100.00	
Total	**$9,500.00**	**$0.00**

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

Design/Print	Estimated	Actual
Graphics work		
Printing		
Postage		
Total	**$0.00**	**$0.00**

Miscellaneous	Estimated	Actual
Photo Booth	$150.00	$0.00
Total	**$150.00**	**$0.00**

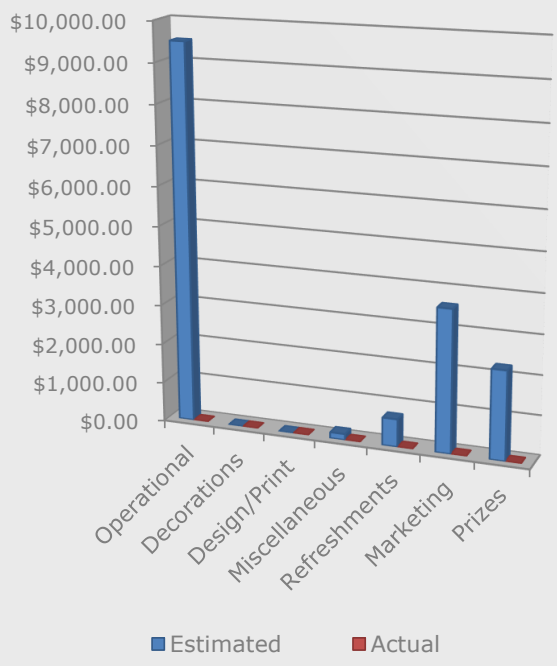
Refreshments	Estimated	Actual
Food (Breakfast/Lunch)	$500.00	
Drinks	$200.00	
Water (Wawa donation)	$0.00	$0.00
Total	**$700.00**	**$0.00**

Marketing	Estimated	Actual
T-Shirts	$3,000.00	
Swag Bags	$500.00	
Facebook Boost	$100.00	
Total	**$3,600.00**	**$0.00**

Prizes	Estimated	Actual
Ribbons/Plaques/Trophies	$2,000.00	
Prizes	$250.00	$0.00
Total	**$2,250.00**	**$0.00**

Total Expenses	Estimated	Actual
	$16,200.00	**$0.00**

Estimated vs. Actual



2024 Kiss-Im Mee 5K

Event Budget for *Event Name* : INCOME

Competitors				Estimated	Actual
Estimated	**Actual**				
150		Nov-Dec @	$20.00	$3,000.00	$0.00
300		Jan-Feb @	$25.00	$7,500.00	$0.00
40		Day Of @	$30.00	$1,200.00	$0.00
20		Youth @	$15.00	$300.00	$0.00
				$12,000.00	**$0.00**

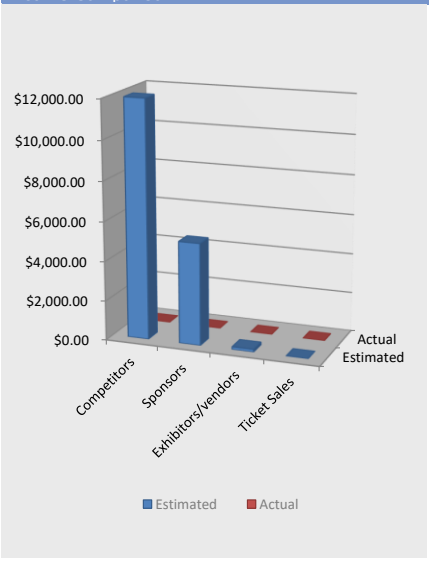
Sponsors				Estimated	Actual
Estimated	**Actual**				
1		Annual Sponsor @	$5,000.00	$5,000.00	$0.00
1		Event @	$150.00	$150.00	$0.00
1		Marketing @		$0.00	$0.00
				$5,150.00	**$0.00**

Exhibitors/vendors				Estimated	Actual
Estimated	**Actual**				
5	0	Vendors/Bags @	$25.00	$125.00	$0.00
5		Stickers	$2.00	$10.00	$0.00
0		Refund	$320.00	$0.00	$0.00
				$135.00	**$0.00**

Ticket Sales				Estimated	Actual
Estimated	**Actual**				
0	0	Chili Tasting @	$0.00	$0.00	$0.00
0	0	Online Beerfest @	$0.00	$0.00	$0.00
0	0	On site Beerfest @	$0.00	$0.00	$0.00
0	0	Items @	$0.00	$0.00	$0.00
				$0.00	**$0.00**

Total Income	Estimated	Actual
	$17,285.00	**$0.00**

Income Comparison



$5,559

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

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

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.

CITY OF KISSIMMEE 1883

Organization: Kissimmee Main Street **Event:** Kissimmee 5k **Date:** February 10, 2024

Administrative Fee:				$100.00
Facility Fee:				
Lighthouse Lawn	$700 per day		Non-Profit Organization Rate	$700.00
Panther Pavilion	included			
Otter Pavilion	included			
Rental Items:				
Traffic barricades	Market rate		100 Traffic Barricades, 100 Cones, Service Fees	$470.00
Portalets	Market rate		1 Regular, 1 ADA and 1 wash station (plus sanitizer dispensers)	$370.00
Light tower	$100 per unit		1 Light Tower x $100 per unit	$100.00
Taxes:			7.5%	EXEMPT
Staff:				
Event Staff (6am-10am)	$20.00 per hour		3 Event Staff x 4 hours x $20.00 per hour	$240.00
KFD (6am-10am)	$30.00 per hour		2 KFD x 4 hours x $30.00 per hour	$240.00
KPD (5:30am-10am)	$50.00 per hour		21 KPD Officers x 4.5 hours x $50.00 per hour	$4,725.00
KPD Supervisor (5:30am-10am)	$55.00 per hour		1 KPD Supervisors x 4.5 hours x $55.00 per hour	$247.50
Total Estimate				**$7,192.50**
Damage Deposit (Refundable)				$140.00
Fee Waiver Amount				TBD
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Iglesia Cristo Misionera El Tabernaculo
Event Name: Ladies Expo

Event Date: February 24, 2024 **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: 2,000.00 **Previous Year's Fee Waiver Award: n/a**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Iglesia Cristo Misionera El Tabernaculo

Full Legal Name of Organization

Victor Rios

Name of Chief Officer/President

(407) 344-9212

Telephone Number

(321)512-2180

Mobile Number

Organization Address *

2151 Simpson Rd

Street Address

Kissimmee

City

Florida

State/Region/Province

34744

Postal / Zip Code

United States

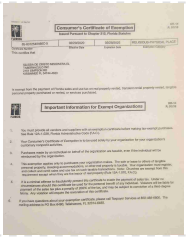
Country

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 *



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Fee Waiver Grant Program Request

Event Contact Information

Luzana Rios

Name of Event Contact

Assistant Secretary

Title of Event Contact

321-512-2180

Telephone

luzanarios23@gmail.com

Email

Event Information

Name of Event *

Ladies Expo

Start Date & Time of Event *

02/24/2024 10:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

02/24/2024 03:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

200

Brief Description of Event *

A community event that began last year, it invites Women and Young Ladies (13+), to enjoy a brunch, conferences and activities that unite the gap between the two generations.
An opportunity for the Young Ladies to learn from the older generation on how to love and give selflessly, tips on home-making and overall how to be a Proverbs 31 woman.
The younger generation also has the opportunity to teach the older generation on communication, understanding, and how to be an asset to this younger generation.
This has been and we would like to keep this way, a FREE event to the public.

Grant Request Amount *

2000.0 **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.

Fee Waiver Grant Program Request

Event Setup & Strike

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

Event Setup Date & Time *

02/23/2024 09:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

02/24/2024 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.

Fee Waiver Grant Program Request

Will your event require the use of additional space? *

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

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
- [x] None

Fee Waiver Grant Program Request

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? *

N/A - They are free to come, however we personally have not invited any nor have connections to do so.

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

1 year, Our first one held place on February 25th, 2023. We began the team in January 2023.

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

1 year, Our first one held place on February 25th, 2023.

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

Pastor/Director: Maribel Figueroa
Assistant: Luzana Rios
Secretary: Luz Aguayo
Food Coordinating: Women Leadership
Decor Team: Youth Leadership
Audio Set-up: Pastor Alex Figueroa and Musician Team
Each Leadership Team in the church recruits their own volunteers based on reliability and availability.

Organization & Experience (50 Points)

Fee Waiver Grant Program Request

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

(•) Yes ( ) No

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

Ladies Expo, Family Day at the Park, Health Fair, Food Distribution

Has this specific event been previously produced? *

(•) Yes ( ) No

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

02/25/2023 at ICM El Tabernaculo 2151 Simpson Rd. Kissimmee FL 34744

What is the uniqueness of the proposed event? *

My favorite part of the event is the unity. In this world where there is so much division, even in our own homes between Mother and Daughter, this event assists in communication, respect and understand the value of one another. It is a celebration of both old and young generation, celebrating being a lady is beautiful, and learning from one another only makes our bond stronger.

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

It brings to the community the understand of the value and richness there is in being a women. Shows the community the resources of having exemplary women in their reach. Also unites the homes and relationships between mother and daughter. This ultimately impacts behavior in the younger generation and understanding in the older.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

A Positive Impact! as we suggest our mothers and daughter/aunts and nieces/grandmothers and granddaughters, to go out and share a meal before they head home to reflect everything they have learned.

Please attach your itemized event budget. *

Letter_from_ICMET.pdf

Fee Waiver Grant Program Request

Marketing

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

Supporting the Women Community is something to be proud of. I know it will be a blessing to our city and all those who attend.

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

We intend on promoting on all of our Social Media Platforms (Facebook, Instagram, Youtube) starting in the beginning of January. Bringing Flyers throughout the city and also announcing it in our church's radio station ministry Alpha 99.7 FM.

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

This advertisement mentioned above will all be through connections and volunteers.

Collaboration

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

(•) Yes ( ) No

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

Alpha Radio 99.7 - Help with Advertisement

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

( ) Yes (•) No

0000037 12/24/19

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012540460C-5	02/29/2020	02/28/2025	RELIGIOUS-PHYSICAL PLACE

This certifies that

IGLESIA DE CRISTO MISIONERA EL
TABERNACULO INC
2151 SIMPSON RD
KISSIMMEE FL 34744-4620

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.*

To whom it may concern:

Last year, we completed our first event and depended fully on donations.
For food to feed the 150 that attended. We did not offer any prizes because there were no local businesses that desired to donate at the time.
The church allowed us to use the location for free.

This coming year we intend on making it a little more special by gifting a t-shirt or affordable gift bag (hand lotion, notepad and pen) to mark this sweet occasion.

We also desire to fit more people as last year was a huge success so we know we will have a bigger turn-out - therefore we will need an outdoor room and tent to accommodate some activities and conferences.

We do not have official amounts yet, but we know that with God's help and any funds offered, we would boost this event from last year into our original vision of reaching further throughout the entire community.

God bless you,

CITY OF KISSIMMEE 1883

Event: Ladies' Expo **Date:** February 24, 2024 **Time:** 8am-5:00pm **Event Time:** 10:00am-3:00pm

Facility Fee:		**Rate:**	**Notes**	**Total**
Grand Ballroom		$133.00 Hourly	$133.00 x 9 hours	$1,197.00
Willow Room		$55.00 Hourly	$55.00 x 5 hours	$275.00
Staff:	**Shift:**			
Event Supervisor	8:00am-5:00pm	$25.00/per hour	1 Event Coordinator (9hrs x $25.00/per hour)	$225.00
Event Monitor	9:30am-3:30pm	$20.00/ per hour	1 Custodian (6hrs x $20.00/per hour)	$120.00
Additional Fees:				
Taxes:			7.5% of Total Facility Fees + Rental Items	EXEMPT

Total Estimate (With Tax)		**$1,817.00**
Damage Deposit (*Refundable*)	20% of Total Facility Fees	$294.40
Fee Waiver Amount		TBD
Total Due 30 Days Prior to Event	***Due - January 24, 2024***	**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Wedding Wish by Candyland Designs

Event Name: Bridal Ball: Vow Renewal Ceremony and Celebration

Event Date: March 9, 2024 **Year of fee waiver award: 1**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: n/a**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Wedding Wish by Candyland Designs

Full Legal Name of Organization

Leia Perez

Name of Chief Officer/President

407-906-5582

Telephone Number

321-746-3933

Mobile Number

Organization Address *

115 N Stewart Ave

Street Address

Kissimmee

City

FL

State/Region/Province

34741

Postal / Zip Code

United States

Country

Eligibility/Type *

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

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

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

501c3.pdf

Event Contact Information

Leia Perez

Name of Event Contact

President

Title of Event Contact

3217463933

Telephone

info@weddingwish.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Bridal Ball: Vow Renewal Ceremony and Celebration

Start Date & Time of Event *

03/09/2024 05:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

03/09/2024 10:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

50-100

Brief Description of Event *

Bridal Ball Vow Renewal Ceremony and Celebration: Relive, Renew, and Support
Experience the magic of your wedding day all over again with our Bridal Ball Vow Renewal Ceremony and Celebration. Join us for a heartwarming group vow renewal ceremony, followed by a sparkling champagne toast. Immerse yourselves in a romantic reception filled with live entertainment, a delectable dinner, engaging games, exciting prizes, and a sumptuous wedding cake.
What's more, your participation in this enchanting event contributes to a greater cause. All event registration proceeds and contributions to the honeymoon giveaway directly support Wedding Wish, a Central Florida-based non-profit foundation. Wedding Wish is dedicated to providing wedding and mental health services for couples facing life-altering health circumstances. By participating, you not only relive your cherished memories but also extend a helping hand to couples in need.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

03/09/2024 02:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

03/09/2024 10:00 PM

MM/dd/yyyy HH:MM AM/PM

Fee Waiver Grant Program Request

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

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

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

Fee Waiver Grant Program Request

Will the media be invited? *

○ Yes ◉ No

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

none

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

6 years

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

6 years

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

Event Chairperson - Leia Perez
Logistics Coordinator - Leia Perez
Marketing and Promotion Coordinator - Kathleen Soria
Volunteer Coordinator - Kathleen Soria
Finance and Budget Manager - Leia Perez
Program Content Coordinator - Leia Perez
Sponsorship and Partnership Coordinator - Leia Perez
We recruit volunteers through Online Platforms, Email Campaigns, Word of Mouth, and Volunteer Networks. By combining these recruitment strategies, we ensure a diverse pool of dedicated volunteers who are committed to making the event a success. Their collective efforts contribute to a seamless and impactful event experience.

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

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

The Bridal Ball Event stands out through its fusion of sentimental renewal and philanthropic impact. We offer couples the chance to relive their cherished wedding day through a group vow renewal, followed by an elegant reception. What sets us apart is our commitment to giving back – all event proceeds support Wedding Wish, a non-profit aiding couples facing health challenges. It's a celebration of love with a meaningful purpose, creating a unique blend of joy and support that resonates deeply with attendees.

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

The Bridal Ball Event seamlessly aligns with our organization's mission to create positive impacts within our community. By offering couples the opportunity to renew their wedding vows in a celebratory atmosphere, we not only spread love and joy but also raise funds for our cause. All event proceeds directly support Wedding Wish, enabling us to continue providing wedding and mental health services to couples facing life-altering health circumstances. This event embodies our commitment to making a meaningful difference in the lives of residents, by creating unforgettable moments and ensuring that our mission remains impactful and sustainable.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Yes, the proposed event will have a positive impact on local businesses. We are excited to collaborate with local vendors who will have the opportunity to showcase their products and services at the event. By accepting vendors, we aim to create a platform that fosters community engagement and supports local businesses. This not only enhances the event experience for attendees but also contributes to the economic growth of our community by promoting local enterprises.

Please attach your itemized event budget. *

Event_Budget_-_Bridal_Ball.pdf

Marketing

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

The proposed Bridal Ball Event serves as a positive reflection of the City's values and community spirit. By hosting an event that combines the celebration of love with a philanthropic cause, we showcase the City's commitment to supporting its residents and creating a close-knit community. The event not only offers attendees a memorable experience but also demonstrates the City's dedication to meaningful gatherings that make a difference. Moreover, the event's collaboration with local businesses and its impact on residents' lives will contribute to enhancing the City's reputation as a caring and vibrant community that fosters both celebration and compassion.

Fee Waiver Grant Program Request

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

Forms of Advertisement and Promotion Timeline for Bridal Ball Event:
1. Social Media Campaign (Start: 3 months before the event): Create event pages on Facebook, Instagram, and Twitter. Share engaging posts, countdowns, and teasers. Utilize event-specific hashtags for increased visibility.
2. Email Marketing (Start: 2.5 months before the event): Send personalized email invitations to our mailing list. Follow up with reminder emails as the event date approaches.
3. Event Website (Start: 3 months before the event): Update the event details and ticket information on our official website.
4. Collaborations with Local Media (Start: 2.5 months before the event): Contact local newspapers, magazines, and radio stations for event coverage. Arrange interviews or guest appearances on local broadcasts.
5. Flyers and Posters (Start: 2 months before the event): Distribute printed materials in local businesses, community centers, and public spaces.
6. Online Event Listings (Start: 3 months before the event): List the event on community event websites and platforms.
7. Partnerships and Sponsorships (Ongoing): Collaborate with sponsors to promote the event through their networks.
8. Influencer Collaborations (Start: 2 months before the event): Partner with local influencers to share event details on their social media platforms.
9. Paid Advertising (Start: 1.5 months before the event): Allocate budget for targeted online advertisements on social media and search engines.
10. Public Relations (Ongoing): Issue press releases highlighting event details and its impact on the community.
By strategically combining these advertisement methods, we aim to ensure a comprehensive and well-coordinated promotion that generates excitement, engagement, and a strong turnout for the Bridal Ball Event.

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

The sponsoring organization is committed to allocating $300 towards advertising efforts. This budget will be distributed across online advertising, printing brochures, and creating swag bags.

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

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

DEPARTMENT OF THE TREASURY

Date: SEP 05 2018

CANDYLAND DESIGNS
103A BROADWAY AVE
KISSIMMEE, FL 34741-0000

Employer Identification Number:
83-1706530
DLN:
26053641003228
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 01, 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

CANDYLAND DESIGNS

Sincerely,

Stephen a. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

BRIDAL BALL EVENT BUDGET

Projected Ticket Sales:	$0.00	Actual Ticket Sales:	
Projected Event Sales	250	Actual Event Sales	$0.00
Projected Expenses:	$1,330.50	Actual Expenses:	$0.00
Projected Profit:	-$1,080.50	Actual Profit:	$0.00

CATEGORY	PROJECTED SUBTOTAL	ACTUAL	COMMENTS
Venue SUBTOTALS	**$ 233.50**	**$ -**	
Location Rental	$ 233.50		Kissimmee Civic Center
Equipment Rental			N/A
Décor SUBTOTALS	**$ -**	**$ -**	
Decorations	$ -	$ -	Mercy & Grace Events
Lighting	$ -	$ -	N/A
Event Programming SUBTOTALS	**$ 195.00**	**$ -**	
Speakers	$ -	$ -	The Ginger Officiant
Performers	$ -	$ -	Saxophonist, SInger, Magician
Video & Photography	$ -	$ -	Pics by Meli
Games	$ 50.00		rings, sand frame
Photo Booth	$ 145.00		Supplies purchases
Social Media SUBTOTALS	**$ 130.00**	**$ -**	
Facebook	$ 50.00	$ -	
Instagram	$ 50.00	$ -	
Google	$ 30.00	$ -	
Advertising SUBTOTALS	**$ 300.00**	**$ -**	
Online	$ 50.00	$ -	Google, Eventbrite, Eventful
Print	$ 200.00	$ -	uprinting & sunrise tickets + brochures
Swag Bags	$ 50.00	$ -	bags, brochure
Refreshments SUBTOTALS	**$ 472.00**	**$ -**	
Drinks & Appetizers	$ 200.00	$ -	champagne, liquor, soda, tea
Food	$ 160.00	$ -	pasta, meat, sauce, bread, salad
Chaffers & Servers	$ 112.00	$ -	plates + chaffeurs+dispensers

CITY OF KISSIMMEE 1883

Organization: Wedding Wish by Candyland Design**s Event:** Bridal Ball **Date:** March 9, 2024

Facility Fee:				
Grand Ballroom	$133.00 per hour		2:00 pm- 10:00 pm (8 hours x $133.00 per hour)	$1,064.00
Rental Items:				
Ballroom Screen	$75.00 Each		2 Screens	$150.00
Ballroom Projector	$125.00 Each		2 Projectors	$250.00
Microphone	$25.00		1 Microphone	$25.00
Staff:				
Event Supervisor (2pm-10pm)	$30.00/hr		1 Event Supervisor x 8 Hours x $30.00/hr	$240.00
Event Staff (2pm-10pm)	$20/hr		1 Event Staff x 8 Hours x $20.00/hr	$160.00
Taxes:			7.5%	$111.68
Total Estimate (With Tax)				**$2,000.68**
Damage Deposit (Refundable)			20%	$212.80
Fee Waiver Amount				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

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

Event Date: March 30, 2024 **Year of fee waiver award: 2**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 3,000.00**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Kissimmee Main Street

Full Legal Name of Organization

John Fields

Name of Chief Officer/President

407-846-4643

Telephone Number

407-3612710

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 *

0937_001.pdf

Event Contact Information

Diana Marrero-Pinto

Name of Event Contact

Executive Director

Title of Event Contact

440-714-8124

Telephone

dmarreropinto@kissimmeemainstreet.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Hop on Downtown

Start Date & Time of Event *

03/30/2024 11:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

03/30/2024 02:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

4,000

Brief Description of Event *

Kissimmee Main Street is proud to host Hop on Downtown, a City of Kissimmee Signature Event. Alongside the City of Kissimmee, we bring egg hunts for various ages, live positive music, the Jelly Bean Hop candy search and the the Chocolate Chase a scavenger hunt. Held the Saturday before Easter our event has grown from 200 in attendance it's first year to 3,500 last year in our fourth year.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

03/30/2024 09:30 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

09/07/2023 02:30 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

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

Broadway 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.

Kissimmee Main Street has local choirs and dancers perform.

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? *

We expected to continue collaborating with the Osceola Gazette and Positively Osceola.

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 incorporate in August 1997.

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

Kissimmee Main Street has been an organization for nearly 30 years.

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

Kissimmee Main Street is governed by a board of eleven chairs that over see the Executive Director who manages the day to day operations.
Executive Director - Diana Marrero-Pinto
Small Business Liaison - Ruth Mendez
Marketing Coordinator - Will Fonseca

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 throughout the year including two City Signature Events; BOO! on Broadway and Hop on Downtown. We also host, the Kissimmee 5K and several smaller events.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

This will be the fifth Hop on Downtown and it has always been held in Historic Downtown Kissimmee.

What is the uniqueness of the proposed event? *

Hop on Downtown is the only Spring event of it's kind in Osceola County. No other event happens in the heart of our city, Historic Downtown Kissimmee, is as large, and incorporates all the event features.

Fee Waiver Grant Program Request

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

The mission of Kissimmee Main Street includes hosting events that lend to economic vitality and community involvement, this event is an example of meeting those goals. Survey respondents have enjoyed the incorporating into the event positive, uplifting music.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

As with other events Kissimmee Main Streets takes special care to not allow food truck vendors during events allowing restaurants to exclusively promote their menus. This has proven to successfully result in increased sales on event days for eateries.

Please attach your itemized event budget. *

Hop_Budget.pdf

Marketing

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

The City of Kissimmee is a vibrant, innovative, and inclusive community with unique and sustainable neighborhoods. Kissimmee Main Street host an abundance of events to showcase these points while engaging the community through entertainment and fun activities.

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

Kissimmee Main Street main source of advertising is social media, although we also print and post flyers and posters. In addition we are often invited to radio shows to discuss our events.

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

Kissimmee Main Street utilizes free marketing for this event.

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: *

Kissimmee Main Street collaborates with several nonprofit organizations, at this time we do not have any confirmed.

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: *

Kissimmee Main street has a list of nearly 300 vendors who will be invited to attend.

2024 Hop on Downtown

Event Budget for Hop on Downtown *2024* : EXPENSES

Operational	Estimated	Actual
Stage	$800.00	
City of Kissimmee Fees	$3,000.00	
Total	**$3,800.00**	**$0.00**

Decorations	Estimated	Actual
Photo Booth	$150.00	
Total	**$0.00**	**$0.00**

Entertainment	Estimated	Actual
Easter Bunny	$150.00	$0.00
DJ	$400.00	$0.00
		$0.00
Total	**$550.00**	**$0.00**

Miscellaneous	Estimated	Actual
Entertainment	$500.00	$0.00
Tshirts	$450.00	$0.00
Candy	$400.00	$0.00
		$0.00
Total	**$1,350.00**	**$0.00**

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

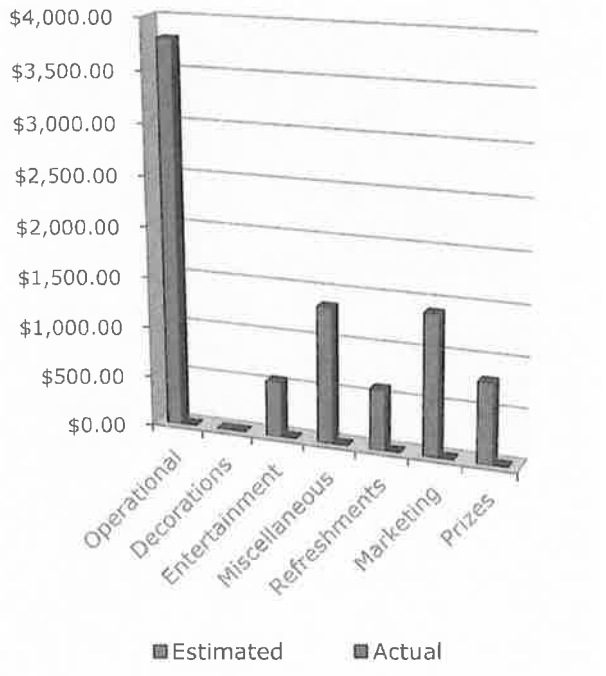
Marketing	Estimated	Actual
Print	$300.00	
Social Media	$100.00	
Banners	$450.00	
Maps	$300.00	
Yard Signs	$250.00	
Total	**$1,400.00**	**$0.00**

Prizes	Estimated	Actual
Ribbons/Plaques/Trophies	$800.00	
Fun Prizes	$0.00	$0.00
Total	**$800.00**	**$0.00**

Total Expenses	Estimated	Actual
	$8,500.00	**$0.00**

Actual Cost Breakdown

Estimated vs. Actual



Made in Office 2007 for office2007.com

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

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

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.

CITY OF KISSIMMEE 1883

Event Name: Hop on Downtown **Event Date:** March 30, 2024

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Paralyzed Veterans of America Florida Gulf Coast Chapter
Event Name: Citrus Slam

Event Date: April 6-7, 2024 **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: 3,000.00 **Previous Year's Fee Waiver Award: 937.50**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Paralyzed Veterans of America Florida Gulf Coast Chapter

Full Legal Name of Organization

Davis Celestine

Name of Chief Officer/President

813-264-1111

Telephone Number

813-849-3449

Mobile Number

Organization Address *

15435 N. Florida Ave

Street Address

Tampa

City

Florida

State/Region/Province

33613

Postal / Zip Code

United States

Country

Eligibility/Type *

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

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

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

TAX_EXEMPT_2024.pdf

Event Contact Information

Wayne Webber

Name of Event Contact

Sports Director

Title of Event Contact

727-460-4887

Telephone

waynew@floridagulfcoastpva.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Citrus Slam

Start Date & Time of Event *

04/06/2024 05:30 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/07/2024 04:30 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

110

Brief Description of Event *

Bass Tournament for Disabled Veterans, boat and bank fishing. All of the event set up and parking will be in the overflow lot. we'll use the boat ramp to launch boats in the morning and recover in the afternoon. our weigh-in will be in the overflow lot. We will be renting tents and portable toilets. Break down might be Monday April 8th

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

04/05/2024 11:36 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/07/2024 05:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

Fee Waiver Grant Program Request

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

○ Yes ◉ No

Will your event require tents? *

◉ Yes ○ No

Will your event require vehicle access to the park?

◉ Yes ○ No

Will your event require road closures? *

○ Yes ◉ No

Will your event require portable restrooms? *

◉ Yes ○ No

Will your event require utilities? *

☐ No ☑ Power ☐ Water

Will your event hire outside production companies? *

○ Yes ◉ No

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

Will your event require the use of additional space? *

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

Fishing Tournament

Is the event a fishing tournament?

◉ Yes ○ No

Will your event require the boat ramp?

◉ Yes ○ No

How many boats are expected to participate?

35-40

Fee Waiver Grant Program Request

Will your event require space for a tournament draw?

○ Yes ◉ No

Will your event require space for a weigh-in?

○ Yes ◉ No

Entertainment

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

○ Yes ◉ No

Will your event require a DJ?

○ Yes ◉ No

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

○ Yes ◉ No

Will your event have performers?

○ Yes ◉ No

Audio / Visual

Is this an indoor event?

○ Yes ◉ No

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? *

No 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? *

50 plus years

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

50 plus years1s

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

FGCPVA has a list of volunteers from many years of putting this event on such as bass clubs and other groups as well as our National office in Washington DC.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Our latest event was last year the end of March with the city of Kissimmee which was this Bass Tournament. We have held this same event many years in Kissimmee.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Many times over the years in Kissimmee.

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

This event is held to promote life for Disabled Veterans, to help them enjoy the outdoors and the relaxation of fishing and competition.

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

Our mission is to help Disabled Veterans mentally and physically get back in the mainstream of life. To let them enjoy life and to show the public that we maybe Disabled, but we are able to compete in society.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Tourism, restaurants, Hotels, etc.

Please attach your itemized event budget. *

Bass_Profit_Loss_2018.docx

Marketing

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

It'll give the city the reputation of helping Veterans that have served their country and have paid a price for the freedoms that our nations people have.

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

Our National PVA office promotes this with the 34 chapters around the country as well as the chapter that's the host chapter of the event though bass clubs in the area and state.

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

About $10,000.00

Fee Waiver Grant Program Request

Collaboration

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

○ Yes ◉ No

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

◉ Yes ○ No

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

Hungry How's pizza, Sub-way, Wawa's

2024 FGCPVA Bass Tournament Expenses

National PVA:	**7,500.00**
Kissimmee Ex.	**2,000.00**
City of Kissimmee	**500.00**
General Donation:	**500.00**
VFW Donation:	**1,300.00**
John Marzulli	**400.00**
Entry Fees	**7155.00**

Income: 19,355.00

Expenses:

Hotel Fees:	**2,400.00**	**(10ppl)**
Reception Room Fees	**700.00**	**($100 per Hr.)**
City Fees	**1,100.00**	
Tents	**500.00**	
Golf Carts	**700.00**	
Port a Potty	**200.00**	
Steve Jarrett Lures	**500.00**	
Shirts	**1,000.00**	
Pairing Night Food	**350.00**	
Donuts/Coffee/2Nites	**314.00**	
Subway	**1,070.00**	
Banquet Dinner	**3,180.00**	
Ice 2 days	**210.00**	
Sunday/ Pizza	**310.00**	
Bait (2days)	**50.00**	
UHAUL Trailer	**130.00**	
Misc. Expenses	**150.00**	**(Extra Water Drinks, Etc.)**
Raffles / Door Prizes	**1,100.00**	
Pay Out (Prizes)	**7,155.00**	

Total Expenses: $ 21,119.00

Loss: - ($ 1,764.00)

0000094 05/16/19

FLORIDA Department of Revenue

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

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

This certifies that

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

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

FLORIDA Department of Revenue

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: Florida Gulf Coast Paralyzed Veterans Association **Event:** PVA Citrus Slam **Dates:** April 6th-7th 2024

Facility Fee:				
Fishing Pad Area 04/06/2024	$245.00 per day		$245.00 per day (Non-Profit Rate)	$245.00
Fishing Pad Area 04/07/2024	$245.00 per day		$245.00 per day (Non-Profit Rate)	$245.00
Multi-day Discount	20% off facility rental		$490.00 x 20%	-$98.00
Rental Items:				
Porta Let Fees	Market Rate		2 ADA Units plus service fees	$420.50
Bleachers	$50.00/ unit		1 bleachers x $50.00	$50.00
Light Tower	$75.00/unit		1 Light Tower x $75.00 per unit	$75.00
Taxes:			7.5%	EXEMPT
Staff:				
Load in Event Staff (5am-1:30pm)	$20.00/hr		1 Event Staff x $20.00/hr x 8 hours	$160.00
Loadout Event Staff (9am-5:30pm)	$20.00/hr		1 Event Staff x $20.00/hr x 8 hours	$160.00
Total Estimate Before Deposits				**$1,257.50**
Damage Deposit (Refundable)				**$78.40**
Fee Waiver Amount				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Opportunity Center
Event Name: Gala

Event Date: April 27, 2024 **Year of fee waiver award: 1**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

The Opportunity Center, Inc

Full Legal Name of Organization

Kristen Lafferty

Name of Chief Officer/President

407.847.6016 x 561

Telephone Number

321.228.6275

Mobile Number

Organization Address *

310 N. Clyde Avenue

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 *

Opp._Cntr_501c3_tax_exempt.pdf

Event Contact Information

Kristen Lafferty

Name of Event Contact

Executive Director

Title of Event Contact

407.847.6016 ext. 561

Telephone

klafferty@theopportunitycenter.net

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Opportunity Center Gala

Start Date & Time of Event *

04/27/2024 06:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/27/2024 10:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

200

Brief Description of Event *

A fundraising Gala for the Center. It will be a semi-formal event with a keynote speaker, dinner, musical entertainment, and a silent auction.

Grant Request Amount *

2600.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

04/27/2024 10:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/27/2024 10:00 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 speaker, and possibly atmosphere 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?

- [x] Podium
- [ ] 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

Fee Waiver Grant Program Request

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

Positively Osceola

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 1970 - 53 years.

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

Since incorporation - 53 years.

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

Robert Bussiere, Committee Chair; Committee members: Kristen Lafferty, Cristina Rabago, Jeremy Lanier, Robin Hinson, Scott Pool. We have four additional Board members, and some of the Center's staff that will facilitate the event, along with the caterer and their staff.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Spring Ball held for three years at the Berlinsky Community House over 15 years ago.

Has this specific event been previously produced? *

( ) Yes (•) No

What is the uniqueness of the proposed event? *

The Opportunity Center, Inc. operates the only Adult Day Training Center for individuals with intellectual and developmental disabilities in Kissimmee. This fundraising event will not only raise money to support the mission but also raise awareness for this underserved population.

Fee Waiver Grant Program Request

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

The Opportunity Center Gala will help raise funds to assist the agency with fulfilling its mission: "Empowering individuals by providing employment placement, person-centered training and community integration for adults with disabilities". The money raised will be directly used to support the services and assist the agency with helping make dreams a reality for each and every client served. It will also help raise awareness for the local community regarding this unique and often forgotten population.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

○ Yes ◉ No

Please attach your itemized event budget. *

Proposed_Gala_Budget.xlsx

Marketing

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

The City of Kissimmee has a unique and diverse population, which includes individuals with intellectual and developmental disabilities. An event that supports and brings awareness to a local agency, that has been providing services for over 50 years to the community, will demonstrate the City's inclusive views and willingness to support all residents. In the past, our clients have done piecework for local businesses, and they provided mowing and maintenance services in the area. We are grateful to the City and community for recognizing the talents our clients can provide, where the focus is on their abilities.

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

Social Media will be used to promote the event as well as local print ads, including Spanish news sources.

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

The Opportunity Center is still developing its budget; however approximately $500 is going to be allocated towards advertising.

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: *

No vendor services have gone to contract yet, as the event is still several months away, however, we will use utilize local vendors for as many services as possible including local florists, caterers, and entertainment.

Name	Memo	Billed	Income	Expense	Expense Paid
?	Sponsor		$5,000.00		
?	Sponsor		$2,000.00		
	20 tables @ $1000 ea.		$20,000.00		
?	Donations		$5,000.00		
	Silent auction		$5,000.00		
Catering	200 Guests x $50 ea.			$10,000.00	
Bar Service	200 x $15			$800.00	
Decorations				$1,000.00	
Rentals				$3,000.00	
Photos				$750.00	
Entertainment				$1,000.00	
			$37,000.00	$16,550.00	

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0441958642
June 12, 2009 LTR 4168C E0
23-7063820 000000 00 000
00032891
BODC: TE

THE OPPORTUNITY CENTER INC
310 N CLYDE AVE
KISSIMMEE FL 34741-5144

11794

Employer Identification Number: 23-7063820
Person to Contact: L Reed
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 03, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1970, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Rita A. Leete

Rita A. Leete
Accounts Management II

CITY OF KISSIMMEE 1883

Organization: The Opportunity Center **Event:** Gala **Date:** April 27, 2024

Facility Fee:				
Civic Center Grand Ballrooms	$133 per hour		$133.00 x 10 hours	$1,330.00
Rental Items:				
Linen and Overlays	$10.00 per Table		25 tables x $10.00 per table	$250.00
Podium	$50.00 per		1 podium x $50.00	$50.00
Ballroom Screens	$75.00 per		2 screens x $75.00 per screen	$150.00
Ballroom Projectors	$125.00 per		2 projectors x $125.00 per projector	$250.00
Microphone	$25.00 per		1 microphone x $25.00	$25.00
Stage	$25.00 per 4x8 ft panel		6 stage panels x $25.00 per panel	$150.00
Staff:				
Event Staff	$20.00 per hour		1 staff x $20.00 hr x 12 hrs	$240.00
Facility Technician	$20.00 per hour		1 staff x $20.00 hr x 6 hrs	$120.00
Total Estimate				**$2,565.00**
Damage Deposit (20% of Facility rental - Refundable)				**$428.00**
Fee Waiver Grant				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Caribbean and Floridian Association, Inc. (CAFA)
Event Name: Caribbean Fusion Festival 2024

Event Date: April 28, 2024 **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: 4,720.00**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Caribbean And Floridian Association, Inc. (CAFA)

Full Legal Name of Organization

Arnold King

Name of Chief Officer/President

4076947497

Telephone Number

4076947497

Mobile Number

Organization Address *

PO Box 450786

Street Address

Kissimmee

City

FL

State/Region/Province

34743

Postal / Zip Code

United States

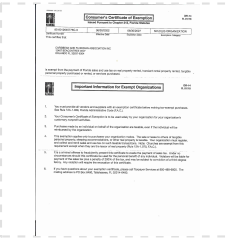
Country

Eligibility/Type *

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

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

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



CAFA_Tax_Exempt_Certificate-07-06-22.pdf.jpeg

Fee Waiver Grant Program Request

Event Contact Information

Arnold King

Name of Event Contact

President

Title of Event Contact

4076947497

Telephone

aking_39@yahoo.com

Email

Event Information

Name of Event *

Caribbean Fusion Festival 2024

Start Date & Time of Event *

04/28/2024 12:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/28/2024 07:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

6000

Brief Description of Event *

The “Caribbean Fusion Festival” event is one of the few festivals of its kind that is still free to the public and is in keeping with the City’s mission of “providing quality, effective and efficient service to our citizens.” The Caribbean and Floridian Association has successfully worked with other community organizations, such as; Osceola County Board of Commissioners, The Kissimmee & Osceola Chamber of Commerce, The Caribbean American Chamber of Commerce of Florida, The Guyanese American Cultural Association of Central Florida, The Trinidad & Tobago Association, The City of Kissimmee (Mayor’s Office, City Manager’s, Fire Department, Police Department Parks and Recreation, Road and Bridge), The Osceola County Sherriff’s Department, The Kissimmee Utility Authority, Osceola County Tourism Development Council, Osceola County School District, etc., over the years and will continue to do so, to effectively staff this event with volunteers and supporters that are necessary to handle the logistical demands of the 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.

Fee Waiver Grant Program Request

Event Setup & Strike

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

Event Setup Date & Time *

04/28/2024 08:24 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/28/2024 07:00 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.

Fee Waiver Grant Program Request

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

Cocobean, Inc.
Creig Camacho
407-234-4688

Will your event require the use of additional space? *

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

Fishing Tournament

Is the event a fishing tournament?

○ Yes ◉ No

Entertainment

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

◉ Yes ○ No

Will your event require a DJ?

○ Yes ◉ No

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

◉ Yes ○ No

Will your event have performers?

◉ Yes ○ No

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

Local, National, and International Reggae, Soca, Latin, and Chutney artistes

Audio / Visual

Is this an indoor event?

○ Yes ◉ No

Fee Waiver Grant Program Request

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? *

Social Media, Television, Digital, Newspapers, Magazine, Radio, Billboards, Print, etc.

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

1991

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

1990

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

Arnold King-President
Casmore Shaw-Vice-President
Shelley Briggs-Recording Secretary
Cheryl Reid-Payne-Corresponding Secretary
Nicole Reid-Treasurer
Penny Phipps-Asst. Treasurer
Donna Cadogan-Chair/Coordinator
Volunteers are recruited from local hugh schools, sister NGO's, and members of CAFA.

Organization & Experience (50 Points)

Fee Waiver Grant Program Request

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

(•) Yes ( ) No

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

Caribbean Fusion Festival 2023
Annual Scholarship & Community Awards

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Lakefront Park-Kissimmee
Kissimmee Civic Center

What is the uniqueness of the proposed event? *

words “Caribbean Fusion” truly expresses a blend of cultures that includes influences ranging from broad, diverse resident base of the City of Kissimmee.
The Caribbean/American population throughout Central Florida and especially in Poinciana, St. Cloud, Kissimmee and the surrounding areas count this as a must attend event that showcases the best of Caribbean/American Culture with its foods, music, and arts. Since 2010, The Caribbean and Floridian Association, Inc., has successfully hosted this event by having such activities as, A free health fair which includes such services as the "Big Red Bus," Blood Pressure and Chiropractor screenings, along with Preventive Dental and Oral Hygiene Health Education, which are all part of the festivities that is provided free of costs at this event

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

The Association is organized exclusively for charitable, educational, religious and scientific purposes for all members of the community. The Association also supports and participates in activities of other 501(c)(3) organizations located within Central Florida and to provide charitable and humanitarian services to improve the quality of life of the disadvantaged, youth and elderly at risk in Central Florida.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Visitors impact spending directly related to the cultural events including direct expenses for tickets, salaries paid to staff for accommodation (hotels), restaurants, visits to local theme parks, etc

Fee Waiver Grant Program Request

Please attach your itemized event budget. *

CAFA-Fusion_Festival_2024-Budget-City_of_Kissimmee.xlsx

Marketing

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

A vast array of print and web ads are also included promoting Osceola County and the City of Kissimmee beginning around February through the end of April each year.

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

We create a social media presence – on Facebook, Twitter, Instagram and the like – to build a following and connect with similar media outlets in New York, Atlanta, Washington, DC, Toronto, etc. We write news releases and advertise in newspapers, magazines, TV and radio. Buy online ads; write blogs, present at business after hours/leads group meetings and similar events throughout the State of Florida, and employ search engine optimization.

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

$25000

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 engage with the Trinidad and Tobago Association of Central Florida, Caribbean Students Association of UCF, and other local non profits to promote and publicize the event.

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: *

Osceola Elections Supervisor, CRR Network, Antasha Restaurant, Solid Rock Community Church, Wyndham Vacations, Osceola County Appraiser, Florida Dept. of Health (Osceola), Caribbean Limerz, Pina Power Fruit Smoothies, Golden Krust Restaurant, Moonwalker Party Services, Dr. Marie Cayo, etc.

Caribbean Fusion Festival 2024					
Proposed Event Budget					
Proposed Income:					**Amount**
Sponsorships					9,500.00
Experience Kissimmee-Ad Sponsorship					25,000.00
CAFA-Beer & Wine Bar Sales/Concession					7,000.00
Licensing/Insurance					500.00
Vendor Booth Sales					12,000.00
Total Income:					**54,000.00**
Expenses:					
Advertising & Promotions					25,000.00
Tent Rentals					6,200.00
Stage Rental					2,500.00
Talent/Entertainment					11,000.00
CAFA-Beer & Wine Bar Sales/Concession					4,000.00
Ground/Security/Administrative/Misc. etc.					6,700.00
Total Expenses:					**55,400.00**

0000090 04/16/22

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

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

This certifies that

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

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

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

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

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

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

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

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

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

CITY OF KISSIMMEE 1883

Event: CAFA Fusion Festival **Event Date:** April 28, 2024

Administration Fee:	$100.00			$100.00
Veterans Lawn	$1,295.00 per day		1 Day Rental x $1,295.00 per day	$1,295.00
Osprey and Hawk Pavilions	included		included with Veterans Lawn rental	$0.00
Rental Items:				
Portalets	Market Rate		2 ADA ($125each), 5 Regular ($110each), and 2 Hand-wash Sinks ($125each) + Delivery & Cleaning Fees	$1,150.00
Barricades	$10.00 each		30 barricades x $10.00 each	$300.00
EZ Systems	$80.00 each		4 EZ-Systems x $80.00 each (2 Trash, 2 Recycling)	$320.00
Picnic Tables	$15.00 each		8 picnic tables x $15.00 each	$0.00
Taxes:			7.5%	EXEMPT
Staff:				
Opening Facility Technician (7:30am-1:00pm)	$25.00/hr		1 Facility Tech x $25.00 hr x 6 hrs	$150.00
Load-in & Opening Event Staff (7:30am-1:00pm)	$20.00/hr		5 Event Staff x $20.00 hr x 6 hrs	$600.00
Closing Facility Technician (12:30pm-9:30pm)	$25.00/hr		1 Facility Tech x $25.00 hr x 6.5 hrs	$162.50
Load-out & Closing Event Staff (12:30pm-9:30pm)	$20.00/hr		5 Event Staff x $20.00 hr x 6.5 hrs	$650.00
Parks Staff (11:30am-9:00pm)	$20.00/hr		3 Parks Staff x $20.00 hr x 9.5 hrs	$570.00
KPD Event Supervisors (12:00pm-8:00pm)	$55.00/hr		1 KPD Supervisor x $55.00 hr x 8 hrs	$440.00
KPD Load-in + Event Security (8:00am-12:00pm)	$50.00/hr		1 KPD Officer x $50.00 hr x 4 hrs	$200.00
KPD Event Security (12:00pm-8:00pm)	$50.00/hr		9 KPD Officers x $50.00 hr x 8 hrs	$3,600.00
KFD Inspector (8:00am-12:00pm)	$30.00/hr		1 Fire Inspector x $30.00 hr x 4 hrs	$120.00
EMS (11:30am-7:30pm)	$30.00/hr		2 EMS Staff x $30.00 hr x 8 hrs	$480.00
Total Estimate Before Deposits				**$10,137.50**
Damage Deposit (Refundable)				$259.00
Fee Waiver				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: International Confederation of Therapy
Event Name: Women's Agents of Peace

Event Date: May 16, 2024 **Year of fee waiver award: 1**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: n/a**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

International confederation of therapy

Full Legal Name of Organization

Willian Jhimmy Chamorro

Name of Chief Officer/President

6463015551

Telephone Number

6463015551

Mobile Number

Organization Address *

2648 nw 97 ave miami fl 33172

Street Address

miami

City

FL

State/Region/Province

33172

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 *

ICT_IRS_Determination_Letter_501_c__3_.pdf

Event Contact Information

vanessa osorio

Name of Event Contact

women' agents of peace

Title of Event Contact

6463015551

Telephone

orlando.fl@ictweb.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

women´s agents of peace

Start Date & Time of Event *

05/16/2024 05:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

05/16/2024 10:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

100

Brief Description of Event *

We organization had 60 years But, in Florida had beeen since 2016 We are a non-profit Christian that work with families. The purpose of this event is to give a homage to women and mothers, and take each of them to an encounter with the one who will allow them to live and experience his supernatural love.
As a result of this fact, each one of them will be able to understand her great capacity to achieve the unimaginable and, therefore, recognize herself as Truly Beautiful women, capable of positively impacting everything around her.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

05/15/2024 01:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

05/16/2024 10:36 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

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

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

Fee Waiver Grant Program Request

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? *

facebook, Instagram eventbrite

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

11 years

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

7 years

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

president Willliam Jhimmy Chamorro
Vice- President Andres Chanchez
Nacional Director Hernan Alcazar
state florida direct Estibenson Osorio
local leader Gissela Panesso
We will have local meeting, and look at the number person we need for event.
after we will have local meeting where look at the number the people that we will need and invetes a other organize.

Organization & Experience (50 Points)

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

( ) Yes (•) No

Fee Waiver Grant Program Request

Has this specific event been previously produced? *

(•) Yes ( ) No

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

The event has been done for 4 years. always we did this event in May because of the celebration of Mother´s Day and women´s day.

What is the uniqueness of the proposed event? *

The event is women all ages. we empower the women with your roll in all stages.

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

We want empower the women and lead them to leadership.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

We will benefit of local businesses because for we will do event need
food, souvenir, decoration, drink, audiovisual.

Please attach your itemized event budget. *

budget_event.docx

Marketing

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

The event is open for communite of kisssimme and your aroud and is free.

Fee Waiver Grant Program Request

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

Facebook, Instagram, radio, two month before.

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

Card, banner, social median flyers. $500

Collaboration

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

(•) Yes ( ) No

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

libre iniciativa
Prima face international ride.

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

( ) Yes (•) No

We will benefit of local businesses because for we will do event need

I need for event food, souvenir, decoration, drink, audiovisual.

This staff we will budget when this close to event.

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

DEPARTMENT OF THE TREASURY

Date: NOV 20 2015

INTERNATIONAL CONFEDERATION OF
THEOTHERAPY INC
1111 BRICKELL AVE STE 1177
MIAMI, FL 33131

Employer Identification Number:
46-1265451
DLN:
17053218313005
Contact Person:
MS. MALONEY ID# 31210
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990/990-EZ/990-N Required:
No
Effective Date of Exemption:
November 3, 2015
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

INTERNATIONAL CONFEDERATION OF

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Letter 947

CITY OF KISSIMMEE 1883

Event: Women's Agents of Peace Expo **Date:** May 16, 2024 **Time:** 10am-12:00am **Event Time:** 5:00pm-10:00pm

Facility Fee:		**Rate:**	**Notes**	**Total**
Two-Room Ballroom		$74.00 Hourly	$74.00 x 9 hours	$666.00
Willow Room		$55.00 Hourly	$55.00 x 5 hours	$275.00
Rental Items:				
Audio Visual Package		$280.00	Projector & Screen, Podium, Microphone, extenstion cords, speaker, and power strips	$280.00
Staff:	**Shift:**			
Event Supervisor	12:30pm-11:00pm	$25.00/per hour	1 Event Coordinator (8hrs x $25.00/per hour)	$200.00
Event Monitor	4:00pm-11:00pm	$20.00/ per hour	1 Custodian (7hrs x $20.00/per hour)	$140.00
Additional Fees:				
Taxes:			7.5% of Total Facility Fees + Rental Items	EXEMPT

Total Estimate (With Tax)		$1561.00
Damage Deposit (*Refundable*)	20% of Total Facility Fees	$133.20
Fee Waiver		TBD
Total Due 30 Days Prior to Event	***Due - April 16, 2024***	**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Veterans Council
Event Name: OCVC 1st Annual Veteran's Ball

Event Date: May 18, 2024 **Year of fee waiver award: 1**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: n/a**

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Osceola County Veterans Council

Full Legal Name of Organization

Pierre Brault

Name of Chief Officer/President

321-443-3419

Telephone Number

321-443-3419

Mobile Number

Organization Address *

504 S. Randolph Ave

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 *

OCVC_501c3.pdf

Event Contact Information

Helen "DOTTIE" Adams

Name of Event Contact

2nd Vice Commander

Title of Event Contact

407-726-5510

Telephone

helendottieadams@gmail.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Osceola County Veterans Council (OCVC) 1st Annual Veteran's Ball

Start Date & Time of Event *

05/18/2024 05:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

05/18/2024 10:30 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

500

Brief Description of Event *

OCVC Veteran's Ball is to educate attendees of the programs that we offer, to encourage membership, to fundraise for our needs. We will acknowledge recipients of our awards, give scholarships to the JROTC within the county, and most importantly we will revive the nostalgia many of our veterans experienced from former military balls they attended and will help with mental health in the sense of connectivity with other veterans that have experienced similar circumstances and rekindle and foster friendships that can help with the difficulties of transitioning back into civilian life.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

05/18/2023 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

05/18/2024 11:00 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. *

Still working on this process and will have the information soon.

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

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?

- [x] Podium
- [x] Easels
- [x] 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

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? *

we are still working out the details. We are hoping news media and film crew to capture the entire event

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

11/5/2003

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

11/5/2003

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

We have 13 active volunteers within our own membership currently, however due to the support of local Veteran organizations, we will be enlisting the aid of their members as well. In addition, we currently belong to 2 local chambers of commerce that can assist.
The local organizing committee organizational chart will be developed at the September 5, 2023 meeting of the OCVC

Organization & Experience (50 Points)

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

◉ Yes ○ No

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

Multiple Veteran's Day Parades, 13 annual dinners, many at the Kissimmee Elks Lodge,

Fee Waiver Grant Program Request

Has this specific event been previously produced? *

○ Yes ◉ No

What is the uniqueness of the proposed event? *

A Veteran's Ball is unique for our veteran rich community because of the nostalgia and comradery of Military balls in our time of service. We plan to incorporate something unique from all the branches of service into our ball. In addition, we plan on shedding light on what OCVC does for our communities veterans, families and citizens. We are reaching out to our community for support in active participation with our organization.

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

Our mission statement is as follows with enclosed impact to residents following each point of our mission statement.
The general nature and purpose of this Organization shall be to inculcate and stimulate love of our country and flag, and to render service and/or assistance to Veterans and their dependents as deemed necessary.
(We are an all volunteer veteran organization that assists with full honors at veteran funerals to include flag folding, presentation of the flag to the family, 3 rounds of rifle volleys and the playing of taps. This humble service is led by our Korean War Veteran Wally Wallace who is 87 years old and impact of his kind words of support for the families of their beloved veteran's passing is amazingly heartfelt and appreciated. There are limited Honor/Color Guards that are present in communities across the nation and we are so very fortunate to have one here in Osceola County)
To foster and promote the aims and common goals of those participating Veterans Organizations and any other Organization constituting themselves Members of the OCVC.
(Most of our members, have membership within all the veteran's organizations within our county. Many have taken leadership roles and actively participate in these organizations. The impact is phenomenal for the community as a whole to know that we are there for them when they are in their darkest hour)

To further legislate and foster other common objectives beneficial in the promotion of the aims and goals of those participating Members of the Osceola County Veterans Council
(The OCVC has supported other Veteran organizations and causes within the community and have granted monies for programs that align with their mission. One is to help fund rapid housing of homeless veterans working with the Osceola County Sheriff Victor board, another is to assist Connecting the Dots for Veterans as they assist veterans in maximizing their veteran benefits and navigate the VA successfully.)
To observe, celebrate and insure that all important Veterans and Patriotic holidays are remembered by all Veterans groups and publicize these events.
(The OCVC works diligently to provide Color guard details to honor Patriotic holidays usually hosted by many of the veterans organizations within the county. We also are the host organization for Memorial activities at Mount Peace Cemetery. One of our members is the MC for the event. In addition, we honor requests from the community for events that need a color guard for their events.)

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

◉ Yes ○ No

Is so, please describe the impact:

We will be utilizing local businessess to supply our needs for the Veterans Ball. In addition, we will be giving them the opportunity to become our sponsors through their generosity.

Fee Waiver Grant Program Request

Please attach your itemized event budget. *

OCVC_Veteran_s_Ball_Budget.xlsx

Marketing

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

Kissimmee is an amazing community already, and to have the OCVC Veteran's Ball will set the community apart. Other communities have hosted Service specific balls ie..Marine Corps, Army, Air Force. What we are proposing is to be all inclusive of all the branches and bring them together to experience something so very unique and special. We will highlight a component of each branch of service to highlight each, but overall it will be for all of us.

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

We will be working with the various Chambers of Commerce to help us assist with the advertisement and marketing of our event. We treasure our relationship that we have with Kayla and Josef and will work diligently with them as we navigate this process. We will start the development after our next monthly meeting on September 5, 2023

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

We will discuss that issue at the next monthly meeting September 5, 2023

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 are asking for support and assistance from every Veterans organization within the county. In addition, we are also working with Veteran supporters that are nonprofits as well.

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: *

We are currently working on this. So far, we have a commitment of a Veteran DJ pro bono, we are in discussion with the Florida Technical Institute for the catering (only initial contact at this second but they seem very excited and we will give them a timeline once venue has been secured). We will continue to reach out to as many vendors that we can to have the best event possible. Our veterans and their families in Osceola County deserve nothing less.

Osceola County Veterans Council (OCVC) 1st Annual Veteran's Ball Budget

Income		Budget	Actual
	Fee Waiver Grant	$ 3,000.00	
	Reservation Deposit (Refund)	$ 500.00	
	Move in Fee Savings?		
	Sponsorship: Red package	$ 10,000.00	
	Sponsorship: White package	$ 5,000.00	
	Sponsorship: Blue package	$ 2,500.00	
	Attendee fees ($100 per ticket x 500)	$ 50,000.00	
Expense			
	Venue: Kissimmee Civic Center Arena	$ 2,130.00	
	Administrative Fee	$ 100.00	
	Reservation Deposit	$ 500.00	
	Damage Deposit?		
	Staff Fees?		
	Equipment Fees?		
	Parking Fees?		
	Advertisement		
	Eventbrite ticketing charges		
	Compensated tickets	$ 5,000.00	

COPY

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

DEPARTMENT OF THE TREASURY

Date: NOV 25 2003

OSCEOLA COUNTY VETERANS COUNCIL
15 NEW YORK AVE
ST CLOUD, FL 34769

Employer Identification Number:
13-4265561
DLN:
17053275011003
Contact Person:
TERRY L MILLER ID# 31222
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
August 28, 2002
Advance Ruling Period Ends:
December 31, 2006
Addendum Applies:
No

Dear Applicant:

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

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

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

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

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

ATTACHMENT E

IRS

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS.

- **Organization Name:** OSCEOLA COUNTY VETERANS COUNCIL
- **EIN:** 134265561
- **Tax Year:** 2022
- **Tax Year Start Date:** 01-01-2022
- **Tax Year End Date:** 12-31-2022
- **Submission ID:** 10065520231256580026
- **Filing Status Date:** 05-05-2023
- **Filing Status:** Pending

MANAGE FORM 990-N SUBMISSIONS

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8012994905C-6	04/30/2019	04/30/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

OSCEOLA COUNTY VETERANS COUNCIL
504 S RANDOLPH AVE
KISSIMMEE FL 34741-6173

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.

SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy No CPS7751366 Effective Date 03/03/2023 (12:01 A.M. Standard Time)

Named Insured OSCEOLA COUNTY VETERANS COUNCIL Agent No 59516

Item 1. Limits of Insurance

Coverage	Limit of Liability	
Aggregate Limits of Liability	$ 2,000,000	Products/Completed Operations Aggregate
	$ 2,000,000	General Aggregate (other than Products/Completed Operations)
Coverage A—Bodily Injury and Property Damage Liability	$ 1,000,000	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Damage to Premises Rented to You Limit	$ 100,000	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B—Personal and Advertising Injury Liability	$ 1,000,000	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C—Medical Payments		any one person subject to the Coverage A occurrence and the General Aggregate Limits $ 5,000

Item 2. Description of Business

Form of Business:

☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company

☒ Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Location of All Premises You Own, Rent or Occupy:
SEE SCHEDULE OF LOCATIONS

Item 3. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Item 4. Premiums

Coverage Part Premium:	$	$500 MP
Other Premium:	$	
Total Premium:	$	$500 MP

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

CLS-SD-1L (8-01)

SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL GENERAL LIABILITY COVERAGE PART
EXTENSION OF SUPPLEMENTAL DECLARATIONS

Policy No. CPS7751366 Effective Date: 03/09/2023
12:01 A.M., Standard Time

Named Insured OSCEOLA COUNTY VETERANS COUNCIL Agent No. 09010

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
1	1	41670	50	PER MEMBER

Class Description:
CLUBS - CIVIC, SERVICE OR SOCIAL - NO BUILDINGS OR PREMISES OWNED OR LEASED EXCEPT FOR OFFICE PURPOSES - NOT-FOR-PROFIT ONLY

+ PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Premises/Operations	
Rate	Premium
$5.00	$250
Products/Comp Operations	
Rate	Premium
INCLUDED	INCLUDED

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
		44444		

Class Description:
SEXUALLY ABUSIVE ACTS - LIMITED LIABILITY COVERAGE PER FORM GLS-621

Premises/Operations	
Rate	Premium
INCLUDED	INCLUDED
Products/Comp Operations	
Rate	Premium

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
		44444	INCLUDED	INCLUDED

Class Description:
ASSAULT AND/OR BATTERY LIMITED LIABILITY COVERAGE PER FORM GLS-622

Premises/Operations	
Rate	Premium
INCLUDED	INCLUDED
Products/Comp Operations	
Rate	Premium

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
		49950	1	INCLUDED

Class Description:
ADDITIONAL INSURED - CLUB MEMBERS PER FORM CG 20 02

Premises/Operations	
Rate	Premium
INCLUDED	INCLUDED
Products/Comp Operations	
Rate	Premium

POLICY NUMBER: CPS7751366

COMMERCIAL GENERAL LIABILITY
CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
OSCEOLA COUNTY 1 COURTHOUSE SQ KISSIMMEE FL 34741
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

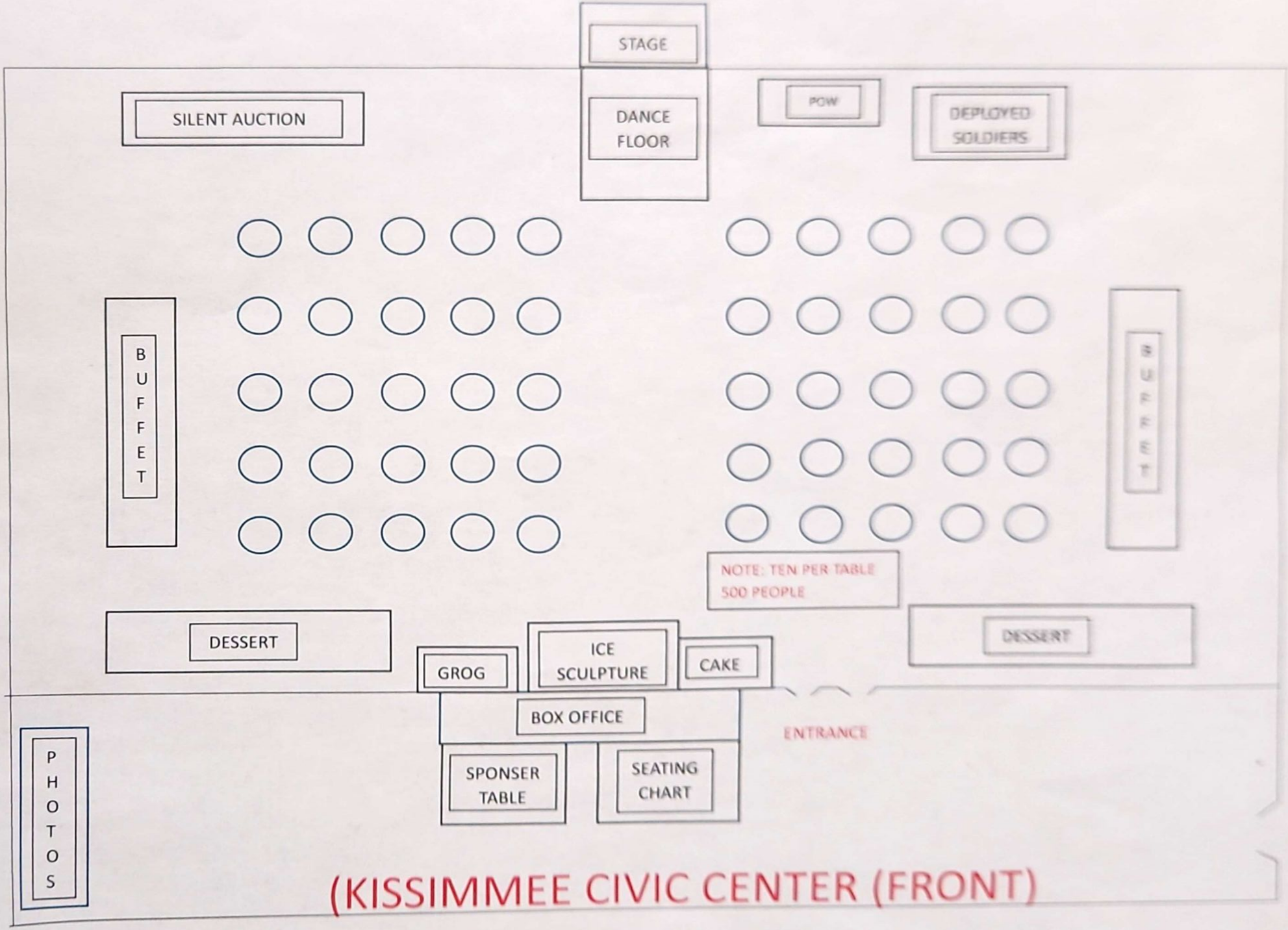
B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.


STAGE
SILENT AUCTION
DANCE FLOOR
POW
DEPLOYED SOLDIERS
BUFFET
BUFFET
NOTE: TEN PER TABLE
500 PEOPLE
DESSERT
DESSERT
GROG
ICE SCULPTURE
CAKE
BOX OFFICE
ENTRANCE
PHOTOS
SPONSER TABLE
SEATING CHART
ENTRANCE
(KISSIMMEE CIVIC CENTER (FRONT)

COPY

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

DEPARTMENT OF THE TREASURY

Date: NOV 25 2003

OSCEOLA COUNTY VETERANS COUNCIL
15 NEW YORK AVE
ST CLOUD, FL 34769

Employer Identification Number:
13-4265561
DLN:
17053275011003
Contact Person:
TERRY L MILLER ID# 31222
Contact Telephone Number:
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ATTACHMENT E

CITY OF KISSIMMEE 1883

Organization: Osceola County Veterans Council **Event:** Veteran's Ball **Date:** May 18, 2024				
Facility Fee:				
Kissimmee Civic Center - Arena	$2,130/day		$2,130.00	$2,130.00
Rental Items:				
Podium	$50.00/ea		1 x $50.00	$50.00
Linen	$8.00/ea		60 x $8.00	$480.00
Microphone	$25.00/ea		2 x $25.00	$50.00
Arena Sound System	$100.00		$100.00	$100.00
Stage	$25.00/ea		6 x $25.00	$150.00
Staff:				
Event Supervisor	$25.00/ph		8 x $25.00	$200.00
Event Monitor(s)	$20.00/ph		2 x 8 x$20.00	$320.00
Facility Techincian	$20.00/ph		8 x $20.00	$160.00
Total Estimate				**$3,640.00**
Damage Deposit (20% of Facility rental - Refundable)				**$426.00**
Fee Waiver Amount				**TBD**
Total Due 30 Days Prior to Event				**TBD**

FEE WAIVER GRANT RANKING FORM

Organization Name: Casa de Retauracion
Event Name: Touching the Throne/Tocando El Trono

Event Date: June 29, 2024 **Year of fee waiver award:1**

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: n/a**

Anna Miller

From: noreply@kissimmee.gov
Sent: Wednesday, August 2, 2023 4:45 PM
To: jamie.paul@kissimmee.gov; Matt Libby
Subject: City of Kissimmee Fee Grant Application

Follow Up Flag: FollowUp
Flag Status: Flagged

A new entry to a form/survey has been submitted.

Form Name:	Fee Grant Application
Date & Time:	08/02/2023 4:45 PM
Response #:	75
Submitter ID:	18855
IP address:	2603:9001:2f06:e498:158d:8ca7:fe12:67b2
Time to complete:	57 min. , 3 sec.

Survey Details

Page 1

City of Kissimmee Fee Grant Application (4 pages)

Event Information

Choose Eligibility Status

In order to be eligible to apply for a fee waiver grant the organization must meet at least 1 (one) of the following criteria:

Non-profit organization with a current 501(C) certificate

Government agency

An agency in which the City is a member

(○) Non Profit Organization

If non profit, attach a copy of the 501c certificate Casa de Restauracion El Aposento Alto_IRS Determination Letter.pdf

New Standard Question

Requesting Organization:	Casa de Restauracion	**Zip Code:**	34741
Address:	4024 W Vine St	**Organization Phone:**	4075093553

City:	Kissimmee	**Email:**	cdrkissimmee@gmail.com
State:	Florida		

New Standard Question

Event Name:	Touching The Throne / Tocando El Trono	**Event Type:**	Community Outreach
Potential Event Date	06/29/2024	**Event Contact:**	Dairy Alamo
Event Location:	Kissimmee Civic Center	**Event Contact Cell Number:**	4074518458
Event Set Up Time:	8am	**Grant Amount Requesting ($3,000 maximum):**	3,000
Actual Event Times:	4pm	**Organization's Chief Officer:**	Efrain Fernandez
Event Break Down Time:	8pm	**Signature of Chief Officer:**	Efrain Fernandez
Anticipated Attendance:	200	**Brief Description of Event:**	Touching The Throne / Tocando El Trono is a night of Dance and Praise. Doors open at 4pm.

Page 2

Event Information (All Events)

Will your event require outdoor staging?

(○) No
Size: Not answered

Will your event require the rental of the modular stage (Veterans Lawn)?

(○) Yes
Size: Not answered

Will your event require tents? If yes, how many?

(○) No
How many: Not answered

Will your event require vehicles to access the park?

(○) No

Will your event require any road closures?

(○) No
If yes, please provide details of your requested road closures:
Not answered

Will your event require portable restrooms? If yes, how many?

(○) No
How many: Not answered

Will your event require utilities?

[×] Electric
[×] Water

Will your event hire Production Companies (lighting, sound, decorating, television, radio, etc.)?

(○) No

Name of Company: Not answered
Point of Contact: Not answered
Contact Phone Number: Not answered

Will your event require the use of additional space?

[×] Greem Room/Dressing Room

Fishing Tournaments

Will your event require the use of the boat ramp?

(○) No

How many Boats: Not answered

Will your event require space for a tournament draw?

(○) No

Will your event require space for a weigh in?

(○) No

Tournament Draw: Not answered

Entertainment (All Events)

Will your event require alcoholic beverages to be dispensed, provided and/or sold? (The sale of alcohol at an event may require the use of the City's contracted and licensed concessionaire.)

(○) No

Will your event require a DJ?

(○) No

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

(○) No

Will your event have performers? Please specify whether they are international, national or local artists.

Not answered

Audio Visual (Indoor Events Only)

Will your event require rental of Civic Center audio equipment? (The City cannot provide AV equipment for outdoor events. That is the sole responsibility of the outdoor event licensee.)

(○) No

Will your event require additional AV Equipment?

Not answered

Promotions (All Events)

Will your event require banners to be hung?

(○) No
If yes, please provide size and location for the banners.
Not answered

At what level will your event be promoted?

(○) Local

Will media outlets be invited to the event?

(○) No
If yes, what type of media will be invited?
Not answered

Page 3

Organization Structure (Mandatory Questions - no point value)

How long has the sponsoring organization been incorporated?

Since February 2009

How long has the sponsoring organization physically been in operation?

February 2009

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

We have a volunteer staff of roughly 60 people.
CDR Organization Chart.pdf

Organization and Experience (50 Available Points)

Has the sponsoring organization previously produced an event in Kissimmee? If so, please identify the events. (20 pts)

We have produced hundreds of events at our church campus. In 2019 we hosted an event using the KVLS building at Heritage Park.

Has this specific event been produced previously? If so, when and where was the event held? (10 pts)

Yes. June 24, 2023 at Casa de Restauracion Church on 4024 W. Vine St. in Kissimmee, Fl 34741

What is the uniqueness of the proposed event? (10 pts)

It gathers local dancers from all over the city to unite for a night of celebration.

How does the proposed event support the organization's mission and benefit Kissimmee residents? (10 pts)

Considering our organization is based in and has been serving the city of Kissimmee since February of 2009, this event strives to bring help young children and youth together for a night of dance and praise.

Page 4

Event Revenue and Economic Impact (25 Available Points)

Will the proposed event impact local businesses? If so, please describe the impact. (15 pts)

Yes. The event will bring 200-250 people to the Downtown district on a Saturday afternoon and evening which should boost restaurant revenue.

Evaluation of Itemized Budget (Please attach the sponsoring organization's event budget). (10 pts)

File Name: Tocando El Trono Budget - 2024.pdf

Page 5

Marketing (15 Available Points)

How does the proposed event benefit the image or the reputation of the City? (5 pts)

Our organization has served in Kissimmee since February 2009 and specifically the residents of Kissimmee. We work tirelessly with other organizations to help promote the welfare of our city.

Identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. (5 pts)

Marketing will primarily be via social media and flyers. Most of the advertising will start in January 2024 with the biggest push happening between January & March 2024.

How much money will the sponsoring organization commit towards advertising? (5 pts)

250

Page 6

Collaboration (10 Available Points)

Is the sponsoring organization collaborating with any other non-profit group? If so, please state the commitments of all other groups. (5 pts)

Yes. De Victimas A Reinas International, Sanando La Tierra Internacional and Corazon de Mujer.

Has the sponsoring organization solicited local vendors to support the event? If so, please identify all vendors/merchants that have committed to the event. (5 pts)

No.

Page 7

After Action Report (Previous Award Recipients Only)

If an organization has previously received grant funding from the Event Fee Waiver Program, did the City's After Action Report indicate that the organization adhered to the requirements within the fee waiver policy, event policies & guidelines, or any contracts/agreements. (If no, -10 pts)

[ ] **Yes**
[ ] **No**

The overall percentage of the requested amount of expenses to be waived by the City shall be determined by the total points earned during the scoring process. The breakdown of the percentage that shall be waived is as follows:

	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			

Insurance

Do you currently have or have you applied for insurance? (All insurance must follow specific guidelines as outlined in the Special Event Insurance guidelines)

(○) Yes

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, call this office at 407.518.2503.

Please type your name to serve as a signature in the fields below acknowledging the information you have provided is correct.

Signature: Efrain Fernandez
Date: 8/2/2023

Thank you,
City of Kissimmee, FL

This is an automated message generated by Granicus. Please do not reply directly to this email.

CITY OF KISSIMMEE 1883

Organization: Casa de Restauracion **Event: Touching the Throne Date:** June 29, 2024				
Facility Fee:				
Kissimmee Civic Center - (3) Ballrooms	$105.00/ph		14 x $105.00	$1,470.00
Rental Items:				
Podium	$50.00/ea		1 x $50.00	$50.00
Microphone	$25.00/ea		2 x $25.00	$50.00
Staff:				
Event Supervisor	$25.00/ph		8 x $25.00	$200.00
Event Monitor(s)	$20.00/ph		2 x 8 x$20.00	$320.00
Facility Techincian	$20.00/ph		8 x $20.00	$160.00
Total Estimate				**$2,250.00**
Damage Deposit (20% of Facility rental - Refundable)				**$294.00**
Fee Waiver Grant				TBD
Total Due 30 Days Prior to Event				**TBD**

2023/2024 Fee Grant Request
Period 2, Events occuring February 1, 2024 - May 31, 2024

EVENT	Requested Date	22/23 Amount	Requested Amount	Year of award / Sunset year	Est. City Expenses	Awarded	Scored	Ed	Al	Robin	Hannan	Roy	David	Hamza	Vanessa	TBD	Total
JILM Revival	12/20/2023	n/a	$3,000	1	$2,468.75		0										0
Kissimmee 5K	2/10/2024	$1,800	$3,000	4	$7,192.50		0										0
Ladies Expo	2/24/2024	n/a	$2,000	1	$1,817.00		0										0
Bridal Ball	3/9/2024	n/a	$3,000	1	$2,000.68		0										0
Hop on Downtown	3/30/2024	$3,000	$3,000	2	$8,567.40		0										0
PVA Citrus Slam	04/06-07/2024	$938	$3,000	3	$1,257.50		0										0
Opportunity Center Gala	4/27/2024	n/a	$2,600	1	$2,565.00		0										0
CAFA Fusion	4/28/2024	$4,720	$3,000	Signature	$10,137.50		0										0
			$4,840														
Women's Agents of Peace	5/16/2024	n/a	$3,000	1	$1,561.00		0										0
OCVC Veteran's Ball	5/18/2024	n/a	$3,000	1	$3,640.00		0										0
Touching the Throne	6/29/2024	n/a	$3,000	1	$2,250.00		0										0
			$36,440		$43,457.33	0.00											

Total amount awarded for Period 1 October 2023-January 2024	$25,835.00
Total amount awarded for Period 2 February 2024 - May 2024	$0.00
Total for Fiscal Year	$25,835.00

ITEM 5.B
Community Benefit Grant

Item Details
There were two Community Benefit Grant submissions that did not qualify: Gracias Choir Christmas Cantata and Bridal Ball.

Scoring of the Community Benefit Grant Applications:

- Reach Back - Women Encouraging Women
- Hope Gala - Claritas House

Attachment(s):
1. Reach Back Push Forward CBG
2. Claritas House Hope Gala CBG
3. Spreadsheet of Community Benefit Fund Request 2023.24

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/25/23 Evaluated by: S. LACKEY

Event Name: Reach Back Push Forward Event Date: 10/13/23

	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?	✓	
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)	✓	
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?	X	

Evaluator's Comments

Applicant recieved grant in previous year.

From: Austin Blake
Sent: Friday, August 25, 2023 7:42 PM
To: Steve Lackey; Matt Libby; Andrea Campbell
Subject: FW: New Community Benefit Fund Request
Attachments: CommunityBenefitFundsApplication.pdf

From: Austin Blake <austin.blake@kissimmee.gov>
Date: Friday, August 25, 2023 at 5:47 PM
To: Austin Blake <austin.blake@kissimmee.gov>
Subject: New Community Benefit Fund Request

Event Date	: 13-Oct-2023
Event Name	: Reach Back
Event Address	: 640 Dr Mary McLeod Bethune Blvd, Daytona Beach, FL, 32114
Name	: Sheryl, Dolphus
Phone Number	: 4079147907
Address	: 914 GARDEN STREET, Kissimmee, FL, 34744
Email	: sheryldolphus19@gmail.com
Eligibility	: Individual
Type of Request	: Donation
Total amount to be raised/fundraising goal for your event?	: 15,000.00 USD
Amount Requested from Community Benefit Fund	: 2,000.00 USD
Name of School Represented	: Women Encouraging Women
Contact for Event Sponsor or School Representative	: Sheryl, Dolphus
Phone Number for Event/School Representative	: 4079147907
Event/Competition's Website	: www.wewfl.com
Have you participated in this event in the past?	: Yes
1. Briefly describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards?	: Our college tours hosted by our nonprofit to our academically thriving, but low-income youth in high school and middle school is a highly anticipated annual college event to raise funds for Reach Back Push Forward. The event is scheduled to take place on October 13 at Bethune Cookman. It will be a day filled with engaging activities, inspiring speakers, and interactive workshops that emphasize leadership and the importance of academia. Through this event, we aim to open doors to youth who desire better, but need the support of their community to get there.

2. Are any other fundraisers planned to raise money for the event or for your participation in the event?	: Yes. We have our annual give back day in partnership with Walmart.
3. Have you secured funding or funding commitments from any other governmental entity? If yes, please provide the name(s) of the entity(ies).	: No.
Describe the impact this event will have on the quality of life and/or community pride for residents in the City of Kissimmee.	: This inspirational youth trip to Bethune Cookman can have a multitude of positive effects on the residents of a city. Here are some key benefits: 1. **Educational Aspirations:** Exposing young residents to a college environment can ignite their educational aspirations. Witnessing the campus, interacting with college students, and participating in various activities can inspire them to pursue higher education, encouraging a culture of lifelong learning within the city. 2. **Motivation and Ambition:** The trip can serve as a powerful motivator for youth. Seeing the academic achievements, career opportunities, and research facilities at a college can fuel their ambition, pushing them to set higher goals and work harder to achieve them. 3. **Expanded Horizons:** Many city residents, particularly those from disadvantaged backgrounds, might have limited exposure to the possibilities beyond their immediate surroundings. A college trip can broaden their horizons, exposing them to new career paths, fields of study, and extracurricular interests they may not have considered before. 4. **Confidence Boost:** Interacting with college students and experiencing a campus firsthand can boost the confidence of the city's youth. They realize that college is attainable and not an unattainable goal, enhancing their self-belief and self-esteem. 5. **Networking and Mentorship:** College trips provide opportunities for youth to network with college students, professors, and staff. These connections can lead to mentorship relationships, offering guidance on academic pursuits and career choices, which can be particularly impactful for those lacking such support in their immediate environment. 6. **Civic Engagement:** Exposure to a college campus can also foster a sense of civic engagement. Youth may become more motivated to positively contribute to their community, seeing education as a way to make a meaningful difference. 7. **Reduced Stereotypes and Bias:** Visiting a college can challenge stereotypes and biases that some residents might hold. Interacting with diverse groups of students and experiencing the inclusive environment of a campus can promote understanding and acceptance among the city's youth. 8. **Economic Growth:** Over time, inspiring youth to pursue higher education can lead to a more skilled and educated workforce within the city. This, in turn, can attract new industries, businesses, and investments, contributing to the city's economic growth and development. 9. **Social Cohesion:** College trips can bring together youth from different backgrounds within the city. Shared experiences and collaborative activities during the trip can foster a sense of unity and social cohesion among the diverse residents. 10. **Long-term Impact:** The effects of an inspirational college trip are not limited to the immediate moment. Over time, the inspiration and motivation gained from the experience can shape the youth's educational and career choices, positively influencing

	the trajectory of their lives. In summary, an inspirational youth trip to a college can spark a range of positive effects on the residents of a city, from nurturing educational aspirations and ambition to fostering inclusivity, mentorship, and economic growth. It can truly be a transformative experience with far-reaching benefits.
Has this event ever received a donation or sponsorship from the Community Benefit Fund?	: No
Terms and Conditions	: Agreed

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

13-Oct-2023

dd-MMM-yyyy

Event Name *

Reach Back

Event Address *

640 Dr Mary McLeod Bethune Blvd

Street Address

Daytona Beach

City

FL

State/Region/Province

32114

Postal / Zip Code

Requestor's Information

Name *

Sheryl

First

Dolphus

Last

Phone Number *

4079147907

Address *

914 GARDEN STREET

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.

Community Benefit Funds Application

City of Kissimmee, FL

Email

sheryldolphus19@gmail.com

Eligibility *

- (•) Individual
- ( ) Organization

Type of Request *

- (•) Donation
- ( ) Sponsorship

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

15,000.00 **USD**

Amount Requested from Community Benefit Fund *

2,000.00 **USD**

General Information

Name of School Represented

Women Encouraging Women

Contact for Event Sponsor or School Representative

Sheryl
First

Dolphus
Last

Phone Number for Event/School Representative

4079147907

Event/Competition's Website

www.wewfl.com

Have you participated in this event in the past? *

- (•) Yes
- ( ) No

Community Benefit Funds Application

City of Kissimmee, FL

Donation / Sponsorship Description

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

Our college tours hosted by our nonprofit to our academically thriving, but low-income youth in high school and middle school is a highly anticipated annual college event to raise funds for Reach Back Push Forward. The event is scheduled to take place on October 13 at Bethune Cookman. It will be a day filled with engaging activities, inspiring speakers, and interactive workshops that emphasize leadership and the importance of academia. Through this event, we aim to open doors to youth who desire better, but need the support of their community to get there.

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

Yes. We have our annual give back day in partnership with Walmart.

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

No.

Community Impact

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. *

This inspirational youth trip to Bethune Cookman can have a multitude of positive effects on the residents of a city. Here are some key benefits:
1. **Educational Aspirations:** Exposing young residents to a college environment can ignite their educational aspirations. Witnessing the campus, interacting with college students, and participating in various activities can inspire them to pursue higher education, encouraging a culture of lifelong learning within the city.
2. **Motivation and Ambition:** The trip can serve as a powerful motivator for youth. Seeing the academic achievements, career opportunities, and research facilities at a college can fuel their ambition, pushing them to set higher goals and work harder to achieve them.
3. **Expanded Horizons:** Many city residents, particularly those from disadvantaged backgrounds, might have limited exposure to the possibilities beyond their immediate surroundings. A college trip can broaden their horizons, exposing them to new career paths, fields of study, and extracurricular interests they may not have considered before.
4. **Confidence Boost:** Interacting with college students and experiencing a campus firsthand can boost the confidence of the city's youth. They realize that college is attainable and not an unattainable goal, enhancing their self-belief and self-esteem.
5. **Networking and Mentorship:** College trips provide opportunities for youth to network with college students, professors, and staff. These connections can lead to mentorship relationships, offering guidance on academic pursuits and career choices, which can be particularly impactful for those lacking such support in their immediate environment.
6. **Civic Engagement:** Exposure to a college campus can also foster a sense of civic engagement. Youth may become more motivated to positively contribute to their community, seeing education as a way to make a meaningful difference.
7. **Reduced Stereotypes and Bias:** Visiting a college can challenge stereotypes and biases that some residents might hold. Interacting with diverse groups of students and experiencing the inclusive environment of a campus can promote understanding and acceptance among the city's youth.
8. **Economic Growth:** Over time, inspiring youth to pursue higher education can lead to a more skilled and educated workforce within the city. This, in turn, can attract new industries, businesses, and investments, contributing to the city's economic growth and development.
9. **Social Cohesion:** College trips can bring together youth from different backgrounds within the city. Shared experiences and collaborative activities during the trip can foster a sense of unity and social cohesion among the diverse residents.
10. **Long-term Impact:** The effects of an inspirational college trip are not limited to the immediate moment. Over time, the inspiration and motivation gained from the experience can shape the youth's educational and career choices, positively influencing the trajectory of their lives.
In summary, an inspirational youth trip to a college can spark a range of positive effects on the residents of a city, from nurturing educational aspirations and ambition to fostering inclusivity, mentorship, and economic growth. It can truly be a transformative experience with far-reaching benefits.

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.

Women Encouraging Women Grant Budget 2022-2023

Line	Revenue	Annual Operations		Grant Request
1	Grants	25,000		20,000
2	Contracts	0		0
3	United Way	0		0
4	Corporate contributions	5,000		0
5	Membership	0		0
6	Individuals	10,000		0
7	Fees for services	2,000		0
8	Fundraisers, events, sales	15,000		0
9	Endowment	0		0
10	Interest income	0		0
11	Miscellaneous	1,500		0
12	**Total**	**$58,500**		**$20,000**
13	**In-kind**	**$24,000**		**0**
14	**Total Revenue**	**$82,500**		**$20,000**
Line	**Expenses**	**Program or Project**		**Grant Request**
15	Staff salaries and wages	40,000		8,000
16	Fringe benefits	4,500		0
17	Occupancy and utilities	1,000		0
18	Equipment	500		500
19	Supplies and materials	10,500		8,000
20	Printing and copying	500		0
21	Telecommunications	1,500		750
22	Travel and meetings	800		0
23	Marketing and advertising	1,000		0
24	Staff and volunteer training	5,800		2,000
25	Contract services	0		0
26	Miscellaneous	1,100		750
27	**Subtotal**	**$67,200**		**$20,000**
28	General operating (indirect) — 8%	11,192		0
29	**Total**	**$78,392**		**$20,000**
30	**In-Kind (volunteer hours @ $15p/hr)**	**$2,400**		
31	**Total Expenses**	**$78,392**		**$20,000**
32	**Revenue over Expenses**	**-$4,108**		**$0**

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8017161554C-5	01/21/2022	01/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

WOMEN ENCOURAGING WOMEN I AM MY SISTERS
KEEPER INC
WOMEN ENCOURAGING WOMEN I AM MY SIS
914 GARDEN ST
KISSIMMEE FL 34744-1406

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.

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

DEPARTMENT OF THE TREASURY

Date: OCT 26 2016

WOMEN ENCOURAGING WOMEN I AM MY
SISTERS KEEPER INC
914 GARDEN STREET
KISSIMMEE, FL 34744-0000

Employer Identification Number:
81-3164599
DLN:
26053699001636
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 17, 2016
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

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: **WOMEN ENCOURAGING WOMEN I AM MY SISTERS KEEPER INC**
914 GARDEN ST,
KISSIMMEE, FL, US, 34744

D Employee Identification Number **81-3164599**

E Website:
WOMEN ENCOURAGING WOMEN, I AM MY SISTER'S KEEPER INC.

F Name of Principal Officer: **SHERYL DOLPHUS**
914 GARDEN ST,
KISSIMMEE, FL, US, 34744

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.

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

NICOLE "NIKKI" FRIED
COMMISSIONER

SMALL CHARITABLE ORGANIZATIONS/SPONSORS APPLICATION

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

Small Charitable Organizations/Sponsors Filing Instructions

REGISTRATION AND RENEWALS
All charitable organizations and sponsors must register with the Florida Department of Agriculture and Consumer Services (FDACS) prior to engaging in solicitation activities in Florida, and renew annually thereafter on a form provided by the department. The department will annually provide a renewal statement to each registrant by mail at least forty-five (45) days before the renewal date. Charitable organizations and sponsors that meet all of the following requirements are eligible to fill out the following form in lieu of registration. *[s. 496.406(1)(d), F.S.]*

- The charitable organization or sponsor has less than $25,000 in **TOTAL REVENUE** (including *contributions*). The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the charitable organization or sponsor.

- The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

NOTE: If circumstances change and the organization or sponsor no longer satisfies any one of the above criteria (requirements), the organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days.

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE EXEMPTION APPLICATION

If you have any questions or need assistance in completing this application, please contact the department at 1-800-HELP-FLA (435-7352) or (850) 410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

☐ Item #1:
Provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. If the organization solicits under any other names, provide those names in the spaces listed. Attach additional sheets as necessary using the same format. ***Note: Corporate, LLC, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.***

☐ Item #2
Provide a street or physical address for the organization. Include the suite, room, or other unit number. ***Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.***

☐ Item #3
You must provide a primary telephone number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide email address and website if used to provide information to or communicate with the public.

☐ Item #4
Provide the organization's federal employer identification number. Note: Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).

☐ Item #5
Indicate the month and day your accounting or bookkeeping period ends each year.

☐ Item #6
Answer by checking appropriate box.

☐ **Item #7**
List the representatives as directed with complete street addresses and telephone numbers for each. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, F.S. However, exemptions apply to certain employees. If you qualify under these exemptions, you can request that certain information be redacted from the public records available through the department. Exemptions may apply to:

- Current or former law enforcement officers and their families;
- Current or former judges and their families;
- Current or former prosecutors and their families;
- Current or former firefighters and their families;
- Current or former human resources managers and their families; and
- Current or former code enforcement officers and their families.

This is not a comprehensive list. For a complete list, see Section 119.071(4), F.S. If you qualify for one of the public records exemptions and wish to have your information exempted from public review, please check the appropriate box.

☐ **Item #8**
Briefly explain the purpose for which your organization was created. It is best to summarize this information in your own words.

☐ **Item #9**
Briefly explain the purpose for which contributions will be used.

☐ **Financial Statement**
Indicate by checking the appropriate box on the application which type of financial report you are filing. Only newly established organizations with no financial history may submit a budget for the current year. The financial statement on page 3 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS**:

- IRS form 990 with all attached schedules
- IRS form 990-EZ and Schedule O
- the financial statement on this form.

We cannot accept the 990-PF, 990-N, E-Postcard or 990-T or any other type of tax return. We cannot accept quarterly reports or audited reports without the form 990. You may submit these types of financial documents in addition to the required financial information, but they cannot be a substitute for one of the three acceptable financial reports mentioned above. **If sending multiple financial forms, they must be consolidated prior to submission on the department's financial report.**

☐ **Certification Statement**
Provide the name and contact information for the person responsible for completing the application.

SEND COMPLETED APPLICATION TO:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

IMPORTANT: Every charitable organization or sponsor that is required to register under s. 496.405, F.S., or is exempt under s. 496.406(1)(d), F.S., shall conspicuously display the following statement on every solicitation, confirmation, receipt, or reminder of a contribution: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." The statement must include a toll-free number and website for the division which can be used to obtain the registration information. When the solicitation consists of more than one piece, the statement must be displayed prominently in the solicitation materials. If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. **The toll-free number of the department is 1-800-HELP-FLA (435-7352) or (850) 410-3800. The department's website is www.FDACS.gov.**

NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

SMALL CHARITABLE ORGANIZATIONS/SPONSORS APPLICATION

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 *Fax*

Return completed application to:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

Business Information

☐ New Application ■ Renewal **CH** 50847 **DTN** 3278445

(as listed on the preprinted renewal application)

1. Legal Name of Organization:
WOMEN ENCOURAGING WOMEN I AM MY SISTER'S KEEPER, INC.

*** Fictitious (DBA) Name:**

**If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

Other Names Soliciting As:

2. Street Address *(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):*
914 GARDEN STREET

City: KISSIMMEE **State:** FL **Zip Code:** 34744 - 0000

Mailing Address *(if different from above)*:

City: **State:** **Zip Code:** -

3. Telephone Number: (407) 914 - 7907

Fax Number: (407) 289 - 4062

Email Address for Organization: sheryl.dolphus@wewfl.com

Website: www.WEWFL.com

4. Federal Employer ID Number: *[s.119.092, F.S.]*
81-3164599

5. Month/Day fiscal year ends: *[s. 496.406(2)(c), F.S.]* 12 / 31
Month *Day*

6. Has organization been granted tax exempt status by the Internal Revenue Service? *[s. 496.406(2)(b), F.S.]*

■ **Yes** 501(c) 3 *(insert number)* ☐ **No** ☐ **Pending**

7. List the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the final distribution of contributions: *[s. 496.406(2)(d), F.S.] (attach additional sheets as necessary using the same format)*

NOTE: Pursuant to s. 496.405(8), F.S., no charitable organization or sponsor, or an officer, director, trustee, or employee thereof, may not knowingly allow an officer, director, trustee, or employee of the charitable organization or sponsor to solicit contributions on behalf of such charitable organization or sponsor if such officer, director, trustee, or employee has, in any state, regardless of adjudication been convicted of, been found guilty of or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or been found guilty of, or pled guilty or nolo contendere to, *any felony* within the last 10 years *or any crime within the last 10 years involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor, or has been enjoined in any state from violating any law relating to a charitable solicitation.* The prohibitions in this subsection also apply to a misdemeanor in another state which constitutes a disqualifying felony in this state.

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

Name: SHERYL DOLPHUS
Title: PRESIDENT
Street Address: 914 GARDEN STREET
City: KISSIMMEE
State: FL **Zip Code:** 34744 - 0000
Telephone Number: (407) 914 - 7907
Compensated: ☐ Yes ☒ No
Criminal History: ☐ Yes ☒ No
Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name: DERRICK EBANKS
Title: SECRETARY
Street Address: 914 GARDEN STREET
City: KISSIMMEE
State: FL **Zip Code:** 34744 - 0000
Telephone Number: (407) 914 - 7907
Compensated: ☐ Yes ☒ No
Criminal History: ☐ Yes ☒ No
Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name: TERRY KELLY, SR
Title: TREASURER
Street Address: 914 GARDEN STREET
City: KISSIMMEE
State: FL **Zip Code:** 34744 - 0000
Telephone Number: ( ) -
Compensated: ☐ Yes ☒ No
Criminal History: ☐ Yes ☒ No
Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name:
Title:
Street Address:
City:
State: **Zip Code:** -
Telephone Number: ( ) -
Compensated: ☐ Yes ☐ No
Criminal History: ☐ Yes ☐ No
Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

8. What is the purpose for which the organization is organized? [s. 496.406(2)(a), F.S.]

THE ORGANIZATION WAS CREATED TO BRING WOMEN TOGETHER TO ENCOURAGE ONE ANOTHER THROUGH LIFE CHANGES SO THAT EACH ONE CAN REACH THEIR GOD GIVEN POTENTIAL.

9. What is the purpose for which the contributions will be used? [s. 496.406(2)(b), F.S.]

CONTRIBUTIONS ARE USED TO PURCHASE NECESSITIES SUCH AS FOOD AND CLOTHING FOR FAMILIES IN NEED. WE ALSO USE CONTRIBUTIONS TO HOST INFORMATION WORKSHOPS ON EDUCATION, EMPLOYMENT AND HOUSING OPPORTUNITIES.

Financial Statement

FOR ORGANIZATIONS HAVING UNDER $25,000 TOTAL REVENUE FOR FISCAL YEAR ENDING 12 / 31 / 2021

WOMEN ENCOURAGING WOMEN I AM MY SISTER'S KEEPER INC. *Organization Name*

CH 50847 *(as issued by the department)*

DTN 3278445 *(as listed on the preprinted renewal application)*

NOTE: In lieu of completing the following financial statement, you may send the IRS form 990 and all attached schedules or the IRS form 990-EZ and Schedule O.

IRS form 990N – ePostcard or IRS 990-PF are NOT acceptable financial statements.

☐ Yes ■ No **If newly formed, is this to be considered a budget?**

☐ Yes ■ No **Is this a consolidated financial statement for chapters, branches and affiliates?**

☐ Yes ■ No **Did anyone receive pay or benefits (member, officer or employee)?**

REVENUE

1. Contributions, gifts, grants, and similar amounts received		1. 10,000.00
2. Government grants (must list sources and amounts)		2.
3. Inventory sales		
a. Gross Revenue	3a.	
b Less costs	3b.	
c. Net Income		3c.
4. Special fundraising events		
a. Gross revenue	4a. 3,000.00	
b. Less expenses	4b. 2,000.00	
c. Net Income		4c. 1,000.00
5. In-kind contributions and services		5.
6. Federated campaigns (must list sources and amounts)		6.
7. Program service revenue		7.
8. Membership dues and assessments		8.
9. Other revenue (must list sources and amounts)		9.
10. TOTAL REVENUE (add lines 1 through 9)		10. 11,000.00

EXPENSES

1. Program services (including payments to affiliates)	1. 5,750.00
2. Management and general	2. 2,500.00
3. Fundraising	3. 1,000.00
4. TOTAL EXPENSES (add lines 1 through 3)	4. 9,250.00

Certification

I, SHERYL DOLPHUS (*Name*) am the PRESIDENT (*Title*) of WOMEN ENCOURAGING WOMEN, I AM MY SISTER'S KEEPER, INC. (*Name of Organization or Company*),

and further state as follows: *(please check all that apply)*

- ☐ I certify that I am authorized to complete this application and the information provided is true and accurate. The above information is provided for the purpose of complying with the provisions of Chapter 496, Florida Statutes.
- ☒ I certify that the above named charitable organization or sponsor has less than $25,000 in total revenue (including contributions).
- ☐ I certify that the fundraising activities of the above named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- ☐ I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

If all of the above are not certified, then FDACS-10100, Solicitation of Contributions Registration Application, Rev. 01/15 must be completed.

Signature	SHERYL DOLPHUS *Print or Type Name*
04/30/2023 *Date*	(407) 914 - 7907 *Telephone Number*
	sheryl.dolphus@wewfl.com *Email Address*

Steve Lackey

From: Andrea Campbell
Sent: Monday, September 25, 2023 3:59 PM
To: Steve Lackey
Subject: FW: Your 2021 Paperwork
Attachments: image001.png

Andrea Campbell
Office Manager
Parks & Recreation
City of Kissimmee

101 Church Street, Suite 330
Kissimmee, Florida 34741-5054
407.518.2331 Desk
407.932.1958 Fax
andrea.campbell@kissimmee.gov

CITY OF KISSIMMEE 1883

From: Sheryl Dolphus <sheryldolphus19@gmail.com>
Sent: Monday, September 25, 2023 3:14 PM
To: Andrea Campbell <ANDREA.CAMPBELL@kissimmee.gov>
Subject: Re: Your 2021 Paperwork

Hello we are serving 42 kids from Kissimmee and the kids are all from Kissimmee Florida most of the children are coming from different middle school and High school from Kissimmee. Most of the kids and the residents are in the Kissimmee area.

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 8/7/23 Evaluated by: S. LACKEY

Event Name: Clarita House - Hope Gala Event Date: 11/18/23

	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

Previously Funded $2,100 (2022)
Final Report included.

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

18-Nov-2023

dd-MMM-yyyy

Event Name *

10th Annual Fund for Hope Gala Fundraiser

Event Address *

8442 Palm Parkway

Street Address

Orlando

City

FL

State/Region/Province

32836

Postal / Zip Code

Requestor's Information

Name *

Michele

First

Herpin

Last

Phone Number *

813-525-7434

Address *

1712 Kelley Ave

Street Address

Kissimmee

City

FL

State/Region/Province

34744

Postal / Zip Code

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

Email

micheleh@claritashouse.com

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- ○ Individual
- ◉ Organization

In addition to an application, organizations must also submit:

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

501(c) Certification/Notification *

EIN.jpg

Form 990 (If Organization is Required to File) *

Claritas_House_2022_Signed_990.pdf

Last Completed Audit *

audit_Letter_2023.jpg

Annual Budget *

2022_Signed_Budget.jpg

Community Benefit Funds Application

City of Kissimmee, FL

Type of Request *

- (•) Donation
- ( ) Sponsorship

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

40,000.00 **USD**

Amount Requested from Community Benefit Fund *

2,500.00 **USD**

General Information

Name of School Represented

N/A

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? *

Clarita's House Outreach Ministry Inc. is having our 10th Annual Fund for Hope Gala Fundraiser to support our Feed the Need and LEAP program.

Community Benefit Funds Application

City of Kissimmee, FL

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

The event is a fundraiser and will raise money by sponsorships, tickets sold, raffles, donations and silent auction.

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

No government entity as of yet.

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 event will provide community engagement for our business partners, sponsors, volunteers and staff. The event supports Feed the Need and LEAP program for new fiscal year 2024.
Clarita's House Outreach Ministry Inc was founded in 2007 by Doreen Barker, for the past 16 years her team has worked consistently in the community to alleviate hunger by providing a variety of groceries via food distributions, emergency pickups and delivery.
CHOM also provides everyday essential necessities from bus passes, clothing, gas, hygiene kits, rental security deposit, motel assistance, resources and much more.
In 2022 we served 5694 Families, 29014 Individuals 7214 Children, Adults 13304, and 8496 Homeless living on the streets. 356 Doordash deliveries were performed. 195 school supplies for children. 3,792 volunteer hours. 252,307 pounds of food. In 2021 this was a 68% increase in families served, an increase of 60% in individuals, 67% of children, 55% in adults and 61% for the homeless served.

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.

Fund_for_Hope_Report_2022.pdf

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.

CLARITA'S HOUSE
OUTREACH MINISTRY INC.

Final Report
Fund for Hope
202

Presented by:
Michele Herpin

Fund for Hope
Gala Fundraiser

November 2022

Total Sponsors: 6
Total # Table Sponsors: 5
Total # of contributing Sponsors:8
Total Vendors: 4
Total # of ticket Sales: 60
Total Silent Auction items: 17

Total Income including Sponsor & vendor tables, donations, ticket sales, silent auction and sponsors.

Total Income $22,376.62
Expenses: $4353.81

Outcome: Able to serve over 6000 individuals with the Feed the Need Program and Leap Program

Clarita's House Outreach Ministry, Inc.
1712 N. Kelley Ave.
Kissimmee, Florida 34744
August 6th, 2023

To: City of Kissimmee Community Benefit Funds

To whom It May Concern,

I am writing about the community Service Grant requirement for an audited financial statement. We are a small non-profit with a limited budget, our needs are always more than our funds can cover to serve the community here in the City of Kissimmee. The cost to have an audited financial statement range from $3,000.00 to $10,000.00 for our nonprofit. We are currently working on receiving a grant to cover the audit.

We are requesting an exception to accept our current 990 tax return and signed Financials in the place of an audited financial. We will be able to provide any other documentation required to support our 990-tax return.

This Community Benefit Funds will make a significant impact on the lives of those we serve in Osceola County.

Thank you for your understanding

Regards,

Doreen Barker

Clarita's House Outreach Ministry, Inc

CLARITA'S HOUSE OUTREACH MINISTRY				
2022 Annual Operating Budget				
Salaries & Consultant(s)		**MONTH**	**ANNUAL**	
SALARIES	President	$375	4,500.00	
Benefits			$344	
SALARIES	Admin assistant	$360	$4,320	
Benefits			$330	
Consultant(s)		$217	$2,600	
TOTAL		$952	$12,094	
Expenses				
Office/Building (Rental)		$1,695.00	$20,340.00	
Utilities for Office/Building		$375.00	$4,500.00	
Taxes & Licenses		$54.54	$654.52	
OFFICE SUPPLIES (Paper, pens, ink, folders, +)		$250.00	$3,000.00	
ADVERTISING/MARKETING (flyers, social media co, donor software+)		$358.33	$4,300.00	
Postage/Shipping		$27.50	$330.00	
Educational/ Training Classes		$16.67	$200.00	
Travel Expenses		$8.33	$100	
Bank Charges & paypal		$33.33	$400	
Membership Dues		$58.33	$700	
Cell/Office Phone(s)		$100.00	$1,200.00	
Volunteer Acknowledgement		$150.00	$1,800.00	
Repairs & Maintence		$50.00	$600.00	
Truck(s) Exp. (Payments, gas, repairs, sunpass+)		$516.67	$6,200.00	
Insurance (All)		$0.00	$2,775.00	Yearly
Charitable Contributions (Missions, disaster, non-profits+)		$233.37	$2,800.00	
Fundraising Expenses		$0.00	$4,500.00	Yearly (all)
LEGAL & Professional Services		$50.00	600	
Feed the Need (Food Only) Assistance		$700.00	$8,400.00	
Leap Life Essentials Assistance Program		$608.33	$7,300.00	
TOTAL Expenses		$5,285.40	$70,699.52	
REVENUE 2022 (Income)		Monthly	Total	
DONATIONS		$0.00	8,779	
FUNDRAISING		$0.00	32,833	
GRANTS		$0.00	$22,620	
TOTAL REVENUE		$0.00	$64,232	

IN KIND DONATIONS 2022	Breakdown	Annual	
Volunteer Hours	3900 Hours @29.95	$116,805.00	
Second Harvest of Central Florida	182,674 lbs of food	$45,668.50	
Harvest Food/Food Donation Connection	58,733.47 lbs of food	$14,683	
Church of Latter Day Saints	800lbs toys, clothes, shoes, household		
Acahand Foundation	1300 lbs of items		
Midstate Cauking	350 lbs of toys		
Carters	950 lbsof clothes		
TOTAL IN-KIND DONATIONS		$177,156.87	

Executive Director/CEO Signature: _____ Date 4/25/23

Print Name: [illegible]

Notary Information:

SANDRA I. BERMUDEZ
Notary Public - State of Florida
Commission # HH 202471
My Comm. Expires Nov 28, 2025

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

DEPARTMENT OF THE TREASURY

Date:
JAN 31 2013

CLARITAS HOUSE OUTREACH MINISTRY
INC
C/O DOREEN EDWARDS-BAKER
2713 EMERSON LN
KISSIMMEE, FL 34743

Employer Identification Number:
26-1431256
DLN:
17053174351002
Contact Person:
ANGELA M BENDER ID# 31162
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 5, 2012
Contribution Deductibility:
Yes
Addendum Applies:
Yes

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)

US 990 Main Information Sheet 2022

For calendar year 2022 or tax year beginning _____ and ending _____

Name: CLARITAS HOUSE OUTREACH MINISTRY
Name line 2:
Address: P O BOX 453257
City, State, and Zip Code: KISSIMMEE FL 34744

EIN: 26-1431256
Telephone No: 407-443-1210

Email address ..... info@clatitashouse.com
Web site address ..... WWW.CLARITASHOUSE.COM
Fiduciary name, if applicable .....
Name of officer signing return ..... DOREEN BARKER
Title of officer/trustee/fiduciary signing return ..... EXECUTIVE DIRECTOR
Group exemption number .....
Check if exemption application is pending ..... ☐
Accounting method ..... Cash: ☒ Accrual: ☐ Other: ☐ Specify: _____
List states desired .....

Type of exempt organization:

☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year (Form 990-EZ)
☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)

Preparer ID:
Preparer name: LESLIE N BACCHUS

Firm's name: NEPHER INC
Address: 181 SUMMIT ASH WAY
City, State, ZIP Code: APOPKA FL 32703-

Time in this return: 255 minutes
Date: 05/02/2023
PTIN: P00331306
Self-employed: ☐
Firm's EIN: 26-3581358
Phone: 407-832-4116

US990MI1

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CLARITAS HOUSE OUTREACH MINISTRY

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P O BOX 453257

City or town | State | ZIP code
KISSIMMEE | FL | 34744

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
26-1431256

E Telephone number
407-443-1210

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify)

I **Website:** WWW.CLARITASHOUSE.COM

J **Tax-exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990).

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 56,491

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	31,062
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	1,375
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 24,054 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	24,054	
	c	Less: direct expenses from gaming and fundraising events	6c	4,354	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	19,700
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	52,137
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	7,380
	13	Professional fees and other payments to independent contractors		13	3,200
	14	Occupancy, rent, utilities, and maintenance		14	24,913
	15	Printing, publications, postage, and shipping		15	329
	16	Other expenses (describe in Schedule O)		16	39,111
	17	**Total expenses.** Add lines 10 through 16		17	74,933
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-22,796
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	26,073
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-15,338
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	-12,061

For Paperwork Reduction Act Notice, see the separate instructions.
BCA

Form **990-EZ** (2022)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	45,714	22	6,710
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	6,500	24	6,500
25	**Total assets**	52,214	25	13,210
26	**Total liabilities** (describe in Schedule O)	26,141	26	25,271
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	26,073	27	-12,061

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐

What is the organization's primary exempt purpose? FOOD&CLOTHING SERVICE- HOMELESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Feed the Need Program groceries,household items,clothin and toiletries.Community events and emergency foods.Low income families. Served 29,014Clients

(Grants $ 28,920) If this amount includes foreign grants, check here . . . . . ☐ **28a** 31,601

29 LEAP PROGRAM FOR HOMELESS AND LOW INCOME FAMILIES SEEKI SECURITY DEPOSITS FOR APTS MOTEL ASSISTANCE DAYCARE UTILITIES,MEDICAL AND GAS 22 SERVED

(Grants $ 7,300) If this amount includes foreign grants, check here . . . . . ☐ **29a** 7,248

30 Computer Lab Program This program is designed for those needing to do resumes, school assignments or any import use of computer. 10 Clients served

(Grants $ 2,500) If this amount includes foreign grants, check here . . . . . ☐ **30a** 2,500

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ☐ **31a**

32 **Total program service expenses.** (add lines 28a through 31a) **32** 41,349

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOREEN BARKER EXECUTIVE DIR/PRESIDENT	Hr/WK 40	4,500		
ALDWIN BARKER VP/DIRECTOR	Hr/WK 25	0		
MICHELE HERPIN TREASURER	Hr/WK 20	2,100		
LAURA DORSEY PUBLIC RELATIONS	Hr/WK 2	0		
LATANYA NEWELL MARKETING	Hr/WK 2	0		
ANGELINE MONTIJO HISPANIC LIAISON	Hr/WK 2	0		
NORRIS MILLS ASST TREASURER	Hr/WK 2	0		
DON HERPIN BUSINESS DEVELOPMENT	Hr/WK 2	0		
DONNA ELLIOTT MISSIONS	Hr/WK 8	0		
	Hr/WK			
	Hr/WK			

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ____ ; section 4912 ____ ; section 4955 ____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ____			
42a	The organization's books are in care of MICHELE HERPIN Telephone no. 813-525-7434			
	Located at 13562 AVISTA City TAMPA ST FL ZIP + 4 33624-			
b	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)? If "Yes," enter the name of the foreign country ____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47	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	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			

f Total number of other employees paid over $100,000 . . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name NONE Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 . . . . . .

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ Yes ☐ No

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
	05/02/2023
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LESLIE N BACCHUS	LESLIE N BACCHUS	05/02/2023		P00331306

Firm's name	NEPHER INC	Firm's EIN	26-3581358
Firm's address	181 SUMMIT ASH WAY APOPKA FL 32703-	Phone no.	407-832-4116

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
CLARITAS HOUSE OUTREACH MINISTRY	26-1431256

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in section **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22788.	143709.	47080.	83019.	38720.	335316.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	22788.	143709.	47080.	83019.	38720.	335316.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						335316.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	22788.	143709.	47080.	83019.	38720.	335316.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						335316.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	100.00%

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Schedule B (Form 990)	Schedule of Contributors	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-PF. Go to *www.irs.gov/Form990* for the latest information.	2022

Name of the organization	Employer identification number
CLARITAS HOUSE OUTREACH MINISTRY	26-1431256

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: CLARITAS HOUSE OUTREACH MINISTRY
Employer identification number: 26-1431256

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACAHAND FOUNDATION 501 SILVERSIDE RD SUITE 123 WILMINGTON DE 19809- Foreign State or Province: Foreign Country:	$ 15,170.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	WALMART 702 S W 8TH STREET BENTONVILLE AR 72716- Foreign State or Province: Foreign Country:	$ 2,750.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	PUBLIX SUPER MARKETS P O BOX 407 LAKELAND FL 33802- Foreign State or Province: Foreign Country:	$ 1,500.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	AIG CORPORATE 70 PINE STREET FLOOR 1 NEW YORK NY 10270- Foreign State or Province: Foreign Country:	$ 700.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	FLORIDA BLUE FOUNDATION 610 CRESCENT EXECUTIVE CT SUIT LAKE MARY FL 32746- Foreign State or Province: Foreign Country:	$ 5,000.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	TOHO WATER 200 S ORLANDO AVE ORLANDO FL 32801- Foreign State or Province: Foreign Country:	$ 5,000.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CLARITAS HOUSE OUTREACH MINISTRY	26-1431256

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KUA 1701 W CARROL ST KISSIMMEE FL 34741- Foreign State or Province: Foreign Country:	$ 4,000.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	CITY OF KISSIMMEE 101 CHURCH STREET SUITE 430 KISSIMMEE FL 34741- Foreign State or Province: Foreign Country:	$ 2,100.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	ADVENT HEALTH 902 INSPIRATION AVE SUITE 9100 ALTAMONTE SPR FL 32714- Foreign State or Province: Foreign Country:	$ 2,500.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FUND FOR HOP (event type)	(b) Event #2 FISH FRY (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	22,377.	639.	1,038.	24,054.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	22,377.	639.	1,038.	24,054.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,354.			4,354.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,354.
	11 Net income summary. Subtract line 10 from line 3, column (d)				19,700.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes 0.0% ☐ No	☐ Yes 0.0% ☐ No	☐ Yes 0.0% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ----------

Address ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ ---------- and the amount of gaming revenue retained by the third party $ ----------

c If "Yes," enter name and address of the third party:

Name ----------

Address ----------

16 Gaming manager information:

Name ----------

Gaming manager compensation $ ----------

Description of services provided ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
CLARITAS HOUSE OUTREACH MINISTRY

Employer identification number
26-1431256

FORM 990-EZ PART 11 LINE 26

ACCOUNTS PAYABLE AMERICAN EXPRESS AND SBA LOAN

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer	EIN or SSN
CLARITAS HOUSE OUTREACH MINISTRY	26-1431256

Name and title of officer or person subject to tax

DOREEN BARKER — EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	52,137
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize NEPHER INC (**ERO firm name**) to enter my PIN 67890 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/02/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 50884212345 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature LESLIE N BACCHUS Date 05/02/2023

ERO Must Retain This Form—See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8879-TE** (2022)

BCA

CLARITAS HOUSE OUTREACH MINISTRY

P O BOX 453257
KISSIMMEE FL 34744

INVOICE DATE: 05/02/2023
ID NUMBER: 26-1431256
TELEPHONE: 407-443-1210
INVOICE NO.: 221

2022 INVOICE

	Description
1	Form 990-EZ
1	Schedule A, Supplementary Information
1	Schedule B, Schedule of Contributors
1	Schedule O, Supplemental Information to Form 990
1	Form 8879EO, IRS e-file Signature Authorization
4	Detail Sheets
2	W-2
1	1099
4	941S
1	MISC

Remarks:

Total Charges	755.00
Discount	100.00
Sales Tax	
Payments	
Amount Due	655.00

INVOICE

US Detail Sheet 2022

Name: CLARITAS HOUSE OUTREACH MINISTRY **ID:** 26-1431256

Description: PART 11 LINE 26

Type	Amount
AMERICAN EXPRESS CARD	906.
SBA LOAN PAYABLE	24,365.
Total	25,271.

USWDET$1

US Detail Sheet 2022

Name: CLARITAS HOUSE OUTREACH MINISTRY **ID:** 26-1431256

Description: PART 1 LINE 16

Type	Amount
ADVERTISING & MARKETING	4,241.
BANK CHARGES & FEES	179.
AUTO EXPENSES	6,166.
CHARITABLE CONTRIBUTIONS	2,800.
LEAP CASH ASSISTANCE PROGRAM	5,871.
LEAP MOTEL ASSISTANCE	1,227.
MEDICAL EXPENSE ASSISTANCE	150.
MEMBERSHIP DUES	677.
OFFICE SUPPLIES EXP	3,337.
CELL PHONE	1,201.
TRAINING CLASSES	132.
INSURANCE EXP	2,772.
OUTREACH PROGRAM EXPENSES	7,399.
STORAGE FEES	108.
PAYPAL FEES	93.
TAXES AND LICENSES	655.
TRAVEL EXPENSE	57.
VOLUNTEERS ACKNOWLEDGEMENT	1,744.
VOLUNTEERS REIMBURSABLE EXPENSES	250.
MISCELLANEOUS EXPENSES	52.
Total	39,111.

US Detail Sheet 2022

Name: CLARITAS HOUSE OUTREACH MINISTRY **ID:** 26-1431256

Description: FUNDRAISING EVENTS

Type	Amount
FUND FOR HOPE	6,277.
FUNDRAISER-SPONSORSHIP	16,100.
FISH FRY	639.
MOVE AGAINST HUNGER	1,038.
Total	24,054.

USWDET$1

US Detail Sheet 2022

Name: CLARITAS HOUSE OUTREACH MINISTRY **ID:** 26-1431256

Description: CHANGE IN NET ASSETS OR FUND BALANCE

Type		Amount
CHANGE IN NET ASSETS		(15,338.)
BEGINNING BALANCE	26,073	
DEFICIT	22,796	
NET BALANCE	3,277	
END OF YEAR NET ASSET	-12,061	
CHANGE IN NET ASSET	-15,338	
Total		(15,338.)

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer
CLARITAS HOUSE OUTREACH MINISTRY

EIN or SSN
26-1431256

Name and title of officer or person subject to tax
DOREEN BARKER — EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a **Form 990** check here	☐	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a **Form 990-EZ** check here	☒	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	52,137
3a **Form 1120-POL** check here	☐	b **Total tax** (Form 1120-POL, line 22)	3b	
4a **Form 990-PF** check here	☐	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a **Form 8868** check here	☐	b **Balance due** (Form 8868, line 3c)	5b	
6a **Form 990-T** check here	☐	b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a **Form 4720** check here	☐	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a **Form 5227** check here	☐	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a **Form 5330** check here	☐	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a **Form 8038-CP** check here	☐	b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize NEPHER INC (**ERO firm name**) to enter my PIN 67890 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Doreen Barker — Date 05/02/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 50884212345 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature LESLIE N BACCHUS — Date 05/02/2023

ERO Must Retain This Form—See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8879-TE** (2022)

BCA

Community Benefit Grants Awarded for 2023/24

Name of Vendor	Event Name	Award Date	Event Date	Award Amount
Good News Orlando Church	Gracias Choir Christmas Cantata	Did not qualify		
Women Encouraging Women	Reach Back Push Forward	10/11/2023	10/13/2023	
Claritas House	Hope Gala	10/11/2023	11/18/2023	
Wedding Wish	Bridal Ball	Applied for Fee Waiver		

Total	$0
Starting Budget	25,000
Balance of Account	**$25,000**

2023/2024 Community Benefit Grant

EVENT	***Award Date***	***Requested Amount***	***AWARDED***	***Ed***	***AL***	***Robin***	***Hannan***	***Roy***	***David***	***Hamza***	***Vanessa***	***TBD***	***Total***
Reach Back Push Forward	10/11/2023	$2,000											0
Hope Gala	10/11/2023	$2,500											0
													0
													0
													0
													0
													0
													0
													0
													0
													0
													0
													0
													0
													0
													0
		$4,500	**$0.00**										

ITEM 5.C
Board Chair and Co-Chair Nominations

Item Details
The board will vote in a new Chair and Co-Chair for the 2023-24 fiscal year.

Attachment(s):
None

ITEM 5.D
Meeting Dates 2023/2024 Fiscal Year

Item Details
Vote on 2023/2024 meeting dates. Please note that the February meeting will fall on Valentine's Day.

Attachment(s):
1. Meeting Schedule 2023-24

CITY OF KISSIMMEE 1883

PARKS & RECREATION ADVISORY BOARD MEETING SCHEDULE 2023/2024

All meetings will be held at the City Hall Commission Chambers unless noted otherwise. Meetings start at 6:00 p.m. Please remember to contact the Parks and Recreation Administration Office at 407-518-2331 if you will not be attending a particular meeting.

- October 11, 2023
- December 13, 2023
- February 14, 2024
- April 10, 2024
- June 12, 2024
- August 14, 2024
- October 9, 2024