



MEETING AGENDA
SESSION OF THE PARKS AND RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, FEBRUARY 12, 2025 AT 6:00 PM

- 1. MEETING CALLED TO ORDER**
- 2. MINUTES**
 - 2.A Approval of the meeting minutes from December 11, 2024
- 3. HEAR AUDIENCE**
- 4. DISCUSSION**
 - 4.A Director's Report
- 5. NEW BUSINESS**
 - 5.A Community Benefit Grant Applications
- 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 and Recreation Advisory Board with respect to any matter considered at such meeting or hearing will need to ensure that verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is made.

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

ITEM 2.A

Approval of the meeting minutes from December 11, 2024

Item Details

Attachment(s):

1. PARAB Meeting Minutes 2024_12_11 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, DECEMBER 11, 2024 AT 6:00 PM

- 1. MEETING CALLED TO ORDER** **Members Present:** Board Member Albert Dorsey, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Hamza Godil, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams
Staff Present: Parks & Recreation Director Steve Lackey, Board Secretary Andrea Campbell, Administrative Assistant III Anna Miller, Events & Venues Assistant Manager Maude Garrett and Events & Venues Manager Veronica Frink
Members Absent: None

Board Chair Edward Kilroy called the meeting to order at 06:02 PM.

2. MINUTES

- 2.A** Approve meeting minutes from August 14, 2024 Parks and Recreation Advisory Board Meeting.

Board Member Robin Wright made a motion to accept the minutes from the August 14, 2024 meeting as presented. Board Member Vanessa Alvarez seconded the motion.

AYE: Board Member Albert Dorsey, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Hamza Godil, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams

NAY: None

Motion carried 9 - 0.

- 3. HEAR AUDIENCE** No one was present to hear the audience.

4. DISCUSSION

- 4.A** Directors Report

Parks & Recreation Director Steve Lackey introduced the newest Board Member Amarilis Olivo Williams and Events & Venues Manager, Veronica Frink. He also updated the board on the progress of Green Meadows Petting Farm and their grand opening date from February 1st to March 1st, as well as the upcoming Mark Durbin Park's future community center. The board was also reminded of the Movie in the Park series and upcoming Festival of Lights Parade.

5. NEW BUSINESS

- 5.A** Period II Fee Waiver Review and Scoring

The Board discussed the presented Fee Waivers for Period II, understanding that two events, Traveling Community Theatre and MOMolouges, needed to be moved to the Community Benefit Grant as they are ticketed events and no longer qualify under the Fee Waiver Grant. The Parks & Recreation Director verified that both non-profits provided the additional required documents needed to qualify for the Community Benefit Grant. Each board member then read their scores (EXHIBIT A) for each application submitted for the Fee Waiver Grant as staff recorded the scores into the spreadsheet (EXHIBIT B).

Board Chair Edward Kilroy presented the motion to approve a total of \$7,507.20 for Period Two as presented in the spreadsheet (EXHIBIT B). Board member Hannan Khan supported the motion and Board Member David Anderson seconded the motion.

AYE: Board Member Albert Dorsey, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Hamza Godil, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams

NAY: None

Motion carried 9 - 0.

5.B Community Benefit Grant Review

Parks & Recreation Director Steve Lackey explained that three applications were previously presented to the City Manager prior to the board meeting and approved for the max amount as presented on the spreadsheet (EXHIBIT D).

The Board discussed the presented Community Benefit applications, understanding that two events were added due to being removed from the Fee Waiver process per policy requirements. The Fostering High Quality Education for All application was pulled until the February meeting as they did not provide a required audit. Each board member then read their scores (EXHIBIT C) for each application as staff recorded the scores into the spreadsheet (EXHIBIT D).

Board Chair Edward Kilroy presented the motion to approve a total of \$5,461.11 (not including three approved by the City Manager) as presented in the spreadsheet (EXHIBIT B). Board Member Vanessa Alvarez supported the motion and Hannan Khan seconded the motion.

AYE: Board Member Albert Dorsey, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Hamza Godil, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams

NAY: None

Motion carried 9 - 0.

5.C Board Chair and Co-Chair nominations for 2025

Board Chair Edward Kilroy nominated Board Member Hannan Khan as the new Chair and himself as the Co-Chair for 2024/25 fiscal year. He then asked if any other board members had any nominations or wanted to run for Chair or Co-Chair. All Board members agreed with the current nominations and didn't have any additions.

Board Chair Edward Kilroy made a motion to make Board Member Hannan Khan the Board Chair and himself as the Board Co-Chair. Board Member Vanessa Alvarez supported the motion and Board Member David Anderson seconded the motion.

AYE: Board Member Albert Dorsey, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Hamza Godil, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams

NAY: None

Motion carried 9 - 0.

5.D Approve 2025 meeting dates

Board Chair Edward Kilroy asked the Board if anyone had any issues with the presented 2024/25 Fiscal Year meeting dates as Presented, the second Wednesday of every other month (EXHIBIT E).

Board Member Robin Wright made a motion to accept the dates as presented. Board members Hannan Khan and Vanessa Alvarez both seconded the motion.

AYE: Board Member Albert Dorsey, Board Chair Edward Kilroy, Board Member M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Hamza Godil, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams

NAY: None

Motion carried 9 - 0.

- 6. HEAR CHAIRMAN AND BOARD MEMBERS** Board Chair Edward Kilroy went around the room to each board member for any upcoming issues or comments. All wished each other Happy Holidays and thanked the City staff for all their hard work.

7. ADJOURNMENT

There being no further business to come before the Parks & Recreation Advisory Board, Board Chair Edward Kilroy adjourned the meeting at 07:09 PM.

Board Chairman

ATTEST:

Board Secretary

EXHIBIT A

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	50
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)	10
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)	15
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)	10
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	Ø
TOTAL POINTS AWARDED	
	95

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			

40%

FEE WAIVER GRANT RANKED BY:

Edward A. Kellroy

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 1,200.00

Recommend

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	50
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)	23
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)	15
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)	5
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	93

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			

of 1260
\$504

FEE WAIVER GRANT RANKED BY: Edward A. Kinsley

Fee Waiver Amount Requested: \$3,000 **Previous Year's Fee Waiver Award:** \$246.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Council on Aging

Event Name: March for Meals

Event Date: March 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	
95	

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:

Edward A. Kilroy

Fee Waiver Amount Requested: \$10,000/\$3,000 max permitted

Previous Year's Fee Waiver Award: \$900.00

Recommend \$1200

FEE WAIVER GRANT RANKING FORM

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

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	9
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)	6
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	90
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
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			

40 x 1323
 = 529.20
 Rec

FEE WAIVER GRANT RANKED BY: Edward A. Kelley

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award:** 754.50

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	20
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	95
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
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			

.60 x 3000
\$1800
Recommend

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 2,400.00

FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	15
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)	10
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)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	75

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			

80 x 3000
2400
Recommended

FEE WAIVER GRANT RANKED BY: Edward A. Kelly

Fee Waiver Amount Requested: \$5,000.00/\$3,000.00max permitted
Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

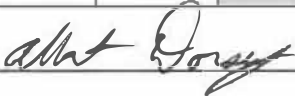
Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	100
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5 POINTS
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	100

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: 1,200.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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) -10	10
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	80
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	80

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: Albert D. Gorge

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$246.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Council on Aging

Event Name: March for Meals

Event Date: March 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	95
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5 POINTS
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	95

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: Albert D. Dwyer

Fee Waiver Amount Requested: \$10,000/\$3,000 max permitted

Previous Year's Fee Waiver Award: \$900.00

FEE WAIVER GRANT RANKING FORM

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

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	10
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5 POINTS
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	90

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: Albert Dorey

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award:** 754. 50

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	100
POST EVENT EVALUATION	-5 / 0 / +5 POINTS
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?	
TOTAL POINTS AWARDED	100

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: 2,400.00

FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
Evaluation of itemized event budget submitted by sponsoring organization. (10 points) -10	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
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)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	90

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:

Albert Dwyer

Fee Waiver Amount Requested: \$5,000.00/\$3,000.00 max permitted
Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	100
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
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:

Robin Wright

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 1,200.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	22
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	92
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
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:

Robin Wright

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$246.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Council on Aging

Event Name: March for Meals

Event Date: March 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	22
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	92
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
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: Robin Wright

Fee Waiver Amount Requested: \$10,000/\$3,000max permitted

Previous Year's Fee Waiver Award: \$900.00

FEE WAIVER GRANT RANKING FORM

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

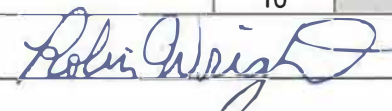
Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	20
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)	13
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	88
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
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: 754.50

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	40
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
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:

Robin Wright

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 2,400.00

FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	15
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)	10
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)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	75
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
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:

Lobin Wright

Fee Waiver Amount Requested: \$5,000.00/\$3,000.00 max permitted
Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

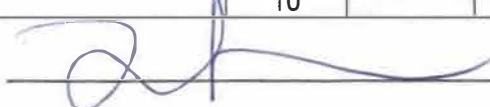
Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	100
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
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: 1,200.00



FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	10
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	8
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
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: 21

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$246.00

M. H. HANSEN KADON

FEE WAIVER GRANT RANKING FORM

Organization Name: Council on Aging

Event Name: March for Meals

Event Date: March 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	5
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	
100	

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: \$10,000/\$3,000 max permitted

Previous Year's Fee Waiver Award: \$900.00



FEE WAIVER GRANT RANKING FORM

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

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS	
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	20	
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		
Will the proposed event impact local businesses? If so, please describe. (15 points)	25	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)		
MARKETING		
How does the proposed event benefit the image/reputation of the City? (5 points)	15	
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		
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10	
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?	-5 /0/+5 POINTS	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?		
TOTAL POINTS AWARDED		
95		

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: 754.50

M. Thompson K. Brown

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

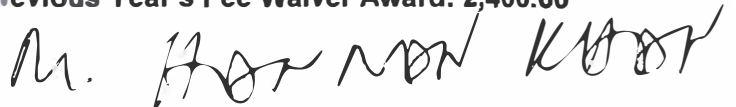
ORGANIZATION / EXPERIENCE	50 POINTS	
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	80	
Has this specific event been produced previously? (10 points)		
What is the uniqueness of the proposed event? (10 points)		
How does the proposed event support the organization's 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)	25	
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)	15	
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)	10	
Has the sponsoring organization solicited local vendors to support the event? (5 points)		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION	-5 /0/+5 POINTS	
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?		
TOTAL POINTS AWARDED		
100		

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: 2,400.00



FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	20
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	22
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
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: \$5,000.00/\$3,000.00 max permitted
Previous Year's Fee Waiver Award: n/a

M. Anderson Ketcher

FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	40
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)	10
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)	10
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	
80	

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: \$5,000.00/\$1,000.00 max permitted
Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	20
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)	10
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	90
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
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: 2,400.00

FEE WAIVER GRANT RANKING FORM

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

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	50
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)	25
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)	10
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	95

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: 754.50

FEE WAIVER GRANT RANKING FORM

Organization Name: Council on Aging

Event Name: March for Meals

Event Date: March 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	20
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	
95	

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: *S. Anderson*

Fee Waiver Amount Requested: \$10,000/\$3,000 max permitted

Previous Year's Fee Waiver Award: \$900.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	15
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	90
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
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

Previous Year's Fee Waiver Award: \$246.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

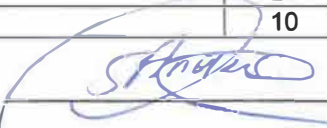
Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	45
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)	20
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	90
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?	
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: 1,200.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points) ✓	50
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)	20
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	95
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
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: Manny Gomez 

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award:** 1,200.00

FEE WAIVER GRANT RANKING FORM

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

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	20
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)	12
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	92
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?	
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: Manny Gomez 

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award:** 754.50

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	100

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: Manny Gomez 

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 2,400.00

FEE WAIVER GRANT RANKING FORM**Organization Name:** Kissimmee Main Street**Event Name:** Kissimmee 5K**Event Date:** February 15, 2025**Year of fee waiver award:** 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	22
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	95
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
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:** 1,200.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

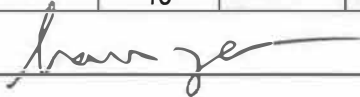
Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	47
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)	23
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)	12
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	92
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
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

Previous Year's Fee Waiver Award: \$246.00

FEE WAIVER GRANT RANKING FORM**Organization Name: Council on Aging****Event Name: March for Meals****Event Date: March 15, 2025****Year of fee waiver award: 4+**

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5 POINTS
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	
100	

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: \$10,000/\$3,000 max permitted****Previous Year's Fee Waiver Award: \$900.00**

FEE WAIVER GRANT RANKING FORM

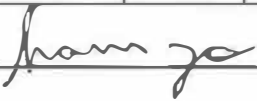
Organization Name: Paralyzed Veterans of America Florida Gulf Coast Chapter
Event Name: Citrus Slam

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	48
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)	24
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)	15
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)	8
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?	-5 /0/+5 POINTS
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	95

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: 754.50

FEE WAIVER GRANT RANKING FORM**Organization Name:** Kissimmee Main Street**Event Name:** Hop on Downtown**Event Date:** April 19, 2025**Year of fee waiver award:** 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	100
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
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:** 2,400.00

FEE WAIVER GRANT RANKING FORM**Organization Name:** American Cancer Society**Event Name:** Relay for Life of Osceola County, FL**Event Date:** May 9-10, 2025**Year of fee waiver award:** 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	44
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)	22
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)	5
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	
76	

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: \$5,000.00/\$3, 000.00max permitted**Previous Year's Fee Waiver Award:** n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Council on Aging

Event Name: March for Meals

Event Date: March 15, 2025

Year of fee waiver award: 4+

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

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: \$10,000/\$3,000 max permitted

Previous Year's Fee Waiver Award: \$900.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

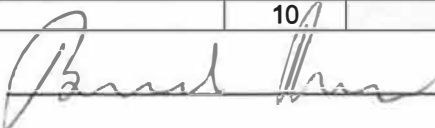
Event Date: April 19, 2025

Year of fee waiver award: 3

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

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: 2,400.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	95

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

Previous Year's Fee Waiver Award: \$246.00

FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

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	-5 /0/+5 POINTS
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?	
TOTAL POINTS AWARDED	70

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: \$5,000.00/\$3,000.00 max permitted
Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Kissimmee 5K

Event Date: February 15, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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	
Will the proposed event impact local businesses? If so, please describe. (15 points)	25
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	
How does the proposed event benefit the image/reputation of the City? (5 points)	15
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	
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
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?	-5 / 0 / +5 POINTS +5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	
100	

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: ADDINO

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 1,200.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Osceola Historical Society

Event Name: Dine with the Departed

Event Date: March 8, 2025

Year of fee waiver award: 4+

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	95
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	140

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: Adone

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$246.00

FEE WAIVER GRANT RANKING FORM

Organization Name: Paralyzed Veterans of America Florida Gulf Coast Chapter

Event Name: Citrus Slam

Event Date: April 4-6, 2025

Year of fee waiver award: 4

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points) <i>yes</i>	<i>50</i>
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)	<i>25</i>
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) <i>5</i>	<i>10</i>
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points) <i>5</i>	
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)	<i>5</i>
Has the sponsoring organization solicited local vendors to support the event? (5 points) <i>5</i>	
Sub Total Points (Possible Score 100)	<i>90</i>
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	<i>15</i>
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	<i>90</i>

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: *[Signature]*

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 754.50

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: Hop on Downtown

Event Date: April 19, 2025

Year of fee waiver award: 3

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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)	25
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)	15
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) <i>Yes</i>	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	100
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	100
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	100

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: *[Signature]*

Fee Waiver Amount Requested: 3,000.00

Previous Year's Fee Waiver Award: 2,400.00

FEE WAIVER GRANT RANKING FORM

Organization Name: American Cancer Society
Event Name: Relay for Life of Osceola County, FL

Event Date: May 9-10, 2025

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
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	
Will the proposed event impact local businesses? If so, please describe. (15 points)	25
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	
How does the proposed event benefit the image/reputation of the City? (5 points)	10
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	
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
95	
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?	-5 / 0 / +5 POINTS 10
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	
195 95	

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: \$5,000.00/\$3,000.00 max permitted
Previous Year's Fee Waiver Award: n/a

EXHIBIT B

2024/2025 Fee Grant Request
Period II, Events occurring February 1 - May 31, 2025

[illegible]

PS: = Public Safety Cost

Total amount awarded for Period I

\$3,455.00

Total amount awarded for Period II

\$7,507.20

Total awarded

\$10,962.20

EXHIBIT C

City of Kissimmee



City Policy 1605

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. Lackey

Event Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
"Claritas House"

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?

☒	☐
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Evaluator's Comments

previous funding:
10/11/23 \$1887.50
16/12/22 \$2100

New Funding Limits - Consider as Year 2 (\$2,000 Max award)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/8/24 Evaluated by: SLACKY

Event Name: Kingdom Kids & Families Support Program Event Date: 12/27/24

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

Previously Funded

previous funding:

4/10/24 \$2400

6/14/23 \$2450

New Funding Limits - Consider as Year 2 (\$2000 max award)

EK



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/24 Evaluated by: S. LACKEY

Event Name: Veterans Appreciation Outreach Event Date: _____

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	
<i>Note, a "no" to any question or criteria automatically makes the request ineligible for funding consideration pursuant to City Policy 1605.</i>	
Does the request meet or exceed policy requirements?	☒

Evaluator's Comments
1st Year Applicant (2,500 Max Award) EK



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY
 Event Name: Traveling Community Theatre Event Date: Feb. 27 - March 2, 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.

Does the request meet or exceed policy requirements?

☒	☐
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Evaluator's Comments

1st year

ELL



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY

Event Name: The MOMologues - The Orig. Comedy about Motherhood Event Date: April 28-May 4, 2025

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?

☒	☐
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Evaluator's Comments

1st year

EL



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. LackeyEvent Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
'Claritas House'

	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.

Does the request meet or exceed policy requirements?

☒
Evaluator's Comments

previous funding:
10/11/23 \$1887.50
16/12/22 \$2100

New Funding Limit - Consider as Year 2 (\$2000 Max award)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/8/24 Evaluated by: SLACKY

Event Name: Kingdom Kids & Families Support Program Event Date: 12/27/24

	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	
<i>Note, a "no" to any question or criteria automatically makes the request ineligible for funding consideration pursuant to City Policy 1605.</i>	
Does the request meet or exceed policy requirements?	☒

Evaluator's Comments	previous funding:
Previously Funded	4/10/24 \$2400
	6/14/23 \$2450
New Funding Limits — Consider as Year 2 (*2,000 max award)	

Albert Dorsey

1000



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/24 Evaluated by: S. LACEYEvent Name: Veterans Appreciation Outreach Event Date: _____

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**

1st Year Applicant (2,500 Max Award)

Albert Dorsey

1500



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY
 Event Name: Traveling Community Theatre Event Date: Feb. 27 - March 2, 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?

☒	☐
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Evaluator's Comments

1st year

albt Doney

1000



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY

Event Name: The MOMologues - The Best Comedy about Motherhood Event Date: April 28-May 4, 2025

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?

☒	☐
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Evaluator's Comments

1st year

Alto Dorsey

1000



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. LackeyEvent Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
"Claritas House"

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? ☒ Yes ☐ No**Evaluator's Comments**

previous funding:
10/11/23 \$1887.50
10/12/22 \$2100

New Funding Limits - Consider as Year 2 (\$2,000 Max award)

Robin Wright

\$1,500



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/8/24 Evaluated by: SLACKYEvent Name: Kingdom Kids : Families Support Program Event Date: 12/27/24

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?

☒ Yes ☐ No
Evaluator's Comments

Previously Funded

previous funding:

4/10/24 \$2400
6/14/23 \$2450

New Funding Limits — Consider as Year 2 (*2000 Max award)

Robin Wright

\$1,500



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/24 Evaluated by: S. LACKEY
 Event Name: Veterans Appreciation Outreach Event Date: _____

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?

☒	☐
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Evaluator's Comments

1st Year Applicant (\$2,500 Max Award)

\$1,500

Robin Wright



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY
 Event Name: Traveling Community Theatre Event Date: Feb 27 - March 2, 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?

☒	☐
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Evaluator's Comments

1st year

\$1,000

Robin Wright



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY
 Event Name: The MOMologues - The Orig. Comedy about Motherhood Event Date: April 28-May 4, 2025

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?

☒	☐
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Evaluator's Comments

1st year

\$1,100

Robin Wright



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. LackeyEvent Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
"Claritas House"

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?

☒	☐
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Evaluator's Comments

previous funding:
10/11/23 \$1887.50
10/12/22 \$2100

New Funding Limits - Consider as Year 2 (\$2000 Max award)

\$1,000
Manny Gomez

(Signature)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/6/24 Evaluated by: SLACKYEvent Name: Kingdom Kids & Families Support Program Event Date: 12/27/24

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**

Previously Funded

previous funding:

4/10/24 \$2400

6/14/23 \$2450

New Funding Limit - Consider as Year 2 (*2000 max award)

MG

~~\$10,000~~ \$1,000
Manny Gomez

[Signature]



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/24 Evaluated by: S. LACKEY
 Event Name: Veterans Appreciation Outreach Event Date: _____

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? ☒ Yes ☐ No

Evaluator's Comments

1st Year Applicant (\$2,500 Max Award)
~~\$1,000~~ \$1,000

Manny Gomez



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY
 Event Name: Traveling Community Theatre Event Date: Feb. 27 - March 2, 2025

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?

☒	☐
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Evaluator's Comments

1st year

\$1,000

Manny

A handwritten signature in black ink, appearing to read "Manny" followed by a stylized flourish.



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2014 Evaluated by: S. LACKEY

Event Name: The MOMologues - The Best Comedy about Motherhood Event Date: April 28-May 4, 2015

	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.

Does the request meet or exceed policy requirements?

☒	☐
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Evaluator's Comments

1st year

\$1,000
Manny
[Signature]



\$1100

Hamza
godil

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. LackeyEvent Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
"Claritas House"

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

previous funding:
10/11/23 \$1887.50
16/12/22 \$2100

New Funding Limits - Consider as Year 2 (\$2000 Max award)

City of Kissimmee



City Policy 1605

\$1750

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/8/24 Evaluated by: SLACKEYEvent Name: Kingdon Kids & Families Support Program Event Date: 12/27/24

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?

☒ Yes ☐ No
Evaluator's Comments

Previously Funded

previous funding:

4/10/24 \$2400

6/14/23 \$2450

New Funding Limits - Consider as Year 2 (\$2000 max award)

City of Kissimmee



City Policy 1605

\$1100

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/24 Evaluated by: S. LACKEYEvent Name: Veterans Appreciation Outreach Event Date: _____

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?

☒	☐
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Evaluator's Comments

1st Year Applicant (\$2,500 Max Award)



\$1000

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY
 Event Name: Traveling Community Theatre Event Date: Feb 27 - March 2, 2025

	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.

Does the request meet or exceed policy requirements?

☒
Evaluator's Comments

1st year

hamza



\$800

COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEYEvent Name: The MOMologues - The Deep Comedy about Motherhood Event Date: April 28-May 4, 2025

	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.

Does the request meet or exceed policy requirements?

☒
Evaluator's Comments

1st year



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. LockettEvent Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
"Claritas House"

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?

☒	☐
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Evaluator's Comments

previous funding:
10/11/23 \$1887.50
16/12/22 \$2100

New Funding Limits - Consider as Year 2 (\$2000 Max award)

1000

BA



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/8/24 Evaluated by: SLACKEY
 Event Name: Kingdom Kids & Families Support Program Event Date: 12/27/24

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?

☒	☐
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Evaluator's Comments

Previously Funded

previous funding:

4/10/24 \$2400

6/14/23 \$2450

New Funding Limits — Consider as Year 2 (*2000 Max award)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/7/24 Evaluated by: S. LACKY

Event Name: Fostering High Quality Education for All Event Date: 12/21/24

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? ☒ Yes ☐ No

Evaluator's Comments

Previously Funded.

Previous funding:

4/10/24 \$2383.33

4/12/23 \$2333

New Funding limits - Consider as Year 2 (\$2000 Max award)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/24 Evaluated by: S. LACKEYEvent Name: Veterans Appreciation Outreach Event Date: _____

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?

☒	☐
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Evaluator's Comments

1st Year Applicant (\$2,500 Max Award)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 4/2024 Evaluated by: S. Lackey

Event Name: 11th Annual Fund for Hope Gala Event Date: 11/9/24
"Claritas House"

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

previous funding:
 10/11/23 \$1887.50
 16/12/22 \$2100

New Funding Limits - Consider as Year 2 (\$2000 Max award)
~~\$1,000~~ \$1,000

[Signature]



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/6/24 Evaluated by: SLACKEY

Event Name: Kingdom Kids & Families Support Program Event Date: 12/27/24

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?

☒	☐
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Evaluator's Comments

Previously Funded

previous funding:

 4/10/24 \$2400
 6/14/23 \$2450

\$2000

New Funding Limits - Consider as Year 2 (\$2000 max award)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 10/16/21 Evaluated by: S. LACKEY

Event Name: Veterans Appreciation Outreach Event Date: _____

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?

☒	☐
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Evaluator's Comments

1st Year Applicant (2,500 Max Award)

~~\$12,720~~
\$1,500
Approved



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEY

Event Name: The MOMologues - The Day Comedy about Motherhood Event Date: April 28-May 4, 2025

	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.

Does the request meet or exceed policy requirements?

☒	☐
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Evaluator's Comments

1st year

\$1,000



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 9/27/2024 Evaluated by: S. LACKEYEvent Name: Traveling Community Theatre Event Date: Feb. 27 - March 2, 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.

Does the request meet or exceed policy requirements?

☒
Evaluator's Comments

1st year

\$1,000 ADDED

EXHIBIT D

2024/25 Community Benefit Grant

<i>EVENT</i>	<i>Award Date</i>	<i>Award Year & Amount</i>	<i>Requested Amount</i>	<i>AWARDED</i>	<i>Ed</i>	<i>AI</i>	<i>Robin</i>	<i>Hannan</i>	<i>David</i>	<i>Manny</i>	<i>Hamza</i>	<i>Vanessa</i>	<i>Amarilis</i>	<i>Total</i>
Osceola Kowboys 12U Championship - Osceola Family Sports	11/7/2024	By CM	\$2,500	\$2,500										0
Osceola Kowboys Cheer, Band, Football - Osceola High School	12/3/2024	By CM	\$2,500	\$2,500										0
Osceola Kowboys Varsity Football - Kowboy Touchdown Club	12/10/2024	By CM	\$2,500	\$2,500										0
Claritas House Fund for Hope Gala	12/11/2024	Year 2 (\$2,000)	\$2,500	\$1,089	1000	1000	1500	1100	1100	1000	1100	1000	1000	9800
Kingdom Kids & Families Support Program	12/11/2024	Year 2 (\$2,000)	\$3,000	\$1,150	1000	1000	1500	1000	1100	1000	1750	1000	1000	10350
Fostering High Quality Education for All		Year 2 (\$2,000)	\$2,500	\$0										0
Veteran's Appreciation Outreach	12/11/2024	Year 1 (\$2,500)	\$5,000	\$1,222	1000	1500	1500	1200	1200	1000	1100	1000	1500	11000
Traveling Community Theatre	12/11/2024	Year 1 (\$2,500)	\$3,000	\$1,000	1000	1000	1000	1000	1000	1000	1000	1000	1000	9000
MOMologues - The Original Comedy about Motherhood	12/11/2024	Year 1 (\$2,500)	\$3,000	\$1,000	1000	1000	1100	1000	1100	1000	800	1000	1000	9000
														0
														0
														0
														0

\$25,000 \$12,961.11

Balance

\$12,039



PARKS & RECREATION ADVISORY BOARD
MEETING SCHEDULE
2024/2025

All meetings will be held at the City Hall Commission Chambers unless noted otherwise. Meetings start at 6:00 p.m. Please remember to contact the Parks and Recreation Administration Office at 407-518-2501 or 407-518-2331 if you will not be attending a particular meeting.

- December 11, 2024
- February 12, 2025
 - April 9, 2025
 - June 11, 2025
 - August 13, 2025
 - October 8, 2025

ITEM 4.A
Director's Report

Item Details

Attachment(s):

1. Directors Report 2.12.2025

Directors Report February 12, 2025

1. Projects Completed/In Progress
 - Green Meadows – opening approximately March 15th
 - Mark Durbin Park at Lakeside – Community Center - Design underway, to begin construction late 2025
 - Chambers Park – Exterior remodel underway, AACH Grant \$500,000
 - Splashpad repairs – Feb/March
2. Upcoming Events
 - Taste of Kissimmee – February 21st
 - Dine with the Departed – March 8th
 - The Wall That Heals – March 13th
 - March for Meals 5K – March 15th
 - Kowtown – March 22nd
 - Hop on Downtown – April 19th
 - Caribbean Fusion Festival – April 27th

NEXT PARAB MEETING, April 9, 2025 - Meeting at 6pm at City Hall

ITEM 5.A

Community Benefit Grant Applications

Item Details

Community Benefit Grant Applications:

- Evening of Hope Dinner
- Team Kareem Memorial Foundation
- HFUW Community Baby Shower
- Denn John Middle School 50th Anniversary
- Wellness Expo

Attachment(s):

1. Evening of Hope
2. Team Kareem
3. HFUW Community Baby Shower
4. Denn John Middle School
5. Wellness Expo
6. Community Benefit Spreadsheet



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 12/4/24 Evaluated by: Steve Lackey
 Event Name: Evening of Hope Dinner Event Date: 3/18/25

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?

☒	☐
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Evaluator's Comments

Year 2 for funding 2,000 May
Needs Audit Form 990

2024 - \$1010.00

Community Benefit Funds Application



Submitted on	4 December 2024, 12:11PM
Receipt number	5
Related form version	2

Event Information

Event Name	Evening of Hope Dinner
Event Date	03/18/2025
Street Address	201 E. Dakin Avenue
City	Kissimmee
State	Florida
Zip Code	34741

Requestor Information

Name	Back on Track Employment Services, Inc.
Phone Number	407-552-7473
Address	221 Burning Tree Drive, Kissimmee, FL 34743
Email	jmurray411@live.com
Eligibility	Organization
501(c) Certification/Notification	Back on Track-2024 Certification, Florida Dept of Agriculture Consumer Services.pdf
Form 990 (If Organization is Required to File)	Back on Track-2023 Form 990.pdf
Type of Request	Donation
Total amount to be raised/fundraising goal for your event	\$5,000
Amount Requested from Community Benefit Fund	\$1000
Last Completed Audit	Back on Track-2023 Form 990.pdf

General Information

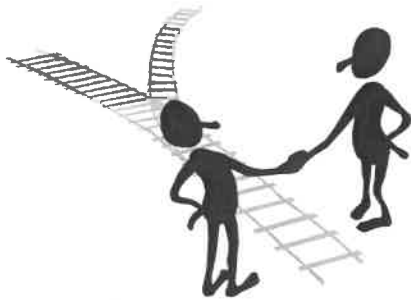
Name of School Represented	Back on Track Employment Services, Inc.
Point of Contact for Event or School	Jacqueline Murray
Point of Contact Phone Number	407-552-7473
Event/Competition's Website	https://www.botemployment.org
Have you participated in this event in the past?	Yes

Donation / Sponsorship Description

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 funds will be used to cover costs for City services, such as staffing costs, equipment rentals, facility rental, etc.
List any other fundraisers planning to raise money for the event or for your participation in the event	None
Have you secured funding or funding commitments from any other governmental entity	No
If yes, please provide the name(s) of the government entity(ies)	

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.	Back on Track's Evening of Hope Dinner is a quarterly event for our at-risk (low-income, underemployed, unemployed, & employed) participants, including our newest participants at the Haven on Vine (through our partnership with the City of Kissimmee's CDBG Grant program. Our event also includes community partners, employers, and volunteers and is designed to foster networking, inspiration, employment opportunities (that pay a living wage), and mentoring. The event enables the participants to obtain wage and employment progression. We are changing lives through employment, helping to move at-risk individuals out of poverty - one individual, one family, one community at a time.
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Restoring Lives, Building Futures

Back on Track Employment Services, Inc.

2024-2025 Annual Budget

INCOME (ALL SOURCES OF FUNDING)	Total Income
CDBG Funding Request (pending)	\$20,000
City of Kissimmee Community Benefit Funds Request (pending)	\$1,000
Publix (committed)	\$8,500
Walmart/Sam's Club (committed)	\$10,000
Jr. Davis Construction (committed)	\$1,000
Osceola County Community Services Request (pending)	\$30,000
Toho Water Authority Request (committed)	\$1,000
Orlando Magic Youth Foundation (committed)	\$7,500
TOTAL PROGRAM/PROJECT INCOME	\$79,000

EXPENSES (DETAIL LINE ITEM)	CDBG EXPENSES	OTHER EXPENSES	TOTAL EXPENSES
Program Staff Salaries and Benefits	0	\$30,000	\$30,000
Direct Assistance (cost per participant, curriculum, program supplies, etc.)	\$20,000	\$8,000	\$28,000
Stipends for volunteers	0	\$15,000	\$15,000
Utilities, Insurance, Taxes	0	\$2,000	\$2,000
Phone and Supplies	0	\$1,000	\$1,000
Staff Development/Training/Travel	0	\$3,000	\$3,000
TOTAL PROGRAM/PROJECT EXPENSES	\$20,000	59,000	\$79,000



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

May 7, 2024

Refer To: DTN3928174 CH62453

BACK ON TRACK EMPLOYMENT SERVICES, INC.
221 BURNING TREE DR
KISSIMMEE, FL 34743-8434

RE: BACK ON TRACK EMPLOYMENT SERVICES, INC.
REGISTRATION#: CH62453 EXPIRATION DATE: June 8, 2025

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually using form FDACS-10110 which will be mailed to you approximately 35 days before the registration expiration date:

- * The charitable organization or sponsor has less than \$50,000 in total revenue during the preceding fiscal year.
- * The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- * The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

PLEASE NOTE: If you no longer meet one or more of the above listed qualifiers, you must submit a registration application using form FDACS-10100 with all required attachments and fees within 30 days of the qualifying change. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Sincerely,

Jose Llaque
Regulatory Specialist I
850-410-3707
Fax: 850-410-3804
E-mail: jose.llaque@fdacs.gov

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning JANUARY 01, 2023, and ending DECEMBER 31, 2023

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization BACK ON TRACK EMPLOYMENT SERV
Doing business as BACK ON TRACK EMPLOYMENT SERVIC
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
221 BURNING TREE DRIVE
City or town, state or province, country, and ZIP or foreign postal code
KISSIMMEE FL 34743

D Employer identification number
61-1947876

E Telephone number
407-552-7473

G Gross receipts \$ 16,310

F Name and address of principal officer:
SEE ATTACHMENT #1

H(a) Is this a group return for subordinates? Yes ☐ No ☒
H(b) Are all subordinates included? Yes ☐ No ☐
If "No," attach a list. See instructions.
H(c) Group exemption number 0501

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other TAX EX **L** Year of formation: 2019 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
EQUIPPING AND REPAIRING AT RISK INDIVIDUALS TO TRANSITION BACK INTO THE COMMUNITY

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 1

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6 1

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1

b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	21,100	16,310
9 Program service revenue (Part VIII, line 2g) 9		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11		
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	21,100	16,310
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15		
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) 16b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	21,100	16,310
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	21,100	16,310
19 Revenue less expenses. Subtract line 18 from line 12 19		

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 20		
21 Total liabilities (Part X, line 26) 21		
22 Net assets or fund balances. Subtract line 21 from line 20 22		

Part II Signature Block

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

Sign Here

Signature of officer
JACQUELINE K MURRAY
Type or print name and title
CEO

Date
2/23/2024

Paid Preparer Use Only

Print/Type preparer's name
HELEN OMOLARA
Firm's name
HRB TAX GROUP INC
Firm's address
4084 TOWN CENTER BLVD
ORLANDO FL 32837

Preparer's signature
[Signature]
Date
2/23/24

Check ☐ if self-employed ☐ PTIN
P00464733

Firm's EIN
431871840
Phone no.
(407) 859-5050

May the IRS discuss this return with the preparer shown above? See instructions

Yes ☐ No ☒

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

PROVINDING TRANSIIONAL SERVICES THAT OFFER A GATEWAY TOSOCIAL AND
ECONOMIC SELF SUFFICIENCY TRANSITIONAL SERVICES AS RESOURCES
EMPLOYMENT AND MONITORING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 16,310 including grants of \$) (Revenue \$ 16,310)
SEE ATTACHMENT #2

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,310

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O N/A	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	X
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O N/A	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	X
	If "Yes," complete Form 6069.		

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 1		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		X
b Each committee with authority to act on behalf of the governing body?	8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

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

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

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

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

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

SEE ATTACHMENT #3

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BACK ON TRACK EMPLOYMENT SERVICE	60.00	x						0	0	0
(2) CEO										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f	16,310				
	g Noncash contributions included in lines 1a-1f.	1g \$					
	h Total. Add lines 1a-1f		16,310				
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			16,310				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	338			
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	7,702			
12	Advertising and promotion				
13	Office expenses	2,475			
14	Information technology				
15	Royalties				
16	Occupancy	5,295			
17	Travel	500			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	16,310			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
Assets	1 Cash -- non-interest-bearing	1	
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments -- publicly traded securities	11	
	12 Investments -- other securities. See Part IV, line 11	12	
	13 Investments -- program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	0 16	0	
Liabilities	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	0 26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	27	
	28 Net assets with donor restrictions	28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	32	
33 Total liabilities and net assets/fund balances	0 33	0	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,310
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,310
3	Revenue less expenses. Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. N/A.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. N/A.		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BACK ON TRACK EMPLOYMENT SERVICES INC

Employer identification number

61-1947876

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57	17,600	21,100	221,100	16,310	276,167
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	57	17,600	21,100	221,100	16,310	276,167
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						276,167

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	57	17,600	21,100	221,100	16,310	276,167
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						276,167
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						☒

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	0.00 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test -- 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test -- 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test -- 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test -- 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BACK ON TRACK EMPLOYMENT SERVICES INC

PART X LINE 9 - REVENUE AND EXPENSE

Employer identification number

61-1947876

CLIENT COPY

2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2023, or tax period beginning 01-01-2023, and ending 12-31-2023.
Name of Organization BACK ON TRACK EMPLOYMENT SERVICES INC	Employer Identification Number 61-1947876

990, Page 1, Line F

Principal officer name: JACQUELINE MURRAY
or
Business Name:
BAXX ON TRACK EMPLOYMENT SERVICES INC

Street Address 221 BURNING TREE DR

U.S. Address:

Zip code 34743 City KISSIMMEE State FL

Foreign Address

City

Province or State

Country

Postal code

2023 FORM 990 PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2023, or tax period beginning 01-01-2023, and ending 12-31-2023.

Name of Organization

BACK ON TRACK EMPLOYMENT SERVICES INC

Employer Identification Number

61-1947876

Part III – Statement of Program Service Accomplishments

Code: Expenses: 16,310 including Grants of: Revenue: 16,310

Exempt Purpose Achievements

THE MISSION IS TO GET AT RISK PERSON BACK INTO THE JOB MARKET

2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC
INSPECTION

For calendar year 2023, or tax period beginning 01-01-2023, and ending 12-31-2023

Name of Organization

BACK ON TRACK EMPLOYMENT SERVICES INC

Employer Identification Number

61-1947876

Part VI - Line 20

Individual Name

or

Business Name:

BACK ON TRACK EMPLOYEMNT SERVICES

Street Address 221 BURNING TREE DRIVE

U.S. Address:

Zip code 34743

City KISSIMMEE

State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(407) 552-7473

Fax Number

2023 DETAIL STATEMENTSBACK ON TRACK EMPLOYMENT SERVI
61-1947876

PAGE 1

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

JR DAVIS.....	1,000
PUBLIX.....	5,000
TARGET.....	800
WALMART.....	500
PUBLIX.....	1,500
WALMART.....	2,500
WALMART.....	2,000
WALMART.....	1,000
HELENA AND FLADRIAN KATZ.....	150
TOHO WATER AUTHORITY.....	500
PUBLIX.....	1,000
CARLOS AND CAROL RAMIREZ.....	360

TOTAL CARRIED TO 990-EO PG 9 LINE 1F..... 16,310

STATEMENT #2 - OTHER (990 EO PG 10 LINE 11G(A))

GIFT CARDS FOR CLIENT.....	800
EVENING OF HOPE DINNER.....	6,000
UPS NOTARY.....	10
BUSINESS INSURANCE.....	892

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A)..... 7,702

Leia Perez, Accountant
Stationary Marketing
115 N. Stewart Ave
Kissimmee, FL 34741

February 1, 2025

To the Board of Directors

Back on Track Employment Services, Inc.

Subject: Independent Accountant's Review Report

Dear Members of the Board of Directors,

I have reviewed the accompanying financial statements of Back on Track Employment Services, Inc. (a nonprofit organization), which include the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses, and cash flows for the 2024 financial year, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Accountant's Responsibility

My responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require me to perform procedures to obtain limited assurance as a basis for reporting whether I am aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. I believe that the results of my procedures provide a reasonable basis for my report.

Accountant's Conclusion

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Board of Directors and management of Back on Track.

Sincerely,

Leia Perez

Leia Perez, Accountant
115 N. Stewart Ave
Kissimmee, FL 34741

Statement of Financial Position

Back on Track Employment Services, Inc.

Statement of Financial Position

As of December 31, 2024

Assets

Current Assets

- Cash & Cash Equivalents: \$0
- Accounts Receivable: \$48,500
- Grants & Pledges Receivable: \$1,000

Total Current Assets: \$49,500

Liabilities & Net Assets

Current Liabilities

- Accounts Payable: \$10,000
- Accrued Expenses: \$39,500

Total Current Liabilities: \$39,500

Net Assets

- Unrestricted Net Assets: \$48,500
- Temporarily Restricted Net Assets: \$1,000

Total Net Assets: \$10,000

Total Liabilities & Net Assets: \$89,000



Restoring Lives. Building Futures

Back on Track Employment Services, Inc.

2024-2025 Annual Budget

INCOME (ALL SOURCES OF FUNDING)	Total Income
CDBG Funding Request (pending)	\$20,000
City of Kissimmee Community Benefit Funds Request (pending)	\$1,000
Publix (committed)	\$8,500
Walmart/Sam's Club (committed)	\$10,500
Jr. Davis Construction (committed)	\$1,000
Toho Water Authority Request (committed)	\$1,000
Orlando Magic Youth Foundation (committed)	\$7,500
TOTAL PROGRAM/PROJECT INCOME	\$49,500

EXPENSES (DETAIL LINE ITEM)	CDBG EXPENSES	OTHER EXPENSES	TOTAL EXPENSES
Program Staff Salaries and Benefits	0	\$10,000	\$10,000
Direct Assistance (cost per participant, curriculum, program supplies, etc.)	\$20,000	0	\$20,000
Stipends for volunteers	0	\$15,000	\$15,000
Utilities, Insurance, Taxes	0	\$2,000	\$2,000
Phone and Supplies	0	\$1,500	\$1,500
Staff Development/Training/Travel	0	\$1,000	\$1,000
TOTAL PROGRAM/PROJECT EXPENSES	\$20,000	29,500	\$49,500

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning JANUARY 01, 2023, and ending DECEMBER 31, 2023

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/
terminated
☐ Amended return
☐ Application pending

C Name of organization BACK ON TRACK EMPLOYMENT SERV

Doing business as BACK ON TRACK EMPLOYMENT SERVICE

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

221 BURNING TREE DRIVE

City or town, state or province, country, and ZIP or foreign postal code

KISSIMMEE FL 34743

D Employer identification number

61-1947876

E Telephone number

407-552-7473

G Gross
receipts \$

16,310

F Name and address of principal officer:

SEE ATTACHMENT #1

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number 0501

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

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

TAX EX

L Year of formation: 2019

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:	
EQUIPPING AND REPAIRING AT RIXX INDIVIDUALS TO TRANSITION BACK INTO THE COMMUNITY	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 1
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	6 1
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0
Revenue	
8 Contributions and grants (Part VIII, line 1h)	Prior Year 21,100 Current Year 16,310
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,100 16,310
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,100 16,310
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,100 16,310
19 Revenue less expenses. Subtract line 18 from line 12	
Net Assets or Fund Balances	
20 Total assets (Part X, line 16)	Beginning of Current Year End of Year
21 Total liabilities (Part X, line 26)	
22 Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block

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

Sign
Here

Signature of officer

JACQUELINE K MURRAY

CEO

Date

2/23/2024

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

HELEN OMOLARA

Preparer's signature

Date 2/25/24

Check ☐ if
self-employedPTIN
P00464733

Firm's name HRB TAX GROUP INC

Firm's EIN 431871840

Firm's address 4084 TOWN CENTER BLVD

Phone no.

ORLANDO FL 32837

(407) 859-5050

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

FDA 23 9901 BWF 890 Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JANUARY 01, 2022, and ending DECEMBER 31, 2022

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending

C Name of organization BACK ON TRACK EMPLOYMENT SERV

Doing business as BACK ON TRACK EMPLOYMENT SERVIC

Number and street (or P.O. box if mail is not delivered to street address)

221 BURNING TREE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

KISSIMMEE FL 34743

F Name and address of principal officer:

SEE ATTACHMENT #1

D Employer identification number

61-1947876

E Telephone number

407-552-7473

G Gross receipts \$

H(a) Is this a group return for subordinates? Yes ☒ No ☐H(b) Are all subordinates included? Yes ☐ No ☒

If "No," attach a list. See instructions.

H(c) Group exemption number 0501

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) 4947(a)(1) or 527

J Website: N/A

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

TAX EX

L Year of formation: 2019

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

EQUIPPING AND REPAIRING AT RISK INDIVIDUALS TO TRANSITION BACK INTO THE COMMUNITY

Activities & Governance

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 1

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6 1

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a

b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 21,100

9 Program service revenue (Part VIII, line 2g) 21,100

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,100

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,100

12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,100

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,100

14 Benefits paid to or for members (Part IX, column (A), line 4) 21,100

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,100

16a Professional fundraising fees (Part IX, column (A), line 11e) 21,100

b Total fundraising expenses (Part IX, column (D), line 25) 21,100

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,100

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,100

19 Revenue less expenses. Subtract line 18 from line 12 21,100

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year

21 Total liabilities (Part X, line 26) End of Year

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

JACQUELINE K MURRAY

CEO

Type or print name and title

Date

3/9/2023

Paid Preparer Use Only

Print/Type preparer's name

MARIE THOMPSON

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P0C160740

Firm's name HRB TAX GROUP INC

Firm's address 4084 TOWN CENTER BLVD

ORLANDO FL 32837

Firm's EIN 431871840

Phone no.

(407) 859-5050

May the IRS discuss this return with the preparer shown above? See instructions

Yes ☒ No ☐

FDA 22 9901

BWF 990

Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.

Form 990 (2022)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 11/14/2025 Evaluated by: Steve Lackey

Event Name: Team Karen Memorial Foundation Event Date: 6/21/2025

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

Needs Audit: 990 ✓

Year one new policy \$2500 may w/sunset in effect

Community Benefit Funds Application



Submitted on	14 January 2025, 5:25pm
Receipt number	11
Related form version	2

Event Information

Event Name	Team Kareem Memorial Foundation
Event Date	06/21/2025
Street Address	Kissimmee lakefront
City	Kissimmee
State	Florida
Zip Code	34759

Requestor Information

Name	Arkeisha Reese
Phone Number	7863468910
Address	1080 Cypress Parkway #159 Kissimmee FL 34759
Email	info@teamkareem.org
Eligibility	Organization
501(c) Certification/Notification	IMG_9988.jpeg
Form 990 (If Organization is Required to File)	IMG_9990.jpeg
Type of Request	Donation
Total amount to be raised/fundraising goal for your event	25,000.00
Amount Requested from Community Benefit Fund	\$5,000.00

General Information

Name of School Represented

Point of Contact for Event or School

Point of Contact Phone Number

Event/Competition's Website

Have you participated in this event in the past?

Yes

Donation / Sponsorship Description

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?

Water safety

List any other fundraisers planning to raise money for the event or for your participation in the event

Walk

Have you secured funding or funding commitments from any other governmental entity

No

If yes, please provide the name(s) of the government entity(ies)

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.

Safer in and around water



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8017022758C-7	05/31/2021	05/31/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

TEAM KAREEM MEMORIAL FOUNDATION INC
11460 NW 31ST ST
CORAL SPRINGS FL 33065-3407

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.



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.

A For the 2023 Calendar year, or tax year beginning 2023-01-01 and ending 2023-12-31

B Check if available
☐ Terminated for Business
☒ Gross receipts are normally \$50,000 or less

C Name of Organization: TEAM KAREEM MEMORIAL FOUNDATION

3255 NW 94th Avenue 9771

Coral Springs, FL, US 33075

D Employee Identification Number 46-5568131

E Website
www.teamkareem.org

F Name of Principal Officer: Arkeisha Reese

3255 NW 94th Avenue 9771

Coral Springs, FL, US 33075

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

A For the 2023 Calendar year, or tax year beginning 2023-01-01 and ending 2023-12-31

B Check if available

☐ Terminated for Business☒ Gross receipts are normally \$50,000 or lessC Name of Organization: TEAM KAREEM MEMORIALFOUNDATION3255 NW 94th Avenue #771,Coral Springs, FL, US, 33075

D Employee Identification

Number 46-5568131

E Website:

www.teamkareem.orgF Name of Principal Officer: Arkeisha Reese3255 NW 94th Avenue #771,Coral Springs, FL, US, 33075

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TEAM KAREEM ANNUAL BUDGET

2024-2025

Personnel Costs		
Director	Administration of all program activities – 800hrs@ \$25 per hour	\$20,000
Swimming Instructors (3)	Consists of 4/hrs Skills training @\$12 per hour x 200 children per year	\$28,800
CPR Training	Consists of 4 hours of training (100 adults trained per yr)	\$9,500
Educational Materials	Water safety curriculum	\$8,000
Events	Introducing the community to resources	\$15,000
Safety Equipment	Vests, Goggles, etc.	\$5,000
Total costs for 200 children per year		\$56,800

Donation option 30,000		
Estimated income	Enrollment fees, donations, grants	\$30,000
Deficit		\$113,100

Leia Perez, Accountant
Stationary Marketing
115 N. Stewart Ave
Kissimmee, FL 34741

January 28, 2025

To the Board of Directors
Team Kareem Memorial Foundation

Subject: Independent Accountant's Review Report

Dear Members of the Board of Directors,

I have reviewed the accompanying financial statements of Team Kareem Memorial Foundation (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses, and cash flows for the 2024 financial year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Accountant's Responsibility

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Accountant's Conclusion

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Board of Directors and management of Team Kareem Memorial Foundation.

Sincerely,

Leia Perez

Leia Perez, Accountant
115 N. Stewart Ave
Kissimmee, FL 34741

Team Kareem Memorial Foundation



2023 Audit

City of Kissimmee Betterment Grant	+\$2,500.00
Group swimming lessons \$80.00 x 15	-\$1,200.00
Private swim lessons \$125.00 4	-\$500.00
Water for participants	-\$200.00
Burgers	-\$300.00
Hotdogs	-\$100.00
Buns & Condiments	-\$200.00

Sincerely,

Arkelsha Reese

President & Founder

1080 Cypress Parkway * PMB# 159 * Kissimmee, FL 34759 *786-346-8910* info@teamkareem.org

www.teamkareem.org

Team Kareem Memorial Foundation



2024 Audit

City of Kissimmee Betterment Grant
+\$2,500.00
Group swimming lessons \$80.00 x 15
-\$1,200.00
Private swim lessons \$125.00 4
-\$500.00
Water for participants
-\$300.00
Burgers
-\$200.00
Hotdogs
-\$100.00
Buns & Condiments
-\$200.00

Sincerely,

Arkeisha Reese

President & Founder

3255 NW 94th Ave Coral Springs, FL 33075 • 786.346.8910 • info@teamkareem.org

www.teamkareem.org



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/10/25 Evaluated by: Steve Lackey

Event Name: HFW Community Baby Shower Event Date: 6/25/25

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

*This is not a Ticketed event
nor open to the public
Maximum of 50 Osceola County
families nominated by Committee -
1st year - 2500 Max*

Community Benefit Funds Application



Submitted on	10 January 2025, 11:12AM
Receipt number	10
Related form version	2

Event Information

Event Name	HFUW Community Baby Shower
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Event Date	06/18/2025 06/25/25
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Street Address	1940 Cannery Way
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City	Orlando
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State	FL
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Zip Code	32804-4714
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Requestor Information

Name	Regina Clifton
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Phone Number	4074292092
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Address	1940 Cannery Way
---------	------------------

Email	regina.clifton@hfuw.org
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Eligibility	Organization
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501(c) Certification/Notification	HFUW 501 c 3 Letter.pdf
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Form 990 (If Organization is Required to File)	2022-2023 990 Public Disclosure Copy.pdf
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Type of Request	Donation
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Total amount to be raised/fundraising goal for your event	20,000.00
---	-----------

Amount Requested from Community Benefit Fund	3,000.00
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Last Completed Audit	Heart of Florida United Way, Inc. 6-30-24 Audit.pdf
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General Information

Name of School Represented	Heart of Florida United Way, Inc. (nonprofit organization)
Point of Contact for Event or School	Lynnea Crawford
Point of Contact Phone Number	(407) 429-2149
Event/Competition's Website	https://www.hfuw.org
Have you participated in this event in the past?	Yes

Donation / Sponsorship Description

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?

Community Baby Shower seeks to provide 50 ALICE families in Osceola county with a celebration experience that provides essential supplies and resources as they prepare to welcome their new baby. Families are nominated by local nonprofit organizations, public schools, social programs, etc. and must be either currently pregnant or have a baby under the age of 6 months to participate. Once their nomination is processed, the family is invited to bring 2 adults and any older siblings to attend a buffet dinner and resource fair. All families receive a \$50 grocery gift card, diapers, wipes, and over \$200 in additional gift items generously supported by sponsors and donors. The funds being requested in this application would be utilized to offset the costs of the host venue for this event to occur, allowing for funds to be reallocated to provide additional resources or gifts to the families in need.

List any other fundraisers planning to raise money for the event or for your participation in the event

HFUW seeks corporate funders to support the various gift items and food for the event. Past funders have included Advent Health for Women, Florida Technical College, Walt Disney World Resort, and others.

Have you secured funding or funding commitments from any other governmental entity

No

If yes, please provide the name(s) of the government entity(ies)

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.

This event will be the fourth year we have conducted this experience. We receive positive feedback from families who are extremely grateful for the support of this activity, and for the joyous environment created by the staff and volunteers. Last year, 50 families were able to receive well over \$200 in gift items and received safety information and other resources available within their community to support their new baby.

Report of Independent Auditor

To the Board of Directors
Heart of Florida United Way, Inc.
Orlando, Florida

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Heart of Florida United Way, Inc. (the "Organization") (a nonprofit organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Other Matters

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 14, 2024, on our consideration of Heart of Florida United Way, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Heart of Florida United Way, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Heart of Florida United Way, Inc.'s internal control over financial reporting and compliance.



Orlando, Florida
November 14, 2024

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

To the Board of Directors
Heart of Florida United Way, Inc.
Orlando, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Heart of Florida United Way, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 14, 2024.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Heart of Florida United Way, Inc.'s internal control over financial reporting ("internal control") as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Heart of Florida United Way, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Heart of Florida United Way, Inc.'s internal control.

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Cherry Bekaert LLP

Orlando, Florida
November 14, 2024

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

To the Board of Directors
Heart of Florida United Way, Inc.
Orlando, Florida:

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Heart of Florida United Way, Inc.'s (the "Organization") compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended June 30, 2024. The Organization's major federal program is identified in the *Summary of Auditor's Results* section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2024.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Our responsibilities under those standards and the Uniform Guidance are further described in the *Auditor's Responsibilities for the Audit of Compliance* section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's federal program.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of its major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the *Auditor's Responsibilities for the Audit of Compliance* section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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



Orlando, Florida
November 14, 2024



Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0256554075
Apr. 06, 2021 LTR 4168C 0
59-0808854 000000 00

00015271

BODC: TE

HEART OF FLORIDA UNITED WAY
% DR NELSON YING CENTER
1940 CANNERY WAY
ORLANDO FL 32804

008832

Employer ID number: 59-0808854
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Mar. 30, 2021, about your tax-exempt status.

We issued you a determination letter in July 1942, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

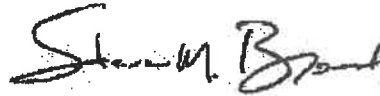
0256554075
Apr. 06, 2021 LTR 4168C 0
59-0808854 000000 00
00015272

HEART OF FLORIDA UNITED WAY
% DR NELSON YING CENTER
1940 CANNERY WAY
ORLANDO FL 32804

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager
Operations 3-CIN



Heart of Florida United Way, Inc. 2024 - 2025 Organizational Budget

	<u>2024-2025 Budget</u>
<u>Revenue</u>	
Annual Campaign	\$ 6,623,287
Grant Revenue	\$ 8,354,987
Other	\$ 4,274,443
Total Revenue	\$ 19,252,717
<u>Expenses</u>	
Community Impact Expenses	
Allocation to Agencies	\$ 5,356,571
Other Program Services	\$ 3,542,346
Total Community Impact Expenses	\$ 8,898,917
 Operating Expenses	 \$ 9,939,800
Other	\$ 184,000
Depreciation	\$ 230,000
Total Expenses	\$ 19,252,717
 Net Income (Loss)	 \$ -

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization HEART OF FLORIDA UNITED WAY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1940 CANNERY WAY City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32804-4714 F Name and address of principal officer: JEFFERY HAYWARD SAME AS C ABOVE	D Employer identification number 59-0808854 E Telephone number 407-835-0900 G Gross receipts \$ 25,850,366. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.HFUW.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		
L Year of formation: 1988 M State of legal domicile: FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	36
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	209
6	Total number of volunteers (estimate if necessary)	6088
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8	Contributions and grants (Part VIII, line 1h)	19,266,808.
9	Program service revenue (Part VIII, line 2g)	570,109.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,168,302.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,719.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,120,938.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,351,774.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,586,621.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	1,400,573.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,300,275.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,238,670.
19	Revenue less expenses. Subtract line 18 from line 12	-3,117,732.
20	Total assets (Part X, line 16)	52,280,258.
21	Total liabilities (Part X, line 26)	7,747,985.
22	Net assets or fund balances. Subtract line 21 from line 20	44,532,273.

Part II Signature Block

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

Sign Here	Signature of officer JEFFERY HAYWARD, PRESIDENT & CEO	Date	
Paid Preparer Use Only	Print/Type preparer's name PAULA WENDLING	Preparer's signature <i>Paula Wendling</i>	Date 2024.01.22 21:34:36 -07'00'
	Firm's name CHERRY BEKAERT ADVISORY LLC	Firm's EIN 88-2730877	Check if self-employed ☐ PTIN P00536805
	Firm's address 800 NORTH MAGNOLIA AVE, SUITE 1300 ORLANDO, FL 32803	Phone no. 407-423-7911	

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

Part III Statement of Program Service Accomplishments

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

☒ X

- 1**
- Briefly describe the organization's mission:

THE MISSION OF HEART OF FLORIDA UNITED WAY IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITIES. THIS IS ACCOMPLISHED BY STANDING UP FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN CENTRAL FLORIDA.

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **11,426,022.** including grants of \$ **6,629,137.**) (Revenue \$ **499,002.**)

FOUNDED IN 1939, HEART OF FLORIDA UNITED WAY (UNITED WAY) IS CENTRAL FLORIDA'S LARGEST SUPPORTER OF LOCAL HEALTH AND HUMAN SERVICE AGENCIES. IN 2022-2023, \$22.0 MILLION DOLLARS WERE INVESTED INTO CENTRAL FLORIDA, INCLUDING OVER \$9.9 MILLION DOLLARS RAISED DURING THE ANNUAL CAMPAIGN THAT HELPS FUND LOCAL HEALTH AND HUMAN SERVICE PROGRAMS. WITH THESE INVESTMENTS, UNITED WAY TOUCHED THE LIVES OF 755,777 INDIVIDUALS THROUGH COMMUNITY PARTNERSHIPS, AS WELL AS THROUGH DIRECT SERVICES DESIGNED TO CREATE A THRIVING COMMUNITY WHERE ADULTS AND CHILDREN ACHIEVE THEIR FULL POTENTIAL WITH ACCESS TO A SOLID EDUCATION, GOOD HEALTH, SAFE NEIGHBORHOODS AND JOBS THAT PAY A LIVING WAGE.

4b (Code:) (Expenses \$ **3,344,757.** including grants of \$) (Revenue \$)

IN 2022-2023, HEART OF FLORIDA UNITED WAY 2-1-1 MANAGED GRANTS AND FEE-FOR-SERVICE CONTRACTS, TOTALING \$4.3 MILLION, TO PROVIDE 2-1-1 INFORMATION, REFERRAL AND CRISIS SERVICES VIA PHONE, CHAT, TEXT, EMAIL AND ONLINE DATABASE ACCESS IN THE TRI-COUNTY AREA OF ORANGE, OSCEOLA AND SEMINOLE, FLORIDA. HFUW 2-1-1 IS ALSO CONTRACTED TO PROVIDE SERVICES IN 11 ADDITIONAL COUNTIES IN FLORIDA, 42 COUNTIES IN TENNESSEE, AS WELL AS SERVING AS THE NATIONAL DISASTER DISTRESS HELPLINE TEXT CENTER AND REGIONAL 988 SUICIDE & CRISIS LIFELINE. HFUW 2-1-1 ANSWERED OVER 289,000 CONTACTS IN FY 2023.

4c (Code:) (Expenses \$ **2,606,660.** including grants of \$ **1,467,062.**) (Revenue \$)

HEART OF FLORIDA UNITED WAY SERVES AS THE LEAD AGENCY FOR RYAN WHITE PART B/GENERAL REVENUE, A FLORIDA DEPARTMENT OF HEALTH-FUNDED PROGRAM THAT PROVIDES CARE AND SUPPORT TO PEOPLE LIVING WITH HIV IN ORANGE, OSCEOLA, SEMINOLE AND BREVARD COUNTIES. ADDITIONALLY, HEART OF FLORIDA UNITED WAY RECEIVES FEDERAL FUNDING FROM ORANGE COUNTY GOVERNMENT TO PROVIDE TECHNICAL ASSISTANCE FOR THE CENTRAL FLORIDA HIV PLANNING COUNCIL, A COMMUNITY PLANNING GROUP THAT MAKES RECOMMENDATIONS TO THE RECIPIENT OFFICES ON RYAN WHITE PART FUNDS, THROUGH THE MANAGEMENT OF THE PLANNING COUNCIL SUPPORT PROGRAM. THE PLANNING COUNCIL PROVIDES PREVENTION AND CARE PLANNING FOR ORANGE, OSCEOLA, SEMINOLE, LAKE AND BREVARD COUNTIES.

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ **1,687,035.** including grants of \$ **1,687,035.**) (Revenue \$)**4e** Total program service expenses **19,064,474.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 209		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	36													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		36												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?			X											
b Each committee with authority to act on behalf of the governing body?			X											
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O														X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JILL GREVI - 407-835-0900
1940 CANNERY WAY, ORLANDO, FL 32804-4714

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFERY HAYWARD PRESIDENT & CEO	50.00 0.00			X				395,857.	0.	47,785.
(2) JILL GREVI CHIEF FINANCIAL OFFICER	50.00 0.00			X				258,788.	0.	49,894.
(3) GRACIELA NORIEGA JACOBY CHIEF OPERATING OFFICER	50.00 0.00				X			257,461.	0.	35,707.
(4) TADAR MUHAMMAD CHIEF DEVELOPMENT OFFICER	50.00 0.00				X			193,692.	0.	34,792.
(5) RAYMOND LARSEN SR. VP STRATEGIC IMPACT & COMM. ENG.	50.00 0.00				X			134,571.	0.	39,826.
(6) NANCY MARIE ALVAREZ-MILLER COMMUNITY ADVOCATE	50.00 0.00				X			163,638.	0.	567.
(7) ASHLEY BLASEWITZ SR. VP DONOR & VOLUNTEER EXPERIENCE	50.00 0.00				X			134,307.	0.	26,967.
(8) SEAN DEMARTINO IMMEDIATE PAST CHAIR	2.50 0.00	X		X				0.	0.	0.
(9) TRACEY POWELL CHAIR	2.50 0.00	X		X				0.	0.	0.
(10) EDDIE FRANCIS SECRETARY	2.50 0.00	X		X				0.	0.	0.
(11) MICHAEL MUELLER TREASURER	2.50 0.00	X		X				0.	0.	0.
(12) HOPE NEWSOME VICE CHAIR	2.50 0.00	X		X				0.	0.	0.
(13) JAN ASPURU DIRECTOR	2.50 0.00	X						0.	0.	0.
(14) LYSA BARBANO DIRECTOR	2.50 0.00	X						0.	0.	0.
(15) NICOLLA BINFORD DIRECTOR	2.50 0.00	X						0.	0.	0.
(16) GRACE CHEHANSKY DIRECTOR	2.50 0.00	X						0.	0.	0.
(17) JAY DARULLA DIRECTOR	2.50 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN DAVIS DIRECTOR	2.50 0.00	X						0.	0.	0.
(19) HEIDI DEBENEDETTI DIRECTOR	2.50 0.00	X						0.	0.	0.
(20) DONNA DYSON DIRECTOR	2.50 0.00	X						0.	0.	0.
(21) STEPHANIE GARDNER DIRECTOR	2.50 0.00	X						0.	0.	0.
(22) ELISHA GONZALEZ BONNEWITZ DIRECTOR	2.50 0.00	X						0.	0.	0.
(23) TODD GOODMAN DIRECTOR	2.50 0.00	X						0.	0.	0.
(24) HUMBERTO HORMAZA DIRECTOR	2.50 0.00	X						0.	0.	0.
(25) CHAR JORDAN DIRECTOR	2.50 0.00	X						0.	0.	0.
(26) LINDA LANDMAN GONZALEZ DIRECTOR	2.50 0.00	X						0.	0.	0.
1b Subtotal								1,538,314.	0.	235,538.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,538,314.	0.	235,538.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

10

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X	
---	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5		X
---	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHERRY BEKAERT PO BOX 25549, RICHMOND, VA 23260	ACCOUNTING	132,445.
VIDEOCONNEX 5053 HAWKS HAMMOCK WAY, SANFORD, FL 32771	VIDEO SERVICES	129,671.
ERNST & YOUNG PO BOX 935514, ATLANTA, GA 31193	CONSULTING	125,000.
ORLANTECH, INC. 230 LOOKOUT PLACE, MAITLAND, FL 32751	TECHNOLOGY SUPPORT	100,414.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARIE MARTINEZ DIRECTOR	2.50 0.00	X						0.	0.	0.
(28) MARITZA MARTINEZ-GUERRERO DIRECTOR	2.50 0.00	X						0.	0.	0.
(29) PETER MEYER DIRECTOR	2.50 0.00	X						0.	0.	0.
(30) SHERIFF JOHN W. MINA DIRECTOR	2.50 0.00	X						0.	0.	0.
(31) STEPHANIE NELSON GARRIS, ESQ. DIRECTOR	2.50 0.00	X						0.	0.	0.
(32) KARMYN NORWOOD DIRECTOR	2.50 0.00	X						0.	0.	0.
(33) GABY ORTIGONI DIRECTOR	2.50 0.00	X						0.	0.	0.
(34) MICHAEL PATTILLO DIRECTOR	2.50 0.00	X						0.	0.	0.
(35) TAMMY PAYCER DIRECTOR	2.50 0.00	X						0.	0.	0.
(36) JOHN PISAN DIRECTOR	2.50 0.00	X						0.	0.	0.
(37) CHIEF ORLANDO ROLON DIRECTOR	2.50 0.00	X						0.	0.	0.
(38) DAVID RUIZ DIRECTOR	2.50 0.00	X						0.	0.	0.
(39) JOANNE SANTIAGO DIRECTOR	2.50 0.00	X						0.	0.	0.
(40) ED TIMBERLAKE DIRECTOR	2.50 0.00	X						0.	0.	0.
(41) ANNETTA WILSON DIRECTOR	2.50 0.00	X						0.	0.	0.
(42) BILL WILSON DIRECTOR	2.50 0.00	X						0.	0.	0.
(43) CHAD WILSON DIRECTOR	2.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	65,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,595,810.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,118,726.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 52,076.				
	h Total. Add lines 1a-1f			19,779,536.			
	Business Code						
Program Service Revenue	2 a MANAGEMENT FEES		900099	178,746.	178,746.		
	b SERVICE FEES		900099	50,925.	50,925.		
	c						
	d						
	e						
	f All other program service revenue		900099	269,331.	269,331.		
	g Total. Add lines 2a-2f			499,002.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,057,280.			1057280.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a	106,779.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	106,779.				
	d Net rental income or (loss)			106,779.			106,779.
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		7a	4,202,615.				
	b Less: cost or other basis and sales expenses	7b	3,564,155.	492.			
	c Gain or (loss)	7c	638,460.	-492.			
	d Net gain or (loss)			637,968.			637,968.
	8 a Gross income from fundraising events (not including \$ 65,000. of contributions reported on line 1c). See Part IV, line 18	8a	205,154.				
	b Less: direct expenses	8b	88,553.				
	c Net income or (loss) from fundraising events			116,601.			116,601.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			22,197,166.	499,002.	0.	1918628.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,591,156.	4,591,156.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,192,078.	5,192,078.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	732,530.	334,945.	279,319.	118,266.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,134,179.	4,383,329.	1,095,553.	655,297.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	178,835.	115,824.	45,395.	17,616.
9 Other employee benefits	1,828,064.	1,291,308.	342,189.	194,567.
10 Payroll taxes	562,419.	388,235.	111,706.	62,478.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,191.		4,191.	
c Accounting	119,550.		119,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,261.		49,261.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	346,702.	282,259.	45,204.	19,239.
12 Advertising and promotion	310,621.	70,677.	31,836.	208,108.
13 Office expenses	388,463.	320,373.	39,035.	29,055.
14 Information technology	124,965.	92,783.	22,013.	10,169.
15 Royalties				
16 Occupancy	184,543.	146,848.	24,162.	13,533.
17 Travel	45,513.	28,424.	6,067.	11,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	122,326.	98,591.	11,812.	11,923.
20 Interest				
21 Payments to affiliates	284,038.	124,305.	157,815.	1,918.
22 Depreciation, depletion, and amortization	219,949.		207,720.	12,229.
23 Insurance	72,088.	56,628.	9,935.	5,525.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HOMELESSNESS SERVICES	593,950.	593,950.		
b CASE MANAGEMENT	289,885.	289,885.		
c EARLY INTERVENTION SERV	199,204.	199,204.		
d MEMBERSHIP DUES	43,474.	12,841.	6,350.	24,283.
e All other expenses	504,850.	450,831.	48,674.	5,345.
25 Total functional expenses. Add lines 1 through 24e	23,122,834.	19,064,474.	2,657,787.	1,400,573.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	226,345.	1	348,644.
	2 Savings and temporary cash investments	28,078,860.	2	11,204,212.
	3 Pledges and grants receivable, net	4,866,013.	3	5,136,899.
	4 Accounts receivable, net	253,841.	4	89,983.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	153,870.	9	106,036.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,549,132.		
	b Less: accumulated depreciation	10b 3,405,236.		
	11 Investments - publicly traded securities	3,225,427.	10c	3,143,896.
	12 Investments - other securities. See Part IV, line 11	13,154,425.	11	30,346,100.
	13 Investments - program-related. See Part IV, line 11	2,321,477.	12	2,398,696.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	52,280,258.	15	52,774,466.	
Liabilities	17 Accounts payable and accrued expenses	1,591,881.	17	1,337,270.
	18 Grants payable	4,743,713.	18	2,003,598.
	19 Deferred revenue	1,086,374.	19	3,675,455.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	326,017.	25	2,238,784.
	26 Total liabilities. Add lines 17 through 25	7,747,985.	26	9,255,107.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,545,945.	27	34,842,030.
	28 Net assets with donor restrictions	7,986,328.	28	8,677,329.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	44,532,273.	32	43,519,359.
33 Total liabilities and net assets/fund balances	52,280,258.	33	52,774,466.	

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,197,166.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,122,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	-925,668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,532,273.
5	Net unrealized gains (losses) on investments	5	-87,246.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,519,359.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2022)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/27/2025 Evaluated by: Steve Lackey

Event Name: Denn John Middle School 50th Anniversary Event Date: 4/12/2025

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?

☐	☐
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Evaluator's Comments

This is an Osceola County School District Function
 Qualifies for 1st year award not to exceed \$2,500.
 Silver Sponsor \$2,000
 Bronze \$1,000
 Other - Any Amount

Community Benefit Funds Application



Submitted on	29 January 2025, 1:21pm
Receipt number	14
Related form version	2

Event Information

Event Name	50th Anniversary Event- Denn John Middle School
Event Date	04/12/2025
Street Address	2001 Denn John Ln
City	KISSIMMEE
State	Florida
Zip Code	34744

Requestor Information

Name	Marc Hernandez
Phone Number	689-261-3280
Address	2001 Denn John Ln
Email	MARC.HERNANDEZ@OSCEOLASCHOOLS.NET
Eligibility	Individual
501(c) Certification/Notification	
Form 990 (If Organization is Required to File)	
Type of Request	Donation
Total amount to be raised/fundraising goal for your event	10,000.00
Amount Requested from Community Benefit Fund	Any amount

General Information

Name of School Represented	Denn John Middle School
Point of Contact for Event or School	Marc Hernandez
Point of Contact Phone Number	689.261.3280
Event/Competition's Website	https://www.osceolaschools.net/djms
Have you participated in this event in the past?	No

Donation / Sponsorship Description

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?	This is a community event dedicated to celebrate the 50th birthday of Denn John Middle School.
---	--

List any other fundraisers planning to raise money for the event or for your participation in the event	We are seeking donations from various organizations.
---	--

Have you secured funding or funding commitments from any other governmental entity	No
--	----

If yes, please provide the name(s) of the government entity(ies)

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.	DJMS is a dedicated school to promoting academic excellence and success. With being around over 50 years, we want the community to feel a sense of pride and joy of the school. The community of DJMS will band together to promote Dragons Breathe F.I.R.E and celebrate the existence of coming together.
--	---



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

DENN JOHN MIDDLE SCHOOL

2100 Denn John Lane • Kissimmee • Florida 34744-4492

PHONE: (407) 935-3560 • FAX: (407) 935-3572 • www.djms@osceolaschools.net

Principal

Marc A. Hernandez

Assistant Principals

Lonnie A. Howard
Rafael Booker

SCHOOL BOARD MEMBERS

Teresa "Terry" Castillo Vice Chair

District 1 – Kissimmee
407-577-5022

Bethzaida Garcia DISTRICT NO. 2- KISSIMMEE

PHONE: 689-318-7667

Anthony Cook

DISTRICT NO. 3-
POINCIANA

PHONE: 689-318-7690

Heather Kahoun Chair

District 4 – Kissimmee
689-241-7822

Paula Bronson

DISTRICT NO. 5-ST.
CLOUD

PHONE: 689-318-7674

ADMINISTRATIVE COMPLEX OFFICES:

Alternative Programs
2320 New Beginnings Road
Kissimmee, FL 34744
PHONE: 407-343-8713
FAX: 407-343-8776

Exceptional Student Education
805 Bill Beck Boulevard
Kissimmee, FL 34744-4495
PHONE: 407-343-8700
FAX: 407-343-8775

Facilities
809 Bill Beck Boulevard
Kissimmee, FL 34744-4495
PHONE: 407-518-2964
FAX: 407-518-2985

Professional Development
2320 New Beginnings Road
Kissimmee, FL 34744-4495
PHONE: 407-518-2940
FAX: 407-518-2988

Student Services
1200 Vermont Avenue
St. Cloud, FL 34769
PHONE: 407-870-4897
FAX: 407-870-4629

January 15, 2025

To Whom It May Concern:

I am reaching out on behalf of Denn John Middle School! Our school turned 50 this school year. We are excited to present our upcoming 50th Anniversary celebration on Saturday, April 12, 2025, at Denn John Middle School.

As we reflect on the growth and success of our school, we are reminded of the strong partnerships we have formed within our community, including with local businesses or organizations like yours. To make this anniversary celebration truly memorable, we are seeking sponsors and donors who share our commitment to supporting education and our students' success.

We believe that your company/organization would be an ideal partner for this event. Your support would provide exceptional brand visibility, networking, opportunities, and a chance to highlight your commitment to corporate responsibility.

We have created several sponsorship opportunities to suit various budgets and objectives. By becoming a sponsor for the 50th Anniversary Event, your organization will receive various benefits.

DJMS is confident that your involvement in this celebration will not only help us achieve our goals but will also provide valuable exposure for your business or organization within our school community. This is a unique opportunity to be part of an event that celebrates the past, present, and future of Denn John Middle School.

I have attached our comprehensive sponsorship package that provides detailed information about each sponsorship level and the associated benefits. I would be thrilled to discuss these sponsorship opportunities further and explore how our partnership can yield mutual benefits. I am available at your convenience to schedule a meeting or have a phone call to address any questions you may have. I look forward to collaborating with you in making our 50th Anniversary celebration a memorable and successful event. Thank you for your time and consideration.

Warm regards,

Marc A. Hernandez

Marc A. Hernandez
Principal

Marc.Hernandez@osceolaschools.net or 689.261.3280

Sponsorship Opportunities

Premier Sponsor \$5,000.00

- Complimentary 10'x10' space, 1 table and 2 chairs
- A press release announcing your company's sponsorship
- Display your company's banner on stage
- Email marketing recognition
- Logo prominently placed as a sponsor on flyers, radio and TV ads associated with this event
- Your logo/name as an official DJMS Business Partner
- On-site display of promotional/branding materials
- Special Recognition and introduction as the Premier sponsor at the event

Gold Sponsor \$3,000.00

- Complimentary 10'x10' space, 1 table and 2 chairs
- A press release announcing your company's sponsorship
- Display your company banner on stage
- Logo placed as a sponsor on posters/flyers, radio and TV ads associated with this event
- Email marketing recognition
- Your logo/name as an official DJMS Business Partner
- Special Recognition as a sponsor at the event

Silver Sponsor \$2,000.00

- Complimentary 10'x10' space, 1 table and 2 chairs
- A press release announcing your company's sponsorship
- Announcement of your company on radio/advertising broadcasts
- 3'X 6' banner displayed
- Name on posters
- Special Recognition as a sponsor at the event

Bronze \$1000.00

- Complimentary 10'x10' space, 1 table and 2 chairs
- 3'X 6' banner displayed
- Announcement of your company on radio/advertising broadcasts
- Recognition as sponsor at the event

Any Donation

If the packages above do not work, then we will gladly accept any donation you wish to provide.

****All donations will be submitted to Mr. Hernandez. Further instructions will be provided at that time.**



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/29/25 Evaluated by: Steve Lackey

Event Name: wellness Expo Event Date: 9/20/2025

	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.

Does the request meet or exceed policy requirements?

☒	☐
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Evaluator's Comments

1st year Request.



Community Benefit Funds Application



Submitted on	29 January 2025, 4:45PM
Receipt number	19
Related form version	2

Event Information

Event Name	WELLNESS EXPO
Event Date	09/20/2025
Street Address	201 E DAKIN AVE
City	KISSIMMEE
State	FL
Zip Code	34741

Requestor Information

Name	Leia Perez
Phone Number	4079065582
Address	115 N. Stewart Ave.
Email	INFO@CANDYLANDDESIGNSCO.COM
Eligibility	Organization
501(c) Certification/Notification	501c3 + DBA (1).pdf
Form 990 (If Organization is Required to File)	filing.pdf
Type of Request	Sponsorship
Total amount to be raised/fundraising goal for your event	10000
Amount Requested from Community Benefit Fund	2500
Last Completed Audit	Non-Profit Audit 2024 .pdf

General Information

Name of School Represented	WEDDING WISH BY CANDYLAND DESIGNS
Point of Contact for Event or School	LEIA PEREZ
Point of Contact Phone Number	4079065582
Event/Competition's Website	WEDDINGWISH.ORG
Have you participated in this event in the past?	No

Donation / Sponsorship Description

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?

This Wellness Expo aims to educate attendees on how to make self-care an easy part of their everyday routine in an effort to encourage mental health and physical wellness.

List any other fundraisers planning to raise money for the event or for your participation in the event

YOGA MAT SALES AT THE COMMUNITY WELLNESS WORKSHOP

Have you secured funding or funding commitments from any other governmental entity

No

If yes, please provide the name(s) of the government entity(ies)

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.

Do you find yourself overwhelmed with life's responsibilities and obligations, or perhaps you suffer from an overwhelming health condition? After a while these things start to add up and you realize you have been neglecting yourself both mentally and physically. Self care gives you an armor to take on whatever life throws at you. It can be as simple or as involved as you'd like it to be, but it is vital to have some routine that focuses on you, and this expo serves to aid in that!

Get ready for an unforgettable day of inspiration, empowerment, and self-care at the Wedding Wish Wellness Expo! This one-of-a-kind event is your ultimate destination for discovering the secrets to a healthier, happier you. This expo brings together wellness experts, engaging activities, and a vibrant marketplace to create an uplifting experience you won't want to miss.

Whether you're looking to de-stress, discover new health practices, or simply have a fun-filled day connecting with like-minded individuals, the Wedding Wish Wellness Expo is your perfect escape. Best of all, every dollar raised goes toward supporting Wedding Wish's mission of providing weddings and mental health services to both the community and engaged couples suffering from life altering health circumstances. Learn more at WeddingWish.org

FORM 990-NDepartment of Treasury
Internal Revenue Service**Electronic Notice (e-Postcard)**

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2023

Open To Public Inspection

A For the <u>2023</u> calendar year, or tax year beginning <u>01/01/2023</u> , and ending <u>12/31/2023</u>	
B Check if applicable ☐ Termination ☒ Gross Receipts are \$50,000 or less	C Name of Organization <u>CANDYLAND DESIGNS</u>
	D Employer ID number <u>83-1706530</u>
E Website Address <u>http://weddingwish.org/</u>	Number and Street (or P.O. box, if mail is not delivered to street address) <u>113 N STEWART AVE</u>
	City or town, state or country, and Zip + 4 <u>KISSIMMEE, FL 34741-0000</u>
F Name of Principal Officer <u>Leia Perez</u>	
Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer <u>3350 Pine Needle Trail</u>	
City or town, state or country, and ZIP + 4 <u>Kissimmee, FL 34741</u>	

Form 990-N

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

DEPARTMENT OF THE TREASURY

Date:

SEP 05 2018

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

Employer Identification Number:
83-1706530
DLN:
26053641003228
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 01, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

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

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

Letter 947

CANDYLAND DESIGNS

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

[Previous on List](#) [Next on List](#) [Return to List](#)[Filing History](#)

Fictitious Name Search

Fictitious Name Detail

Fictitious Name

WEDDING WISH

Filing Information

Registration Number G22000045741
Status ACTIVE
Filed Date 04/11/2022
Expiration Date 12/31/2027
Current Owners 1
County MULTIPLE
Total Pages 3
Events Filed 2
FEI/EIN Number 83-1706530

Mailing Address

115 N STEWART AVE
KISSIMMEE, FL 34741

Owner Information

CANDYLAND DESIGNS
3350 PINE NEEDLE TRL
KISSIMMEE, FL 34746
FEI/EIN Number: 83-1706530
Document Number: L19000181142

Document Images

[04/11/2022 – Fictitious Name Filing](#)[05/26/2023 – CHANGE NAME/ADDRESS](#)[03/01/2023 – CHANGE NAME/ADDRESS](#)[Previous on List](#) [Next on List](#) [Return to List](#)[Filing History](#)

Fictitious Name Search

Moon, Matthew T.

From: FEI.AddressUpdate@dos.state.fl.us
Sent: Monday, February 27, 2023 12:42 PM
To: Fictitious Name Address Change
Subject: Fictitious Name Registration's Address Change - G22000045741

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello,

G220000027216

A business would like to update their Fictitious Name Registration's address.

Name of Business Entity:
WEDDING WISH

Florida Department of State Document/Registration Number:
G22000045741

Street Address:
115 N Stewart Ave

City:
KISSIMMEE

State:
FL

Zip Code:
34741

The user's email address if contact is needed, candylanddesignsco@gmail.com

McKnight, Rebecca "Becky"

From: FEI.AddressUpdate@dos.state.fl.us
Sent: Thursday, May 25, 2023 2:58 PM
To: Fictitious Name Address Change
Subject: Fictitious Name Registration's FEIN Change - G22000045741

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello,

G230000065450

A business would like to update their Fictitious Name Registration's FEIN.

Name of Business Entity:
Wedding Wish

Florida Department of State Document/Registration Number:
G22000045741

FEIN Change:
83-1706530

The user's email address if contact is needed, candylanddesignsco@gmail.com



AUDIT FINDINGS

We are pleased to present our audit findings and report for Candyland Designs, LLC (DBA: Wedding Wish), covering the period from 2023 to 2024. After a thorough and comprehensive review of the financial records and documentation provided, we are pleased to confirm that there are no discrepancies or irregularities detected in the company's financials.

Our audit procedures encompassed a detailed examination of the balance sheet, profit and loss (P&L) statement, expense schedules, and relevant financial transactions. We are pleased to report that all financial records accurately reflect the company's financial performance during the specified period.

Based on our audit review, we have found no indications of any issues, errors or concerns within the financial statements of Candyland Designs, LLC. The financial records have been maintained diligently and in accordance with applicable accounting standards, presenting a clear and accurate representation of the company's financial position and operations.

It is important to emphasize that our audit review is a testament to the commendable financial management practices observed within the company. Your commitment to maintaining accurate and transparent financial records demonstrates a high level of professionalism and dedication to financial integrity.

We would like to take this opportunity to commend the management and staff of Candyland Designs, LLC for their cooperative and responsive approach during the audit process. Your assistance and provision of necessary documents greatly facilitated the smooth execution of our review.

In conclusion, we hereby approve the audit report for Candyland Designs, LLC (DBA Wedding Wish) for the specified period. We confirm that there are no issues or concerns identified in the financial records and we endorse the accuracy and reliability of the financial statements presented.

Should you have any questions or require further clarification regarding our findings, please do not hesitate to reach out. We are dedicated to providing ongoing support and assistance to Candyland Designs, LLC as you continue to thrive in your nonprofit endeavors.

Thank you for entrusting Billings Business Solutions with your audit review. We extend our best wishes for the continued success and positive impact of Candyland Designs, LLC (DBA Wedding Wish).

Brian Billings

Chief Executive Officer

Billings Business Solutions

NONPROFIT AUDIT REPORT
CANDYLAND DESIGNS, LLC
DBA: WEDDING WISH

JANUARY 6, 2025

To:
Candyland Designs, LLC
115 N. Stewart Ave
Kissimmee, FL 34741
(407) 906-5582

Audited by:
Billings Business Solutions
801 Lake Carolyn Pkwy
STE. 3103
Irving, TX 75039
(945) 286-2094

Independent Auditor's Report

Opinion

We have audited the financial statements of Candyland Designs, LLC, which comprise the balance sheets as of December 31, 2023 and 2024, and the related statements of income, and cash flows for the years then ended..

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Candyland Designs, LLC as of December 31, 2023 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of Candyland Designs, LLC, and have fulfilled our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Candyland Designs, LLC's ability to continue as a going concern within one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

Use professional judgment and exercise professional skepticism throughout the audit. Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Candyland Designs, LLC's internal control. Accordingly, no such opinion is expressed.¹

Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.

Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Candyland Designs, LLC's ability to continue as a going concern within one year after the date that the financial statements are issued.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and internal control related matters identified during our audit.

NONPROFIT AUDIT REPORT
CANDYLAND DESIGNS, LLC

1. Organization is adhering to the proper recordkeeping and information reporting requirements.
2. Organization's activities are consistent with its stated tax-exempt purpose.
3. Organization has filed all their returns and forms on time.
4. Organization's returns and forms are all complete and accurate.
5. Annual returns for the tax year under audit, as well as for previous tax years are complete.
6. There are no employment tax returns as there are no employees.
7. Form 1099 series information returns are complete.
8. There are no private foundation excise taxes that apply to this organization.
9. There are no intermediate sanctions (Code section 4958) that apply to this organization.
10. There are no excise tax and information returns that apply to this organization.
11. This organization has zero tax liabilities.
12. This organization has complied with the disclosure requirements for its applications for exemption, for its Form 990 returns, and for its fundraising solicitations and events.

Audited Financial Statements Attached:

Balance Sheets
2023 & 2024

Income/Loss Statements
2023 & 2024

Cash Flow Statements
2023 & 2024

Notes to the Financial Statements
For the Years Ended December 31, 2023 and 2024

Note 1 – Nature of Activities

Candyland Designs. LLC was formed on June 1, 2018, under the laws of the State of FL, for the purpose of operating an event planning and educational resource to the community located in Central Florida. The organization is financed by business donations mostly from Candyland Designs (for profit) business. Under this form of finance most of the organizations expenses are cash payments by the for profit entity.

Note 2 – Significant Accounting Policies

A summary of the organization's significant accounting policies consistently applied in the preparation of the accompanying financial statements is as follows:

Basis of Accounting

Organization's financial statements were prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, and other changes in partners' capital (deficit) during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

For the statements of cash flows, all unrestricted investment instruments with original maturities of three months or less are cash and cash equivalents. As of December 31, 2023 and 2024, cash and cash equivalents consist of both cash and an operating checking account.

Subsequent Events

We have evaluated subsequent events through December 15, 2024, which is the date the financial statements were available to be issued. This evaluation determined that there are no subsequent events that necessitated further disclosure in and/or adjustments to the accompanying financial statements.

Property and Equipment

Property and equipment are recorded at cost. Depreciation is computed using the straight-line method of depreciation. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized as income or loss for the period. The cost of maintenance and repairs is charged to expense as incurred and significant renewal and betterments are capitalized. Deductions are made for retirements resulting from renewals or betterments.

Income Taxes

No provision for federal or state income taxes was made in the financial statements as the federal and state income tax effect on Partnership's activities accrued to its partners. Generally accepted accounting principles in the United States require Partnership to examine its tax positions for uncertain positions. Partnership is not aware of any tax positions that are more likely than not to change in the next twelve months, or that would not sustain an examination by applicable taxing authorities. Partnership's policy is to recognize penalties and interest as incurred in its statements of income (loss) as a component of operating expenses, and totaled \$0 for December 31, 2023 and 2024.

Impairment of Long-Lived Assets

In accordance with the provisions of accounting for the impairment or disposal of long-lived assets, Partnership reviews long-lived assets for impairments when circumstances indicate the carrying amount of an asset may not be recoverable based on the undiscounted future cash flows of the asset. If the carrying amount of an asset may not be recoverable, a write-down to fair value is recorded.

Fair values are determined based on the discounted cash flows, quoted market values, or external appraisals, as applicable. Long-lived assets are reviewed for

impairment at the individual asset or the asset group level for which the lowest level of independent cash flows can be identified. Fair Value Measurements Partnership adopted fair value measurements of financial assets and financial liabilities of non financial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. This establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Partnership has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

Note 3 – Distribution To Partners

During the years ended December 31, 2023 and 2024, \$0 and \$0, respectively were distributed to the partners.

Note 4 – Related Party Transaction

Not applicable.

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of Candyland Designs LLC, which comprise the balance sheet as of December 15, 2024, and the related statements of operations, changes in partners' equity and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report dated Jan. 6, 2025.

Internal Control Over Financial Reporting In planning and performing our audit of the financial statements, we considered Candyland Designs, LLC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Candyland Designs' internal control. Accordingly, we do not express an opinion on the effectiveness of Candyland Designs, LLC's internal control.

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Year End Financial Reporting Requirements

State and Local Government, Indian Tribes and Non-Profit Organizations

Single Audit

The Single Audit is divided into two areas: Compliance and Financial.

The compliance component of a Single Audit covers the study and understanding (planning stage) as well as the testing and evaluation (exam stage) of the recipient with respect to federal assistance usage, operations and compliance with laws and regulations

The financial component is exactly like a financial audit of a non-federal entity which includes the audit of the financial statements and accompanying notes.

Single Audit Component Reference /Checklist

- Financial Statement(s) 2 CFR 200.510(a)
- Opinion on Financial Statements 2 CFR 200.515(a)
- Uniform Guidance Report on Internal Control 2 CFR 200.515(b) (major programs)
- Uniform Guidance Report on Compliance 2 CFR 200.515(c) (major programs)
- GAS Report on Internal Control 2 CFR 200.515(b)
- Schedule of expenditures of Federal Awards 2 CFR 200.510(b)
- Opinion or Disclaimer of Opinion on Schedule of Federal Awards 2 CFR 200.515(a)
- GAS Report on Compliance 2 CFR 200.515(c)
- Schedule of Findings and Questioned Costs 2 CFR 200.515(d)
- Summary Schedule of Prior Audit Findings 2 CFR 200.511(b)
- Corrective Action Plan (if findings) 2 CFR 200.511(c)

SCHEDULE OF FINDINGS

Year ended December 31, 2024

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness identified? ☐ Yes ☒ No

Significant deficiency identified not considered
to be material weaknesses? ☐ Yes ☒ None

Noncompliance material to financial statements noted? ☐ Yes ☒ No

Federal Awards

Type of auditor's report issued on compliance for
major programs:

Internal control over financial reporting:

Material weakness identified? ☐ Yes ☒ No

Significant deficiency identified not considered
to be material weaknesses? ☐ Yes ☒ None

Any audit findings disclosed that are required to be
reported in accordance with CFR Section 200.516(a)? ☐ Yes ☒ No

Identification of major programs: ☐ Yes ☒ None

**SCHEDULE OF FINDINGS, QUESTIONED COSTS, AND
RECOMMENDATIONS**

Findings Financial Statements Audit

None noted

Findings and Questioned Costs Major Award Programs Audit

None noted

Findings and Questioned Costs Prior Years

None noted

**THE WELLNESS EXPO
Project Budget**

Total Project Cost:	\$	10,000.00		
Amount Requested from the Grant	\$	2,500.00		
Cash Received or Pledged:	\$	2,000.00	Sources:	Local Businesses
In-kind Received or Pledged:	\$	500.00	Sources:	Local Businesses
Anticipated Sources of Remaining Funds:	\$	5,000.00	Sources:	Local Businesses
Net (this should automatically equal \$0)				

Category	Description	Project Budget	Grant Request Amount
VENU RENTAL		\$ 2,000.00	\$ 2,000.00
MARKETING & PROMOTION		\$ 1,500.00	\$ -
GUEST SPEAKERS		\$ 2,000.00	\$ -
WORKSHOP SPECIALISTS		\$ 1,500.00	\$ -
RESOURCE PROVIDERS		\$ 1,000.00	\$ -
GIVEAWAYS		\$ 1,000.00	\$ -
A/V, SOUND & TECH SUPPORT		\$ 500.00	\$ -
PERMITS & INSURANCE		\$ 500.00	\$ 500.00
STAFF SUPPORT		TBD	\$ -
	TOTALS	\$ 10,000.00	\$ 2,500.00

25%

