MEETING AGENDA
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, JUNE 12, 2024 AT 6:00 PM

1. **MEETING CALLED TO ORDER**
2. **MINUTES**
   - 2.A Approval of Meeting Minutes from April 10, 2024.
3. **HEAR AUDIENCE**
4. **DISCUSSION**
5. **NEW BUSINESS**
   - 5.A Director's Report
   - 5.B Fee Waiver Grants Period I
   - 5.C Community Benefit Grant
6. **HEAR CHAIRMAN AND BOARD MEMBERS**
7. **ADJOURNMENT**

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

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

ITEM 2.A
Approval of Meeting Minutes from April 10, 2024.

Item Details

Attachment(s):
1. PARAB Meeting Minutes 4.10.2024 w.exhibits

MEETING MINUTES
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, APRIL 10, 2024 AT 6:00 PM

1. MEETING CALLED TO ORDER Members Present: Board Chair Albert Dorsey, Board Member Robin Wright, Board Member Edward Kilroy, Board Member M. Hannan Khan, Board Member Seewdat "David" Anderson, Board Member Manuel Gomez
Staff Present: Director Steve Lackey, Assistant City Attorney Curtis McGehee, Financial Analyst Andrea Campbell
Members Absent: Board Member Hamza Godil, Board Member Linda McCoy, Board Member Vanessa Alvarez

Board Chair Edward Kilroy called the meeting to order at 06:04 PM.

2. MINUTES

2.A Approval of Meeting Minutes from February 14, 2024.

Board Member Robin Wright made a motion to accept the February 14, 2024 minutes as presented. Board Member Manuel Gomez seconded the motion.

AYE: Board Member Albert Dorsey, Board Member Robin Wright, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Seewdat "David" Anderson, Board Member Manuel Gomez
NAY: None
Motion to 6 - 0.

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

4. DISCUSSION

4.A Director's Report

Parks and Recreation Director Steve Lackey gave some department updates regarding new Parks and Public Lands Manager, project status and updates and upcoming events.

4.B Potential policy change for Fee Waiver's.

Board discussions on potential policy changes to Fee Waiver Grant policy.

Board Chair Edward Kilroy read the motion as discussed; *Motion to recommend the following changes to City Policy 1403-Event Fee Waiver Grant Program 1) to define events to exclude banquets, galas, and meetings from the definition of event, 2) to remove the requirement that grant funds may not completely offset the cost of city services, 3) to further define expectations for an itemized budget to require detailed anticipated expenses and projected revenues, and 4) to clarify that the city encourages collaboration with regard to these events. Board Member Robin Wright confirmed the motion to move and Board Member Albert Dorsey seconded the motion.*

AYE: Board Member Albert Dorsey, Board Member Robin Wright, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Seewdat "David" Anderson, Board Member Manuel Gomez
NAY: None
Motion to 6 - 0.

4.C Potential policy change for Community Benefit Grant.

Board discussions on potential policy changes for Community Benefit Fund policy.

Board Chair Edward Kilroy read the motion as discussed; *Motion to recommend that City Policy 1605 – Charitable Donation & Sponsorship - Community Benefit Funds be modified to delete section 1605.03(b) and to adjust the maximum funding allowed to $2,500 in the first year, $2,000 in the second year, $1,500 in the third year, and $1,000 in the fourth year to the same entity with no further funding allowed in subsequent years. Board Member Hannan Khan confirmed the motion to move and Board Member David Anderson seconded the motion.*

AYE: Board Member Albert Dorsey, Board Member Robin Wright, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Seewdat "David" Anderson, Board Member Manuel Gomez
NAY: None
Motion to 6 - 0.

5. NEW BUSINESS

5.A Community Benefit Grant

Community Benefit Grant Applications: Each application was reviewed and a suggested amount was announced per board member (Exhibit A) and recorded on a spreadsheet (Exhibit B) to determine the award amount for the board to make an official vote.

- Fostering High Quality Education for All - $2,383.33
- Kingdom Kids & Families Support Program - $2,400
- Coming to America Magazine - $1,775

Board Chair Edward Kilroy made a motion to accept the presented Community Benefit Grant award amount as presented in the spreadsheet (Exhibit B) for the three grants presented for a total of $6,558.33. Board Member David Anderson moved the motion and Board Member Hannan Khan seconded the motion.

AYE: Board Member Albert Dorsey, Board Member Robin Wright, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Seewdat "David" Anderson, Board Member Manuel Gomez
NAY: None
Motion to 6 - 0.

6. HEAR CHAIRMAN AND BOARD MEMBERS None

7. ADJOURNMENT There being no further business to come before the Parks and Recreation Advisory Board, Board Chair Edward Kilroy adjourned the meeting at 07:26 PM.

Board Chairman

ATTEST:

Board Secretary

EXHIBIT A

City of Kissimmee

City Policy 1605

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/8/24 Evaluated by: S. LACKEY

Event Name: Fostering High-Quality Education For All Event Date: May 1, 2024

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

2023 Received $2,333.00 grant allocation

Meets reporting requirements (attached)

$2500.00

Robin Wright

CITY OF KISSIMMEE 1883

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/9/24 Evaluated by: S. LACKEY

Event Name: Kingdom Kids : Families Support Program Event Date: April 30, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization?	✓	
(if resident, move to next section once eligibility is determined)		
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient - 2023 $ 2,450.00
Meets reporting requirements

$2500.00

Robin Wright

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/24 Evaluated by: S. LACKEY

Event Name: Coming to America Magazine - OHS Event Date: April 25, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓ School District	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient 2/9/22 of $2,000 Community Benefit

Budget submitted specific to magazine project.

School District Budget ; 990 not needed.

$1,250.00

Robin Wright

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/8/24 Evaluated by: S. LACKEY

Event Name: Fostering High-Quality Education For All Event Date: May 1, 2024

Applicant Eligibility	Meets Policy Requirements Yes	No
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

2023 Received $2,333.00 grant allocation
Meets reporting requirements (attached)

$2,500.00

Albert Dorsey

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/9/24 Evaluated by: S. LACKEY

Event Name: Kingdom Kids & Families Support Program Event Date: April 30, 2024

Applicant Eligibility	Meets Policy Requirements Yes	No
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient. - 2023 $ 2,450.00 $2,500.00

Meets reporting requirements

Albert Dorsey

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/24 Evaluated by: S. LACKEY

Event Name: Coming to America Magazine - OHS Event Date: April 25, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓ School District	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient 2/9/22 of $2,000 Community Benefit
Budget submitted specific to magazine project.
School District Budget ; 990 not needed.

$1,000.00

[illegible signature]

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/24 Evaluated by: S. LACKEY

Event Name: Coming to America Magazine - OHS Event Date: April 25, 2024

Applicant Eligibility	Meets Policy Requirements Yes	No
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓ School District	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient 2/9/22 of $2,000 Community Benefit

Budget submitted specific to Magazine project

School District Budget ∴ 990 not needed.

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/9/24 Evaluated by: S. LACKEY

Event Name: Kingdom Kids & Families Support Program Event Date: April 30, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient. - 2023 $ 2,450.00

Meets reporting requirements

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/8/24 Evaluated by: S. LACKEY

Event Name: Fostering High-Quality Education For All Event Date: May 1, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

2023 Received $2,333.00 grant allocation

Meets reporting requirements (attached)

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2|8|24 Evaluated by: S. LACKEY

Event Name: Fostering High-Quality Education for All Event Date: May 1, 2024

Applicant Eligibility	Meets Policy Requirements Yes	No
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

2023 Received $2,333.00 grant allocation ✓

Meets reporting requirements (attached)

City of Kissimmee

City Policy 1605

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/9/24 Evaluated by: S. LACKEY

Event Name: Kingdom Kids & Families Support Program Event Date: April 30, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient. - 2023 $ 2,450.00

Meets reporting requirements

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/24 Evaluated by: S. LACKEY

Event Name: Coming to America Magazine - OHS Event Date: April 25, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓ School District	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient 2/9/22 of $2,000 Community Benefit

Budget submitted specific to magazine project.

School District Budget ; 990 not needed.

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/8/24 Evaluated by: S. LACKEY

Event Name: Fostering High-Quality Education for All Event Date: May 1, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

2023 Received $2,333.00 grant allocation

Meets reporting requirements (attached)

$2,300

Manny

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/9/24 Evaluated by: S. LACKEY

Event Name: Kingdom Kids & Families Support Program Event Date: April 30, 2024

Applicant Eligibility	Meets Policy Requirements Yes	No
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient. - 2023 $ 2,450.00

Meets reporting requirements

$2,400

Manny

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/24 Evaluated by: S. LACKEY

Event Name: Coming to America Magazine - OHS Event Date: April 25, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓ School District	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Prior recipient 2/9/22 of $2,000 Community Benefit
Budget submitted specific to magazine project
School District Budget ; 990 not needed.

$2,000
Manny

EXHIBIT B

2023/2024 Community Benefit Grant

EVENT	*Award Date*	*Requested Amount*	*AWARDED*	*Ed*	*AL*	*Robin*	*Hannan*	*Roy*	*David*	*Hamza*	*Vanessa*	*Linda*	*Total*
Reach Back Push Forward	10/11/2023	$2,000	$1,618.75	1500	2000	2000	2000		1800	1650	2000	2000	14950
Hope Gala	10/11/2023	$2,500	$1,887.50	1500	2500	2200	2000		2200	2200	2500	2500	17600
DeQuan Anderson Angel Tree	12/13/2023	$1,000	$1,000.00	1000	1000	1000			1000		1000	1000	6000
				Ed	***Al***	***Robin***	***Hannan***	***Manny***	***David***	***Hamza***	***Vanessa***	***Linda***	0
Orlando Polar Plunge	2/14/2024	$2,500	$2,412.00	2000	2500	2500		2500	2500	2300	2500	2500	19300
Team Kareem Drowning Prevention/Awareness	2/14/2024	$2,500	$2,500.00	2500	2500	2500		2500	2500	2500	2500	2500	20000
Fostering High Quality Education for All	4/10/2024	$2,500	$2,383.33	2000	2500	2500	2500	2300	2500				14300
Kingdom Kids & Families Support Program	4/10/2024	$2,500	$2,400.00	2000	2500	2500	2500	2400	2500				14400
Coming to America Magazine	4/10/2024	$2,000	$1,775.00	2200	1000	1250	2000	2000	2200				10650
													0
													0
													0
													0
													0
													0
													0
													0
		$17,500	**$15,976.58**										

ITEM 5.A
Director's Report

Item Details

Attachment(s):
1. Directors Report 6.12.2024

Directors Report
June 12, 2024

1. Director's Update
    - New Events & Venues Assistant Manager – Maude Garrett
    - Lancaster Ranch Park
2. Projects Completed/In Progress
    - Oak Street Pavilion
    - Fortune Road Bull Pens
    - Kaboom! at Mill Slough (Sept. Date TBA)
    - Fortune Road LED Stadium Lights (Winter)
3. Upcoming Events
    - June 15th – Juneteenth Festival – 12-4pm
    - July 4th – Monumental 4th of July - Thursday – 7-9:30pm
    - September 7th – Fandom Kissimmee - 12-5pm

NEXT PARAB MEETING, August 14, 2024 - Meeting at 6pm at City Hall

ITEM 5.B
Fee Waiver Grants Period I

Item Details
Fee Waiver Grants Period I - Events from October 1, 2024, through January 31, 2025:

- Viva Osceola
- The Takeaway Youth Conference
- Boo! on Broadway
- Orlando Japan Festival
- Soulful Thanksgiving
- CAFA Christmas Gala

Attachment(s):
1. 2024-2025 Fee Grant Spreadsheet - Period I (1)
2. Viva Binder
3. Youth Conference binder
4. Boo on Broadway binder
5. Orlando Japan Binder
6. Soulful Binder
7. CAFA Gala binder

2024/2025 Fee Grant Request
Period I, Events occuring October 1, 2024 - January 31, 2025

EVENT	***Requested Date***	***23/24 Amount***	***Requested Amount***	***Year of award / Sunset year***	***Est. City Expenses***	***AWARDED***	***Scored***	***Ed***	***Al***	***Robin***	***Hannan***	***Linda***	***David***	***Hamza***	***Vanessa***	***Manny***	***Total***
Viva Osceola	10/6/2024	$ 3,895.00	$ 3,000.00	signature	$7,763.00		0										0
					PS: $3,950												
The Takeaway Youth Conf.	10/12/2024	n/a	$ 3,000.00	1	$2,769.00		0										0
Boo! On Broadway	10/25/2024	$ 6,187.00	$ 3,000.00	signature	$13,006.00		0										0
					PS: $9,001												
Orlando Japan Festival	11/10/2024	$ 3,000.00	$ 3,000.00	signature	$8,035.00		0										0
					PS: $3,860												
Soulful Thanksgiving	11/23-24/2024	n/a	$3,000.00	1	$2,891.40		0										0
CAFA Christmas Gala	12/7/2024	n/a	$ 3,000.00	1	$2,242.00		0										0
																	0
																	0
																	0
			$18,000		**$36,706.40**	**$0.00**											

PS: = Public Safety Cost

Total amount awarded for Period 1 October 2024-January 2025 $0.00

FEE WAIVER GRANT RANKING FORM

Organization Name: The Osceola Chamber
Event Name: Viva Osceola

Event Date: October 6, 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: $3,895.00**

Public Safety Expenses: $3,950

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

The Osceola Chamber
Full Legal Name of Organization

John Newstreet
Name of Chief Officer/President

4078470108
Telephone Number

4072302341
Mobile Number

Organization Address *

1425 East Vine Street
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..

Event Contact Information

Paola Parra
Name of Event Contact

Events Director
Title of Event Contact

4072302341
Telephone

pparra@theosceolachamber.com
Email

Event Information

Name of Event *

Viva Osceola

Fee Waiver Grant Program Request

Start Date & Time of Event *

10/06/2024 01:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/06/2024 07:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

3000- 5000

Brief Description of Event *

Hispanic music festival to celebrate Hispanic Heritage Month

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

10/06/2024 05:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/06/2024 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

Fee Waiver Grant Program Request

Will your event require tents? *

- [x] Yes
- [ ] No

Will your event require vehicle access to the park?

- [x] Yes
- [ ] No

Will your event require road closures? *

- [ ] Yes
- [x] No

Will your event require portable restrooms? *

- [x] Yes
- [ ] No

Will your event require utilities? *

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

Will your event hire outside production companies? *

- [x] 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. *

Zammy Promotions
407- 579-8172
Zammy

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
- [x] No

Entertainment

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

- [x] 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.

TBD in negotiations

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? *

Radio
TV
News Paper

Organizational Structure

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

Fee Waiver Grant Program Request

How long has the sponsoring organization been incorporated? *

more than 15 years

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

more than 15 years

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

we request sponsors such Universal, Disney for volunteers, we also request our ambassadors to volunteers for that day.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Viva Osceola over 20 years

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Kissimmee lake front Park

What is the uniqueness of the proposed event? *

No other big event in Osceola to celebrate the Hispanic Culture and Hispanic diversity

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

Celebrate their culture with music and food, a nice family event for free

Fee Waiver Grant Program Request

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Please attach your itemized event budget. *

VIVA_ITEMIZED_EXPENSES.xlsx

Marketing

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

By recognizing Hispanic culture, supporting diversity

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

radio
tv
social media
news paper digital

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

25k

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

Fee Waiver Grant Program Request

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

KUA, OH, TOHO, SKYWATER, CITY OF KISSIMMEE

City of Kissimmee/ Venue
(Main artist) inlcuded hotel, and airfair.
Promoter services
T-shirts
AV/stage
Artist Transportation/RV/suv
60 Tables/tents/120 chairs
Mexican/colombian folkloric dancers
Barricadas
alcohol License
Alcohol Insurance/KPD
DJ-RICARDO
Alcohol Product

UNIVISION
EL NUEVO SOL
RUMBA
SOLO EXITOS
OSCEOLA STAR
POSITEVELY OSCEOLA
LA PRENSA
BANNERS

CITY OF KISSIMMEE 1883

Organization: Osceola Chamber **Event Name:** Viva Osceola **Event Date:** 10/5/2024

Administration Fee	**One time fee**	**Notes/Comments**	**Total**
	$100.00	**One time charge**	**$100.00**
Premises Rented:	**Associated fee**	**Notes/Comments**	**Total Premises rented**
Veterans Lawn	$1,295.00	1 day rental	$1,295.00
Hawk and Osprey	Included	Included	$0.00
Rental Items:	**Associated Fee**	**Notes/Comments**	**Total Rental items**
Portalets	$678	1 ada, 3 regular, 2 handwash stations	$678.00
Barricades	$300.00	30 Barricades	$300.00
Taxes:	**Tax Rate**	**Notes/Comments**	**Total Taxes:**
	7.50%	EXEMPT	$0.00
Staffing and Personnel Requirments:	**Hourly Rate**	**Notes/Comments**	**Total for Staffing/Personnel (Non Taxable Fees)**
Event Monitor	$ 20.00	4 Staff x 8 hoursx $20.00	$640.00
Facility Technician	$ 20.00	2 Techs x 8hr x 20	$320.00
Fire Inspector	$ 30.00	2 staff x 4hrs x 30	$240.00
EMT (Emergency Medica l Technician)	$ 35.00	3 staff x 6hrs x 35	$630.00
KPD	$ 55.00	8 Officers x 7hrs x 55	$3,080.00
Park Staff	$ 20.00	3 staff x 8hr x 20	$480.00
		Notes/Comments	
Total Fee's and Charges:			**$7,763.00**
Damage Deposit		**20% of Facility Rental fee;Refundable; Additional Fee on Total Charges**	$500.00
Fee Waiver Amount (if applicable)		**Must apply via kissimmee.gov; only available to non profit organizations**	$0.00
Reservation Deposit		**Required at time of booking; Applied to total due; Non refundable Fee)**	$500.00
Remaining Balance Due		**Due 30 days in advance of event date**	**$7,763.00**

***Event Quote is subject to change based off of clients event needsand requests**

FEE WAIVER GRANT RANKING FORM

Organization Name: Talents for Christ
Event Name: The Takeaway Youth Conference

Event Date: October 12, 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 *

Talents For Christ
Full Legal Name of Organization

Natalia Acosta
Name of Chief Officer/President

407-749-3557
Telephone Number

407-749-3557
Mobile Number

Organization Address *

2600 Michigan Ave Suite 450224
Street Address

Kissimmee
City

Fl
State/Region/Province

34745
Postal / Zip Code

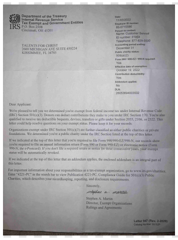
United States
Country

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 *



IMG_0254__1_.jpg

Fee Waiver Grant Program Request

Event Contact Information

Ruthie Vega
Name of Event Contact

Event Coordinator Assistant
Title of Event Contact

407-460-7354
Telephone

ruthv528@gmail.com
Email

Event Information

Name of Event *

The Takeaway Youth Conference

Start Date & Time of Event *

10/12/2024 03:00 PM
MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/12/2024 10:00 PM
MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

200

Brief Description of Event *

We believe in the power of real-life connections in a world dominated by screens. We want to be a part of the solution for today's youth through a transformative journey of peace and positiveness by providing a night of motivational speaking, bring out a youthful and joyful energy, surprising entertainment and networking, but most importantly create a memory that will last a lifetime.

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 *

10/12/2024 02:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/12/2024 10:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

○ Yes ◉ No

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

○ Yes ◉ No

Will your event require tents? *

○ Yes ◉ No

Will your event require vehicle access to the park?

○ Yes ◉ No

Will your event require road closures? *

○ Yes ◉ No

Will your event require portable restrooms? *

○ Yes ◉ No

Will your event require utilities? *

☑ No ☐ Power ☐ Water

Will your event hire outside production companies? *

○ Yes ◉ No

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

Will your event require the use of additional space? *

☐ Green/Dressing Room ☐ Locker-Room(s) ☐ Reception Area

☐ Autograph Area ☐ Food Prep Area ☐ Dance Floor

☐ Private Meeting Space ☐ Rehearsal Space ☑ None

Fee Waiver Grant Program Request

Fishing Tournament

Is the event a fishing tournament?

- ( ) Yes
- (x) No

Entertainment

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

- ( ) Yes
- (x) No

Will your event require a DJ?

- (x) Yes
- ( ) No

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

- ( ) Yes
- (x) No

Will your event have performers?

- ( ) Yes
- (x) No

Audio / Visual

Is this an indoor event?

- (x) Yes
- ( ) No

Will your event require the rental of audio equipment?

- ( ) Yes
- (x) No

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

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

Promotions

Will your event require banners to be hung? *

- ( ) Yes
- (x) No

Fee Waiver Grant Program Request

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

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? *

We reach out to family members, friends and different churches to volunteer.

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Trauma to Purpose Women's Conference. Help Stop Human Trafficking workshops.

Has this specific event been previously produced? *

(•) Yes ( ) No

Fee Waiver Grant Program Request

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

Trauma to Purpose: Calvary Assembly of God 711 N Thacker Ave Kissimmee Fl. 34741
Help Stop Human Trafficking Workshop: Freedom Life Church 1700 Irlo Bronson Memorial Highway 34744.

What is the uniqueness of the proposed event? *

The Takeaway Youth Conference is based on trying to take back our youth from what the world is trying to shape them to be. There is purposeful planning going into this event. We want to create a fun, unique experience for the youth in our community so that they can also take something with them.

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

We are a Faith-Based Organization. We believe that community events are perfect for promoting positive change, bring the community closer together and there's opportunity for improvement in every community.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

- ○ Yes
- ◉ No

Please attach your itemized event budget. *

Family_Conference-_Event_Quote_2024.pdf

Marketing

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

Events tend to have a large impact on the location where they are held. Whether a big or small event, a one-off or a repeating series of events, or a brand new event with a new purpose, events have a unique power and leave their mark. When utilized properly, events make cities better for a handful of reasons.

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

Flyers, Social Media, Eventbrite: May-October 2024

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

100.00 Printing Flyers

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

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

TALENTS FOR CHRIST
2600 MICHIGAN AVE SUITE 450224
KISSIMMEE, FL 34745

Date:
11/03/2022
Employer ID number:
85-0715586
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 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:
October 19, 2022
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053694003502

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.

Sincerely,

Stephen a. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

CITY OF KISSIMMEE 1883

Organization: Talents for Christ **Event Name:** The Takeaway Youth Conference **Event Date:** 10/12/2024

Administration Fee	**One time fee**		**Notes/Comments**	**Total**
	$100.00		**One time charge**	**$100.00**
Premises Rented:	**Associated fee**		**Notes/Comments**	**Total Premises rented**
Arena	$2,130.00		1 day rental	$1,295.00
Willow Room	$39.00 Hourly		4 hours	$156.00
Rental Items:	**Associated Fee**		**Notes/Comments**	**Total Rental items**
Round Table and Linnens	$15		25 Tables and linens	$375.00
Square Tables and linen	$15.00		13 tables and linens	$195.00
AV package	$488.00		3 mics, house speakers, wifi, podium, Facility Tech	$488.00
Taxes:	**Tax Rate**		**Notes/Comments**	**Total Taxes:**
	7.50%		EXEMPT	$0.00
Staffing and Personnel Requirments:	**Hourly Rate**		**Notes/Comments**	**Total for Staffing/Personnel (Non Taxable Fees)**
Event Monitor	$ 20.00		1 Staff x 8 hoursx $20.00	$160.00
Facility Technician	$ 20.00		Included	$0.00
			Notes/Comments	
Total Fee's and Charges:				**$2,769.00**
Damage Deposit			**20% of Facility Rental fee;Refundable; Additional Fee on Total Charges**	$500.00
Fee Waiver Amount (if applicable)			**Must apply via kissimmee.gov; only available to non profit organizations**	$0.00
Reservation Deposit			**Required at time of booking; Applied to total due; Non refundable Fee)**	$500.00
Remaining Balance Due			**Due 30 days in advance of event date**	**$2,769.00**

***Event Quote is subject to change based off of clients event needsand requests**

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street Program, Inc
Event Name: Boo on Broadway

Event Date: October 25, 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: $6,187.00**

Public Safety Expenses: $9,001

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Kissimmee Main Street Program, Inc.
Full Legal Name of Organization

Lance
Name of Chief Officer/President

Lance Spencer
Telephone Number

321-682-9477
Mobile Number

Organization Address *

421 BROADWAY
Street Address

KISSIMMEE
City

Florida
State/Region/Province

34741-5719
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__statefed.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 *

BOO! on Broadway

Start Date & Time of Event *

10/25/2024 06:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/25/2024 09:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

8000-10000

Brief Description of Event *

Kissimmee Main Street's BOO! on Broadway's signature Fall event, BOO! on Broadway is a free family-friendly event with something for everyone. This event features trick or treating to over 100 vendors, live music and games. Held on a Friday evening , the event

Grant Request Amount *

3000.0 USD

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

Event Setup & Strike

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

Event Setup Date & Time *

10/25/2024 04:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/25/2024 09:00 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

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

To ensure the safety of the community, Kissimmee Main Street request the closure of Broadway in it's entirety from Neptune to Ruby.

Will your event require portable restrooms? *

- ◉ Yes
- ○ No

Will your event require utilities? *

- ☑ No
- ☐ Power
- ☐ Water

Will your event hire outside production companies? *

- ◉ Yes
- ○ No

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

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

TBD

Will your event require the use of additional space? *

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

Fishing Tournament

Fee Waiver Grant Program Request

Is the event a fishing tournament?

(•) Yes ( ) No

Will your event require the boat ramp?

( ) Yes (•) No

How many boats are expected to participate?

Will your event require space for a tournament draw?

( ) Yes (•) No

Will your event require space for a weigh-in?

( ) Yes (•) No

Entertainment

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

( ) Yes (•) No

Will your event require a DJ?

(•) Yes ( ) No

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

(•) Yes ( ) No

Will your event have performers?

(•) Yes ( ) No

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

Kissimmee Main Street intends to contract an international artist.

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? *

Kissimmee Main Street intends to invite social media influencers, local print, radio, and television 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? *

Kissimmee Main Street was incorporated on August 19, 1997.

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

Kissimmee Main Street has been in operation for 27 years.

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

Board of Directors
Executive Director, Diana Marrero-Pinto
Staff; Small Business Liaison, Marketing Coordinator, Event Coordinator, and Volunteer Coordinator
Volunteers

Organization & Experience (50 Points)

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

(•) Yes ( ) No

Fee Waiver Grant Program Request

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

Kissimmee Main Street produces several long standing events in the City of Kissimmee, some in conjunction with the City of Kissimmee. Our annual events include; The Kissimmee 5K, a race beginning at Kissimmee Lakefront Park and running through the Historic District and Hop on Downtown, a Spring event that includes musical performances, egg hunts, and pictures with the Easter Bunny.

Has this specific event been previously produced? *

(•) Yes ( ) No

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

BOO! on Broadway has been held every last Friday of the month for the past ten years. Held in evening hours this event is scheduled after office work hours.

What is the uniqueness of the proposed event? *

In addition to being the largest Fall event in Osceola County, BOO! on Broadway engages the business with the community and results year after year in records sales for the restaraunts.

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

The mission of Kissimmee Main Street is to preserve and promote Historic Downtown Kissimmee to the enjoyment and enrichment of current and future generations. There is no better way to promote our city and preserve our history than in the stories and memories families will share from generation to generation of a positive experience attending an event in downtown Kissimmee.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Following every event, Kissimmee Main Street surveys the businesses of Historic Downtown Kissimmee, respondent's year after year, describe record annual sales as a result of BOO! on Broadway.

Please attach your itemized event budget. *

Book.pdf

Marketing

Fee Waiver Grant Program Request

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

BOO! on Broadway is a City of Kissimmee Signature Event, through this collaboration, both entities create a high caliber event that highlights our city.

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

Kissimmee Main Street intends to use print, radio, and social media advertising.

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

Kissimmee Main Street has requested $5,000 from Experience Kissimmee to be used for 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: *

Kissimmee Main Street collaborates with the Early Childhood Learning Coalition to include, "Bitty BOO!" within our event. This event addition caters to the birth to five demographic and their parents.

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 currently has 30 vendors registered for the event, this not include downtown establishments.

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
IRS 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.

Budget

Item	Projected
Entertainment	$10000
Road Closure	$8000
DJ	$700
Marketing Boost	$100
Posters	$500
Lighting	$2500
Backdrops	1500
Snacks/Water	300
Signs	$300
T-shirts	$500
Stage	$5000
Misc	$300

CITY OF KISSIMMEE 1883

Organization: Kissimmee Main Street | **Event Name: Boo! on Broadway** | **Event Date: October 25, 2024**

Administration Fee	**One time fee**			**Notes/Comments**	**Total**
	$100.00			**One time charge**	**$100.00**
Premises Rented:	**Associated fee**			**Notes/Comments**	**Total Premises rented**
	$0.00				$0.00
					$0.00
Rental Items:	**Associated Fee**			**Notes/Comments**	**Total Rental items**
Traffic Barricades (type II)	**$1.00**	40			$40.00
Traffic Barricades (type III)	**$2.00**	15			$30.00
Crowd Control Barricades	**$25.00**	30			$750.00
Portalets	**$415.00**	3		3 locations (2reg, 1ada, 1sink)	$1,245.00
Light Tower	**$150.00**	4			$600.00
Stage Panels	**$50.00**	12		16' x 24'	$600.00
	$0.00	0			$0.00
Non Taxed Rental Items:	**Associated Fee**			**Notes/Comments**	**Total Taxes:**
	$0.00	0			$0.00
	$0.00	0			$0.00
Taxes:	**Tax Rate**			**Notes/Comments**	**Total Taxes:**
	0.00%			Tax Exempt	$0.00
Staffing and Personnel Requirments:	**Hourly Rate**	**Count**		**Notes/Comments**	**Total for Staffing/Personnel (Non Taxable Fees)**
Event Monitor	$20.00	**16**			$320.00
Facility Technician	$20.00	**16**			$320.00
Fire Inspector	$30.00	**4**			$120.00
EMT (Emergency Medica l Technician)	$35.00	**18**			$630.00
Security	$30.00	**30**			$900.00
KPD	$55.00	**119**		17 officers x 7hrs	$6,545.00
Public Works	$31.00	**26**		Traffic & Streets	$806.00
				Notes/Comments	
Total Fee's and Charges:					**$13,006.00**
Damage Deposit				**20% of Facility Rental fee;Refundable; Additional Fee on Total Charges**	$0.00
Fee Waiver Amount (if applicable)				**Must apply via kissimmee.gov; only available to non profit organizations**	$0.00
Remaining Balance Due				**Due 30 days in advance of event date**	**$13,006.00**
Reservation Deposit				**Required at time of booking; Applied to total due; Non refundable Fee)**	$0.00

***Event Quote is subject to change based off of clients event needsand requests**

FEE WAIVER GRANT RANKING FORM

Organization Name: Japan Association of Orlando
Event Name: Orlando Japan Festival 2024

Event Date: November 10, 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: $3,000.00**

Public Safety Expenses: $3,860

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Japan Association of Orlando, Inc.
Full Legal Name of Organization

Takemasa Ishikura
Name of Chief Officer/President

407-435-9387
Telephone Number

407-435-9387
Mobile Number

Organization Address *

PO Box 692518
Street Address

Orlando
City

FL
State/Region/Province

32837
Postal / Zip Code

United States
Country

Eligibility/Type *

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

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

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

JAO_IRS_Approval_Letter.PDF

Event Contact Information

Tony Takehara
Name of Event Contact

Vice President
Title of Event Contact

321-402-7000
Telephone

tonytakehara@gmail.com
Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

Orlando Japan Festival 2024

Start Date & Time of Event *

11/10/2024 11:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

11/10/2024 05:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

8000

Brief Description of Event *

Stalls selling Japanese food and accessories and Japanese-style shows on stage.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Event Setup Date & Time *

11/10/2024 06:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

11/10/2024 06:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

(●) Yes ( ) No

Fee Waiver Grant Program Request

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

(•) Yes ( ) No

Will your event require tents?*

(•) Yes ( ) No

Will your event require vehicle access to the park?

(•) Yes ( ) No

Will your event require road closures? *

( ) Yes (•) No

Will your event require portable restrooms?*

(•) Yes ( ) No

Will your event require utilities?*

[ ] No [x] Power [x] Water

Will your event hire outside production companies? *

( ) Yes (•) No

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

Will your event require the use of additional space? *

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

Fishing Tournament

Is the event a fishing tournament?

( ) Yes (•) No

Entertainment

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
- [x] No

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

- [ ] Yes
- [x] No

Will your event have performers?

- [x] Yes
- [ ] No

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

All are local.

Audio / Visual

Is this an indoor event?

- [ ] Yes
- [x] No

Promotions

Will your event require banners to be hung? *

- [x] Yes
- [ ] No

At what level will your event be promoted? *

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

Will the media be invited? *

- [ ] Yes
- [x] 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.

Fee Waiver Grant Program Request

How long has the sponsoring organization been incorporated? *

14 years.

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

24 years.

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

Our own website only

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Orlando Japan Festival

Has this specific event been previously produced? *

(•) Yes ( ) No

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

Many time at the same venue.

What is the uniqueness of the proposed event? *

Japanese cultural event

Fee Waiver Grant Program Request

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

JAO and its members are committed to conducting an annual Orlando Japan Festival to revitalize Japanese art, music, culture and education through a Japan Festival in the Orlando community. Proceeds from the festival will not only benefit the local Japanese School, but will also support local organizations and individuals in their efforts to promote excellence in Japanese visual and performing arts, culture and education.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(●) Yes ( ) No

Is so, please describe the impact:

Kissimmee will be recognized as a cultural destination, and more people will visit Kissimmee.

Please attach your itemized event budget. *

Budget_for_2024.xlsx

Marketing

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

Kissimmee will be recognized as a cultural destination.

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

JAO website, facebook, X

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

$500

Collaboration

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

(●) Yes ( ) No

Fee Waiver Grant Program Request

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

Orlando Hoshuko

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: *

Mitsubishi, Mitsukoshi

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

DEPARTMENT OF THE TREASURY

Date: JAN 26 2011

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

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

Dear Applicant:

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

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

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

JAPAN ASSOCIATION OF ORLANDO INC

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

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

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

CITY OF KISSIMMEE 1883

Organization: Orlando japan Association **Event Name:** Orlando Japan Festival **Event Date:** 11/10/2024

Administration Fee	One time fee		Notes/Comments	Total
	$100.00		**One time charge**	**$100.00**
Premises Rented:	**Associated fee**		**Notes/Comments**	**Total Premises rented**
Veterans Lawn	$1,295.00		1 day rental	$1,295.00
Osprey and Hawk	Included		Included	$0.00
				$0.00
				$0.00
Rental Items:	**Associated Fee**		**Notes/Comments**	**Total Rental items**
Portalets	$870		2 ada, 4 regular, 2 handwash stations	$870.00
Barricades	$250.00		25 Barricades	$250.00
				$0.00
Taxes:	**Tax Rate**		**Notes/Comments**	**Total Taxes:**
	7.50%		EXEMPT	$0.00
Staffing and Personnel Requirments:	**Hourly Rate**		**Notes/Comments**	**Total for Staffing/Personnel (Non Taxable Fees)**
Event Monitor	$ 20.00		6 Staff x 8 hoursx $20.00	$960.00
Facility Technician	$ 20.00		2 Techs x 8hr x 20	$320.00
Fire Inspector	$ 30.00		2 staff x 4hrs x 30	$240.00
EMT (Emergency Medica l Technician)	$ 35.00		3 staff x 6hrs x 30	$540.00
KPD	$ 55.00		8 Officers x 7hrs x 55	$3,080.00
Park Staff	$ 20.00		3 staff x 8hr x 20	$480.00
			Notes/Comments	
Total Fee's and Charges:				**$8,035.00**
Damage Deposit			**20% of Facility Rental fee;Refundable; Additional Fee on Total Charges**	$500.00
Fee Waiver Amount (if applicable)			**Must apply via kissimmee.gov; only available to non profit organizations**	$0.00
Reservation Deposit			**Required at time of booking; Applied to total due; Non refundable Fee)**	$500.00
Remaining Balance Due			**Due 30 days in advance of event date**	**$8,035.00**

***Event Quote is subject to change based off of clients event needsand requests**

FEE WAIVER GRANT RANKING FORM

Organization Name: Off the Grid Christian Ministries
Event Name: Soulful Thanksgiving

Event Date: November 23-24, 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	

PARAB Score (Points)	**Percentage of Maximum of Award** **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 *

OFF THE GRID CHRISTIAN MINISTRIES

Full Legal Name of Organization

MARY KEARNEY

Name of Chief Officer/President

321-634-4107	321-634-4107
Telephone Number	Mobile Number

Organization Address *

10450 TURKEY LAKE RD, UNIT 691574

Street Address

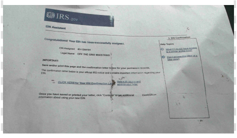
ORLANDO	Florida
City	State/Region/Province
32869	United States
Postal / Zip Code	Country

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 *



EIN_OFF_THE_GRID_CHRISTIAN_MINISTRIES.jpg

Fee Waiver Grant Program Request

Event Contact Information

MARY KEARNEY

Name of Event Contact

PRESIDENT/PASTOR

Title of Event Contact

3216344107

Telephone

offthegridchristianministries@gmail.com

Email

Event Information

Name of Event *

Soulful Thanksgiving

Start Date & Time of Event *

11/23/2024 08:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

11/24/2024 07:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

50

Brief Description of Event *

A community Thanksgiving dinner gathering for anyone that needs a meal and a place to be a part of a community.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Fee Waiver Grant Program Request

Event Setup Date & Time *

11/23/2024 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

11/24/2024 08:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

(•) Yes ( ) No

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

( ) Yes (•) No

Will your event require tents? *

(•) Yes ( ) No

Will your event require vehicle access to the park?

( ) Yes (•) No

Will your event require road closures? *

( ) Yes (•) No

Will your event require portable restrooms? *

( ) Yes (•) No

Will your event require utilities? *

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

Will your event hire outside production companies? *

( ) Yes (•) No

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

Will your event require the use of additional space? *

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

Fee Waiver Grant Program Request

Fishing Tournament

Is the event a fishing tournament?

- ( ) Yes
- (•) No

Entertainment

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

- ( ) Yes
- (•) No

Will your event require a DJ?

- (•) Yes
- ( ) No

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

- ( ) Yes
- (•) No

Will your event have performers?

- (•) Yes
- ( ) No

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
- [ ] Extension Cords/Power Strips
- [ ] 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 [x] Regional [x] National

Will the media be invited? *

(•) Yes ( ) No

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

Podcasters, News, Radio, and social media influencers.

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

Four years

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

five years

Fee Waiver Grant Program Request

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

Off the Grid Christian Ministries - Organizational Chart
(Local Organizing Committee)
Event Coordinator
Oversees the entire event planning and execution process.
Acts as the primary liaison between the sponsoring organization and volunteers.
Volunteer Coordinator
Recruits, trains, and manages volunteers for the event.
Coordinates volunteer schedules and responsibilities.
Finance Coordinator
Manages the budget for the event.
Handles finances, including expenses and revenue.
Marketing Coordinator
Develops and implements marketing strategies to promote the event.
Manages social media, advertising, and outreach efforts.
Logistics Coordinator
Coordinates logistics for the event, including venue, equipment, and supplies.
Manages setup and teardown.
Program Coordinator
Plans and schedules the event program.
Coordinates speakers, workshops, and activities.
Hospitality Coordinator
Organizes hospitality services for attendees and volunteers.
Manages catering, accommodations, and transportation.
Recruitment Process for Volunteers:
Online Volunteer Portal: The sponsoring organization maintains an online volunteer portal where individuals can sign up to volunteer for the event. The portal provides information about available volunteer positions, responsibilities, and time commitments.
Social Media and Website: The organization uses its social media channels and website to promote volunteer opportunities. This includes posting updates about the event and sharing testimonials from previous volunteers.
Email Campaigns: The organization sends out targeted email campaigns to its supporters and community members, inviting them to volunteer for the event. These emails highlight the impact volunteers can make and provide easy instructions for signing up.
Community Outreach: The organization reaches out to local churches, community groups, and schools to recruit volunteers. This includes attending community events, hosting information sessions, and distributing flyers and posters.
Referral Program: The organization implements a referral program where existing volunteers are encouraged to refer their friends, family members, and colleagues to volunteer for the event. Referrers may receive incentives such as event merchandise or recognition.

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? *

"Soulful Thanksgiving" is not just another community dinner; it's a unique event aimed at fostering a sense of togetherness, gratitude, and cultural exchange within the community. Here's what makes it special:
Cultural Fusion: "Soulful Thanksgiving" brings together people from diverse cultural backgrounds to celebrate Thanksgiving in a way that honors various cultural traditions. It's not just about the traditional American Thanksgiving, but also about incorporating the rich tapestry of cultures that make up the community.
Soulful Experience: The event goes beyond just the food. It's a soulful experience that includes live music, storytelling, poetry, and other forms of artistic expression that resonate with the theme of gratitude and togetherness.
Community Engagement: It's not just a dinner; it's a community-building initiative. The event encourages people to come together, connect, and build meaningful relationships with others in the community.
Inclusivity: "Soulful Thanksgiving" is inclusive and welcomes everyone, regardless of their background, to come together and celebrate. It's a space where everyone feels valued and appreciated.
Giving Back: In the spirit of Thanksgiving, the event also includes initiatives to give back to the community, such as food drives, donations to local charities, or other acts of kindness.
Overall, "Soulful Thanksgiving" is a unique event that celebrates diversity, fosters community, and promotes gratitude and togetherness in a way that is both meaningful and enriching for everyone involved.

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

The proposed event "Soulful Thanksgiving" perfectly aligns with the organization's mission and significantly impacts the residents in the following ways:
Community Cohesion: By bringing together people from diverse cultural backgrounds, "Soulful Thanksgiving" promotes unity and understanding within the community. It strengthens social bonds and fosters a sense of belonging among residents.
Cultural Celebration: The event celebrates cultural diversity by incorporating various traditions, foods, and artistic expressions. It honors the cultural heritage of community members and promotes cross-cultural appreciation and understanding.
Promotion of Gratitude and Togetherness: "Soulful Thanksgiving" encourages residents to come together and express gratitude for the community's diversity and togetherness. It provides a space for people to connect, share stories, and build meaningful relationships.
Inclusivity and Accessibility: The event is inclusive and accessible to all community members, regardless of their background or socio-economic status. It ensures that everyone feels welcome and valued, contributing to a more inclusive community.
Community Engagement and Empowerment: "Soulful Thanksgiving" encourages residents to actively participate in community-building initiatives, such as food drives and donations to local charities. This engagement empowers residents to take an active role in improving their community and making a positive impact.
Overall, "Soulful Thanksgiving" not only supports the organization's mission of building a strong, inclusive community but also has a profound and positive impact on the residents by promoting unity, celebrating diversity, and fostering a sense of gratitude and togetherness.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(●) Yes ( ) No

Fee Waiver Grant Program Request

Is so, please describe the impact:

Yes, the proposed event "Soulful Thanksgiving" has the potential to positively impact local businesses in several ways:
Increased Foot Traffic: Hosting "Soulful Thanksgiving" can attract a large number of attendees to the local area. This increased foot traffic can benefit nearby businesses such as restaurants, cafes, and shops.
Catering Opportunities: Local restaurants and catering services can benefit from providing food and beverages for the event. This can lead to increased sales and exposure for these businesses.
Partnership Opportunities: The event provides an opportunity for local businesses to partner with the organizers, either through sponsorships, donations, or in-kind contributions. This not only promotes their brand but also demonstrates their commitment to the community.
Promotion and Marketing: Participating businesses can benefit from the event's promotion and marketing efforts. Their involvement can be highlighted through event materials, social media, and other promotional channels, increasing their visibility and attracting new customers.
Community Engagement: "Soulful Thanksgiving" fosters a sense of community spirit and encourages residents to support local businesses. Attendees may choose to explore the local area before or after the event, further benefiting local businesses.
Overall, "Soulful Thanksgiving" has the potential to create a ripple effect, positively impacting local businesses by increasing sales, promoting their brand, and fostering community support.

Please attach your itemized event budget. *

Soulful_Thanksgiving_Community_Dinner_Budget_.docx

Marketing

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

The proposed event "Soulful Thanksgiving" offers several benefits to the image and reputation of the city:
Cultural Diversity and Inclusivity: By celebrating various cultural traditions and bringing together people from diverse backgrounds, "Soulful Thanksgiving" showcases the city as a welcoming and inclusive place. It highlights the city's commitment to embracing diversity and fostering a sense of belonging for all residents.
Community Engagement and Unity: The event promotes community engagement and unity by providing a platform for residents to come together, connect, and celebrate. This portrays the city as a place where people care about each other and actively participate in building a strong community spirit.
Positive Publicity: "Soulful Thanksgiving" generates positive publicity for the city, both locally and potentially even regionally or nationally, depending on the scale and impact of the event. Media coverage, social media posts, and word-of-mouth promotion can all contribute to enhancing the city's image as a vibrant and culturally rich place.
Support for Local Businesses and Organizations: By involving local businesses and organizations as sponsors, vendors, or partners, the event demonstrates the city's support for its local economy and community. This reinforces the image of the city as a supportive environment for businesses to thrive and for residents to engage with local establishments.
Promotion of Values and Ideals: "Soulful Thanksgiving" promotes values such as gratitude, togetherness, and giving back to the community. By aligning with these positive ideals, the event contributes to shaping the city's reputation as a place with strong community values and a commitment to social responsibility.
Overall, "Soulful Thanksgiving" serves as a powerful tool for enhancing the image and reputation of the city by showcasing its cultural diversity, promoting community engagement, generating positive publicity, supporting local businesses, and embodying positive values and ideals.

Fee Waiver Grant Program Request

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

The "Soulful Thanksgiving" event:
Advertisement Methods:
Social Media:
Create event pages on Facebook, Instagram, and Twitter.
Regularly post updates, sneak peeks, and behind-the-scenes content.
We will encourage attendees to share posts and invite their friends.
Utilize event hashtags (#SoulfulThanksgiving, #CommunityCelebration, etc.).
Email Marketing:
Send out regular email newsletters to subscribers.
Include event details, ticket information, and special announcements.
Segment email lists to target specific audiences (e.g., past attendees, local residents, community organizations).
Printed Materials:
Design and print flyers, posters, and postcards.
Distribute flyers at local businesses, community centers, libraries, and other public spaces.
Post posters in high-traffic areas such as bus stops, cafes, and grocery stores.
Local Media Coverage:
Write press releases and distribute them to local newspapers, magazines, and radio stations.
Reach out to local journalists and influencers to cover the event.
Offer interviews with organizers, sponsors, or performers.
Community Calendars and Websites:
Submit event details to local community calendars, websites, and online event listings.
Partner with community organizations to promote the event on their websites and newsletters.
Word-of-Mouth:
Encourage attendees, sponsors, and partners to spread the word to their networks.
Provide shareable content such as social media graphics and pre-written messages.
Timeline:
3 Months Before the Event:
Launch social media event pages.
Start email marketing campaign.
Design and print flyers, posters, and postcards.
Reach out to local media outlets with press releases.
Submit event to community calendars and websites.
2 Months Before the Event:
Continue social media promotion with regular updates and posts.
Distribute flyers and posters in the community.
Follow up with local media outlets to secure coverage.
Reach out to community organizations for partnership opportunities.
1 Month Before the Event:
Intensify social media promotion with countdown posts and sneak peeks.
Send out targeted email reminders to subscribers.
Confirm media coverage and interviews.
Finalize partnerships with community organizations.
2 Weeks Before the Event:
Ramp up social media promotion with daily updates and engagement.
Follow up with sponsors and partners for final commitments.
Distribute press releases to local media for event reminders.
1 Week Before the Event:
Last-minute social media push with event highlights and teasers.
Send out final email reminders with event details and logistics.
Coordinate with sponsors and vendors for setup and logistics.
Day of the Event:
Post live updates and behind-the-scenes content on social media.
Welcome attendees and ensure smooth event execution.
Encourage attendees to share their experience on social media using event hashtags.
After the Event:
Post-event social media thank you posts and highlights.
Send out thank you emails to attendees, sponsors, and partners.
Collect feedback and testimonials for future events.
By following this comprehensive promotion and advertising plan, the "Soulful Thanksgiving" event will receive maximum exposure and attendance, ensuring its success and impact within the community.

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

Based on the proposed budget, we will commit $350 towards advertising. Here's the breakdown of advertising expenses:
Marketing and Promotion:
* Printing Flyers and Posters: $150
* Social Media Ads: $200
* Total Advertising Expenses: $350
Therefore, we will commit $350 towards advertising for the "Soulful Thanksgiving" event.

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

Income:

1. Sponsorship Contributions:
- Local businesses: $2,000
- Community organizations: $1,500
- Total Sponsorship Contributions: $3,500
2. Ticket Sales:
- Adult Tickets (200 tickets at $15 each): $3,000
- Child Tickets (50 tickets at $7 each): $350
- Total Ticket Sales: $3,350
3. Donations:
- Individual Donations: $500
- County Donations $3,000
- Total Donations: $500
4. Total Income: $10,350

Expenses:

1. Venue Rental: $4,000
2. Food and Beverage:
- Catering: $2,500
- Beverages (non-alcoholic): $500
- Total Food and Beverage: $3,000
3. Entertainment:
- Live Music: $800
- Storytelling and Poetry Performances: $300
- Total Entertainment: $1,100
4. Decorations and Supplies:
- Decorations: $300
- Disposable Dinnerware: $200
- Total Decorations and Supplies: $500
5. Marketing and Promotion:
- Printing Flyers and Posters: $150
- Social Media Ads: $200
- Total Marketing and Promotion: $350
6. Miscellaneous:
- Event Insurance: $150
- Event Staff (if applicable): $500
- Total Miscellaneous: $650
7. Total Expenses: $9,600

Net Income (Income - Expenses):

- $10,350 - $9,600 = $750

IRS.gov

EIN Assistant

5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: 83-1269181

Legal Name: OFF THE GRID MINISTRIES

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

CLICK HERE for Your EIN Confirmation Letter

Help with saving and printing your letter

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Continue >>

Help Topics

- What if I do not have access to a printer at this time?
- Can I access this letter at a later date?

CITY OF KISSIMMEE 1883

Organization: Off The Grid Christian Ministries **Event Name:** Soulful Thanksgiving **Event Date:** 11/23/2024

Administration Fee	**One time fee**		**Notes/Comments**	**Total**
	$100.00		**One time charge**	**$100.00**
Premises Rented:	**Associated fee**		**Notes/Comments**	**Total Premises rented**
Oak, Sabal, Magnolia Ballrooms 11/24	**$105.00/hr**	6	6 Hours x $105.00	$630.00
Oak, Sabal, Magnolia Ballrooms 11/25	**$105.00/hr**	13	13 Hours x $105.00 - 20% off (multiday discount)	$1,092.00
Rental Items:	**Associated Fee**		**Notes/Comments**	**Total Rental items**
Podium	**$50.00**	1	1 Podium x $50.00	$50.00
Microphone	**$25.00**	1	1 Microphone x $25.00	$25.00
Ballroom Projector & Screen	**$250.00**	1	Ballroom Projector & Screen Package	$250.00
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
Non Taxed Rental Items:	**Associated Fee**		**Notes/Comments**	**Total Taxes:**
	$0.00	0		$0.00
	$0.00	0		$0.00
Taxes:	**Tax Rate**		**Notes/Comments**	**Total Taxes:**
	7.50%			EXEMPT
Staffing and Personnel Requirments:	**Hourly Rate**	**Count**	**Notes/Comments**	**Total for Staffing/Personnel (Non Taxable Fees)**
Event Monitor	$20.00	**20**	1 Event Monitor x 20 hours	$400.00
Facility Technician	$20.00	**0**		$0.00
Fire Inspector	$30.00	**0**		$0.00
EMT (Emergency Medica l Technician)	$35.00	**0**		$0.00
Security	$30.00	**0**		$0.00
KPD	$55.00	**0**		$0.00
Crowd Managers	$25.00	**0**		$0.00
			Notes/Comments	
Total Fee's and Charges:				**$2,547.00**
Damage Deposit			**20% of Facility Rental fee;Refundable; Additional Fee on Total Charges**	$344.40
Fee Waiver Amount (if applicable)			**Must apply via kissimmee.gov; only available to non profit organizations**	TBD
Remaining Balance Due			**Due 30 days in advance of event date**	**$2,891.40**
Reservation Deposit			**Required at time of booking; Applied to total due; Non refundable Fee)**	$300.00

***Event Quote is subject to change based off of clients event needsand requests**

FEE WAIVER GRANT RANKING FORM

Organization Name: Caribbean and Floridian Association, Inc. (CAFA)
Event Name: Christmas Gala

Event Date: December 7, 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 *

Caribbean And Floridian Association, Inc. (CAFA)
Full Legal Name of Organization

Arnold King
Name of Chief Officer/President

407-694-7497
Telephone Number

Same as above
Mobile Number

Organization Address *

PO Box 450786
Street Address

Kissimmee
City

Florida/Osceola
State/Region/Province

34741
Postal / Zip Code

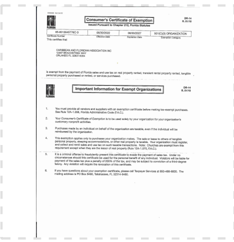
United States
Country

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 *



CAFA_Tax_Exempt_Certificate-07-06-22.pdf.jpeg

Fee Waiver Grant Program Request

Event Contact Information

Donna Cadogan

Name of Event Contact

Chairperson-Fundraising Committee

Title of Event Contact

407-257-0283

Telephone

codyc2357@aol.com

Email

Event Information

Name of Event *

Christmas Gala

Start Date & Time of Event *

12/07/2024 11:52 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

12/07/2024 11:52 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

250

Brief Description of Event *

The holiday time puts people in a giving spirit, so bring the community together one last time this year to raise some more funds for our shcolarship and other program giv backs. Also to celebrate the support and contributions of our members, friends and public supporters.

Grant Request Amount *

3000.0 **USD**

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

Event Setup & Strike

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

Fee Waiver Grant Program Request

Event Setup Date & Time *

12/07/2024 11:58 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

12/07/2024 12:58 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

- ○ Yes ◉ No

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

- ○ Yes ◉ No

Will your event require tents? *

- ○ Yes ◉ No

Will your event require vehicle access to the park?

- ○ Yes ◉ No

Will your event require road closures? *

- ○ Yes ◉ No

Will your event require portable restrooms? *

- ○ Yes ◉ No

Will your event require utilities? *

- ☐ No ☑ Power ☑ Water

Will your event hire outside production companies? *

- ○ Yes ◉ No

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

Will your event require the use of additional space? *

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

Fee Waiver Grant Program Request

Fishing Tournament

Is the event a fishing tournament?

- [ ] Yes
- [x] No

Entertainment

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

- [x] Yes
- [ ] No

Will your event require a DJ?

- [x] Yes
- [ ] No

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

- [ ] Yes
- [x] No

Will your event have performers?

- [ ] Yes
- [x] No

Audio / Visual

Is this an indoor event?

- [x] Yes
- [ ] No

Will your event require the rental of audio equipment?

- [ ] Yes
- [x] 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

Promotions

Will your event require banners to be hung? *

- [ ] Yes
- [x] No

Fee Waiver Grant Program Request

At what level will your event be promoted? *

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

Will the media be invited? *

( ) Yes (•) No

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

N/A

Organizational Structure

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

How long has the sponsoring organization been incorporated? *

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 Secretay
Nicole Reid-Treasurer
Penny Phipps-Asst. Treasurer

Organization & Experience (50 Points)

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

(•) Yes ( ) No

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

Annual Scholarship Banquet
Caribbean Fusion Festival

Fee Waiver Grant Program Request

Has this specific event been previously produced? *

(•) Yes ( ) No

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

December 15, 2023-Kissimmee Civic Center

What is the uniqueness of the proposed event? *

This is an opportunity for CAFA to reward members by showing appreciation for their time and contributions throughtout the year, and to really boost our brand in to impress potential investors, donors, or high-end clients.

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

Generate donation revenue through tickets sales, auctions, donation appeals during the event, etc. with our financial goals for 2025 projects and events, such as: our Scholarship Giveaway, our Annual Turkey Drive, and other such that goes directly to benefit the community.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

(•) Yes ( ) No

Is so, please describe the impact:

Attendees will come from beyond Kissimmee and will purchase gas, food, and other services. Plus, CAFA will engage with local businesses for supplies, etc.

Please attach your itemized event budget. *

CAFA-Christmas_Gala_Projected_Budget.xlsx

Marketing

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

It will contribute to the economic development of the city and enhance its destination image, creating a sense of pride and self-esteem among residents, by improving their quality of life and hospitality.

Fee Waiver Grant Program Request

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

Radio-starting in October 2024
Social Media-starting in August 2024
At Local Festival and events-starting in August 2024
Flyer distribution-starting in September 2024

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

$1500

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: *

Spice House Catering
Flavors of Jamaica
Alpha Specialties & Awards

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012645776C-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.

CAFA Christmas Gala Projected Budget

Projected Income	Amount
Ticket Sales	18,000.00
Sponsorship	2,000.00
Total Income	**20,000.00**

Projected Expenses	
Venue & Equipment	3,500.00
Decorations	1,500.00
Advertising	1,500.00
Catering	9,200.00
License & Insurance	300.00
Printing	500.00
Awards	300.00
Entertainment	2,500.00
Video/Photography	700.00
Total Expenses	**20,000.00**

CITY OF KISSIMMEE 1883

Organization: Caribbean And Floridian Association | Event Name: Christmas Gala | Event Date: 12/07/2024

Administration Fee	One time fee		Notes/Comments	Total
	$100.00		**One time charge**	**$100.00**
Premises Rented:	**Associated fee**		**Notes/Comments**	**Total Premises rented**
Grand Ballroom	**$133.00/hr**	14	14 hours x $133.00	$1,862.00
				$0.00
Rental Items:	**Associated Fee**		**Notes/Comments**	**Total Rental items**
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
	$0.00	0		$0.00
Non Taxed Rental Items:	**Associated Fee**		**Notes/Comments**	**Total Taxes:**
	$0.00	0		$0.00
	$0.00	0		$0.00
Taxes:	**Tax Rate**		**Notes/Comments**	**Total Taxes:**
	7.50%			EXEMPT
Staffing and Personnel Requirments:	**Hourly Rate**	**Count**	**Notes/Comments**	**Total for Staffing/Personnel (Non Taxable Fees)**
Event Monitor	$20.00	**14**	1 Event Monitor x 14 hrs x $20	$280.00
Facility Technician	$20.00	**0**		$0.00
Fire Inspector	$30.00	**0**		$0.00
EMT (Emergency Medica l Technician)	$35.00	**0**		$0.00
Security	$30.00	**0**		$0.00
KPD	$55.00	**0**		$0.00
Crowd Managers	$25.00	**0**		$0.00
			Notes/Comments	
Total Fee's and Charges:				**$2,242.00**
Damage Deposit			**20% of Facility Rental fee;Refundable; Additional Fee on Total Charges**	$372.40
Fee Waiver Amount (if applicable)			**Must apply via kissimmee.gov; only available to non profit organizations**	TBD
Remaining Balance Due			**Due 30 days in advance of event date**	**$2,614.40**
Reservation Deposit			**Required at time of booking; Applied to total due; Non refundable Fee)**	$400.00

***Event Quote is subject to change based off of clients event needsand requests**

ITEM 5.C
Community Benefit Grant

Item Details
Community Benefit Grant:

- Youth National Championship Preseason Nationals 2024

Attachment(s):
1. Spreadsheet of Community Benefit Fund Request 2023.24 6.6.24
2. CBG Youth National Championshi

2023/2024 Community Benefit Grant

EVENT	Award Date	Requested Amount	AWARDED	Ed	AL	Robin	Hannan	Roy	David	Hamza	Vanessa	Linda	Total
Reach Back Push Forward	10/11/2023	$2,000	$1,618.75	1500	2000	2000	2000		1800	1650	2000	2000	14950
Hope Gala	10/11/2023	$2,500	$1,887.50	1500	2500	2200	2000		2200	2200	2500	2500	17600
DeQuan Anderson Angel Tree	12/13/2023	$1,000	$1,000.00	1000	1000	1000			1000		1000	1000	6000
				Ed	***Al***	***Robin***	***Hannan***	***Manny***	***David***	***Hamza***	***Vanessa***	***Linda***	0
Orlando Polar Plunge	2/14/2024	$2,500	$2,412.00	2000	2500	2500		2500	2500	2300	2500	2500	19300
Team Kareem Drowning Prevention/Awareness	2/14/2024	$2,500	$2,500.00	2500	2500	2500		2500	2500	2500	2500	2500	20000
Fostering High Quality Education for All	4/10/2024	$2,500	$2,383.33	2000	2500	2500	2500	2300	2500				14300
Kingdom Kids & Families Support Program	4/10/2024	$2,500	$2,400.00	2000	2500	2500	2500	2400	2500				14400
Coming to America Magazine	4/10/2024	$2,000	$1,775.00	2200	1000	1250	2000	2000	2200				10650
Youth National Championship Preseason Nationals	6/12/2024	$2,500											0
													0
													0
													0
													0
													0
													0
													0
			$25,000	**$15,976.58**									

Balance $9,023.42

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/9/24 Evaluated by: Steve Lackey

Event Name: Youth National Championship Preseason Nationals 2024 Event Date: July 27th, 2024

	Meets Policy Requirements Yes	No
Applicant Eligibility		
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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.

	Yes	No
Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

recieved similar support in 2022

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

27-Jul-2024

dd-MMM-yyyy

Event Name *

Youth National Championship Preseason Nationals 2024

Event Address *

50 Chip Seal Parkway

Street Address

Panama City

City

FL

State/Region/Province

32407

Postal / Zip Code

Requestor's Information

Name *

Demarcus

First

Poole

Last

Phone Number *

8132407888

Address *

2605 Eagle Cliff drive

Street Address

Kissimmee

City

FL

State/Region/Province

34746

Postal / Zip Code

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

Email

poole484@gmail.com

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- Individual
- Organization (selected)

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 *

Exempt_2028__2__copy_2.png

Form 990 (If Organization is Required to File) *

Exempt_2028__2__copy.png

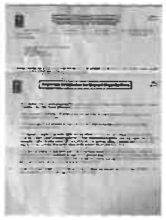
Last Completed Audit *

Exempt_2028__2__copy_2.png

Community Benefit Funds Application

City of Kissimmee, FL

Annual Budget *



Exempt_2028__2__copy_2.png

Type of Request *

- (•) Donation
- ( ) Sponsorship

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

5,000.00 **USD**

Amount Requested from Community Benefit Fund *

2,500.00 **USD**

General Information

Name of School Represented

Toho Tigers/Outlaws

Contact for Event Sponsor or School Representative

First	Last
Richie	Clermont

Phone Number for Event/School Representative

786-387-8295

Event/Competition's Website

https://www.youthnationalchampionship.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? *

The youth national preseason championship is invite only, invites go out to 12 teams around the United States. It is $600 to register plus players need equipment, uniforms and assistance with their stay.

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

Yes we are hoping to raise money by setting up donation tables.

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

No

Community Impact

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

We have a team of 30 kids and 10 staff members. Being able to represent Kissimmee as one of the top 12 teams in the nation on the 9U level is amazing. Our boys work hard in the classroom and on the field and our families are dedicated to the success of the team.

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 .. 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.

2024 Youth National Championship Budget

Expenses	Amount	NOTES		
Team AirBNB	$1500.00			
Uniforms (30 players)	$1650.00	$55 each uniform		
Van Rental X2	$850.00			
Gas	$500.00			
Food	$1000.00			
Total Expenses:	$5500.00			

Income	Amount	NOTES
Community Benefit Fund	$2500.00	City of Kissimmee Meeting in June
Bucket Drop Fundraising	$650.00	5/31 and 5/17
Outlaws Organization Board Donation	$1000.00	Org President Approved
Publix Grant	$250.00	FOOD ONLY (Store Purchase)
Car Wash Fundraiser	TBD	
Total Income:	$4,400.00	

		Notes
Total/Expenses	$5500.00	
Total Income	$4400.00	
Net Gain/Loss	-1100	Left to fundraise

Andrea Campbell

From: Lauren Loaiza <laurenloaiza27@gmail.com>
Sent: Wednesday, June 5, 2024 3:47 PM
To: Andrea Campbell
Subject: Re: Demarcus Poole Benefit fund application - annual budget and tournament budget

EXTERNAL EMAIL: This email originated from outside of the organization. DO NOT REPLY, CLICK LINKS, or OPEN ATTACHMENTS unless you recognize the sender and know the content is safe

sorry one more player, Loyal Humphrey. So a total of 20 players

On Wed, Jun 5, 2024 at 3:44 PM Lauren Loaiza <laurenloaiza27@gmail.com> wrote:

No problem, over half of the kids live here in Kissimmee, the name change/non profit is kinda just a formality. we wanted to go to nationals and compete so we merged with a different team and this year it was agreed to take their name. we practice in Kissimmee and our next games will be played here as well.

Dallas Poole
Kyle Brown
Ameir Carbon
Lorenzo Chambers
Josiah Banks
Kashmeir Allinger
Derek Olmo-Bush
Brandon Mosley
John Copo-Nay
River Chambers
Xavier Alexander
Tyler Johnson
Karter Viverette
Prince Pringle
Malakai Folkes
Legend Lee
Boston Bouillon
Clark Agard
Ty'ler Brown

A total of 19 players

On Wed, Jun 5, 2024 at 3:31 PM Andrea Campbell <ANDREA.CAMPBELL@kissimmee.gov> wrote:

Lauren,

One last question. Sorry for the back and forth.

The previous application that was submitted in 2022 was under a different nonprofit, Osceola Family Sports Association. This current application is for Community Involvement Targeting Youth out of Orlando, DBA Orlando Outlaws Youth Football and Cheer. Is this an Orlando team going to the Preseason Nationals? How many kids are from Kissimmee?

Thank you for the clarification.

Andrea Campbell

Financial Analyst

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: Lauren Loaiza <laurenloaiza@icloud.com>
Sent: Tuesday, June 4, 2024 12:29 PM
To: Andrea Campbell <ANDREA.CAMPBELL@kissimmee.gov>
Cc: Demarcus <poole484@gmail.com>; Steve Lackey <STEVE.LACKEY@kissimmee.gov>; laurenloaiza27@gmail com <laurenloaiza27@gmail.com>
Subject: Re: Demarcus Poole Benefit fund application - annual budget and tournament budget

Good Afternoon,

Here is the attached budget for the National Tournament we are participating in.

Thanks,
Lauren

Sent from my iPhone

> On May 25, 2024, at 6:27 AM, Lauren Loaiza <laurenloaiza@me.com> wrote:
>
> Good morning,
>
> The treasurer sent me the annual budget, can you please let me know if this will work? If not please let me know what needs to be done so I can let them know.

>
> Thanks
> Lauren
> Sent from my iPhone

0000207 11/16/22

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8013957713C-7	01/31/2023	01/31/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

COMMUNITY INVOLVEMENT TARGETING
YOUTH INC
3242 W CHURCH ST
ORLANDO FL 32805-2302

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.

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 October 1 , 2022, and ending Sept 30 , 20 23

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

C Name of organization: Community Involvement Targeting Youth, Inc.
Number and street (or P.O. box if mail is not delivered to street address): 3242 West Church Street | Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Orlando, Florida 32805

D Employer identification number: 59-382759
E Telephone number: 321-682-1351
F Group Exemption Number:

G Accounting Method: ☑ Cash ☐ Accrual Other (specify):
H Check ☐ if the organization is **not** required to attach Schedule B (Form 990).
I Website: www.cityincflorida.org
J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527
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 . . . $

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 ☐

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	20,000.08
	2	Program service revenue including government fees and contracts			2	31,940.03
	3	Membership dues and assessments			3	60,729.54
	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 $ 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			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	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	6,312.66
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	118,982.31
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	82,305.12
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	6,811.50
	14	Occupancy, rent, utilities, and maintenance			14	27,274.16
	15	Printing, publications, postage, and shipping			15	241.38
	16	Other expenses (describe in Schedule O)			16	4,392.71
	17	**Total expenses.** Add lines 10 through 16			17	121,024.87
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	-2,042.74
	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	0
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	-2,042.74

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I 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 . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	2,111.02	22	-2,042.74
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	2,111.02	25	0
26	**Total liabilities** (describe in Schedule O)	0	26	-2,042.74
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	2,111.02	27	-2,042.74

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? Community Service

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.)

			Expenses
28	Youth sports (Grants $) If this amount includes foreign grants, check here ☐	28a	82,305.12
29	Mentoring, Tutoring (Grants $) If this amount includes foreign grants, check here ☐	29a	0
30	(Grants $) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐	31a	0
32	**Total program service expenses** (add lines 28a through 31a)	32	82,305.12

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
Barry White President	25	0	0	0
Hakeem Ishmail Vice President	25	0	0	0
Richie Clemont Program President	25	0	0	0

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		✔
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		✔
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		✔
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		✔
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		✔
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		✔
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		✔

41 List the states with which a copy of this return is filed: Florida

42a The organization's books are in care of: Barry White Telephone no. 321-682-1351
Located at: 3242 West Church Street, Orlando, FL ZIP + 4 32805-3202

			Yes	No
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)?	42b		✔
	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).			
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		✔

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**

			Yes	No
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		✔
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		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
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		
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		✔

			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		✔

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		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
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
N/A				

f Total number of other employees paid over $100,000 N/A

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
N/A		

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
Barry White - President	2/22/2004
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

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

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
COMMUNITY INVOLVEMENT TARGETING YOUTH, INC.

2 Business name/disregarded entity name, if different from above
dba ORLANDO OUTLAWS YOUTH FOOTBALL AND CHEER

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

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

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

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

☐ Other (see instructions) ▶

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

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

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

5 Address (number, street, and apt. or suite no.) See instructions.
3242 WEST CHURCH ST.

Requester's name and address (optional)

6 City, state, and ZIP code
ORLANDO, FL 32805

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

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

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

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
59 - 3827594

Part II **Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ Bay [signature] Date ▶ 3/21/2024

General Instructions

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

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

Purpose of Form

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

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

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

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