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 for 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 M. HARMAN KHAN

ATTEST:
Andrea Campbell
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** Ø
TOTAL POINTS AWARDED	95

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			

40%

FEE WAIVER GRANT RANKED BY: Edward A. Kilroy

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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	93

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			

of 1260
$504

FEE WAIVER GRANT RANKED BY: Edward A. Kinsey

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)	
Has this specific event been produced previously? (10 points)	50
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)	
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

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: Edward A. Kilroy

Fee Waiver Amount Requested: $10,000/$3,000 max permitted ✓ Recommend $1,200
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)	
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)	9
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	90

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			

.40 x 1323 = $529.20 Ree

FEE WAIVER GRANT RANKED BY: Edward A Kilroy

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)	
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)	20
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

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			

.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)	
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) 2|0	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	15
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) 0	
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	75

	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			

.80 x 3000
2400
Recommend

FEE WAIVER GRANT RANKED BY: Edward A. Kilroy

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)	
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)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	25
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)	100
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

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

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)	
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)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	25
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

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 Dorsey

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

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 Dorsey

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)	
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)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	25
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 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)	
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)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points) -10	25
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)	0
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	90

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: Allan Dorsey

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)	
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)	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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: 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)	
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)	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)	
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	92
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: 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)	
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)	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)	
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)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	92
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: 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)	
Has this specific event been produced previously? (10 points)	50
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)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	13
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Robin Wright

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)	
Has this specific event been produced previously? (10 points)	40
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)	
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)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: 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)	
Has this specific event been produced previously? (10 points)	50
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)	
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)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	75
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Robin 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)	
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)	40
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)	25
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

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

FEE WAIVER GRANT RANKED BY: _____

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

M. Hannan WAIVED

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)	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)	5
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	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: _____

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

M. Hobson Kibbon

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)	5
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)	25
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

M. Hannon KHA

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)	
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)	25
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

M. Hannan Khan

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)	50
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)	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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 2,400.00**

M. Hannon Kloot

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)	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)	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)	
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	85

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

M. Addison Klotz

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)	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)	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)	
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	70

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $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: 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)	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)	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)	
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	90

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: Anderson

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 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)	
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)	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)	
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

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: S Anders

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)	
Has this specific event been produced previously? (10 points)	50
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)	
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	90

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award: $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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	45
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)	
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	90

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

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)	
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

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: 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)	
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)	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)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	12
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	92

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: 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)	
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

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: Manny Comez

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 2,400.00**

Hamza Godil

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)	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)	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)	
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

Hamza Chodil

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)	47
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)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	12
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	92

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: Hamza

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

Hamza Godil

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)	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)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	25
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

Hamza Godil

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)	48
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)	24
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

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: Hamza

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

Hamza Godil

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)	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)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	25
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 2,400.00**

Hamza Godil

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)	44
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)	22
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)	5
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** -5
TOTAL POINTS AWARDED	76

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: Hamza

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 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)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	85

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award: $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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	70

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: 

Fee Waiver Amount Requested: $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)	
Has this specific event been produced previously? (10 points)	50
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)	
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)	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** +5
TOTAL POINTS AWARDED	105

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** +5
TOTAL POINTS AWARDED	~~110~~ 100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $3,000 **Previous Year's Fee Waiver Award: $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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	100

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: AOPNO

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) yes	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) +5	10
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points) +5	
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) ~~0~~	
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** ~~-5~~
TOTAL POINTS AWARDED	~~90~~ 85 ~~85~~ 40 35

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: ADM

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)	
Has this specific event been produced previously? (10 points)	50
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)	
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) Yes	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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** ~~+5~~
TOTAL POINTS AWARDED	100

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: 3,000.00 **Previous Year's Fee Waiver Award: 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)	
Has this specific event been produced previously? (10 points)	50
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)	
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)	
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? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	95

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $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 occuring February 1 - May 31, 2025

EVENT	Requested Date	23/24 Amount	Requested Amount	Year of award / Sunset year	Est. City Expenses	AWARDED	Scored	Ed	Al	Robin	Hannan	David	Manny	Hamza	Vanessa	Amarillis	Total
Kissimmee 5K	2/15/2025	$ 1,200.00	$ 3,000.00	4+	$8,850.00	$ 1,200.00	97.2222222	95	100	100	100	90	95	95	100	100	875
~~Traveling Community Theatre~~	~~2/27-3/2/2025~~	~~n/a~~	~~$ 3,000.00~~	~~1~~	~~$8,255.00~~	$ -	0										0
Dine with Departed	3/8/2025	$ 246.00	$ 3,000.00	4+	$1,260.00	$ 378.00	89.6666667	93	80	92	80	90	90	92	95	95	807
March for Meals	3/15/2025	$ 900.00	$ 10,000.00	4+	$6,804.15	$ 1,200.00	96.3333333	95	95	92	100	95	95	100	100	95	867
Cirus Slam	4/04-06/2025	$ 754.50	$ 3,000.00	4	$1,323.00	$ 529.20	91.1111111	90	90	88	95	95	92	95	85	90	820
Hop on Dowtown	4/19/2025	$ 2,400.00	$ 3,000.00	3	$8,925.50	$ 1,800.00	97.2222222	95	100	90	100	90	100	100	100	100	875
~~Help Now MOMolouges~~	~~4/28-5/04/2025~~	~~n/a~~	~~$ 3,000.00~~	~~1~~	~~$7,250.00~~	$ -	0										0
Relay for Life	5/9-10/2025	n/a	$ 5,000.00	1	$4,988.00	$ 2,400.00	79.5555556	75	90	75	85	70	80	76	70	95	716
						$7,507.20											

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 "Clarita's House" Event Date: 11/9/24

	Meets Policy Requirements	
Applicant Eligibility	**Yes**	**No**
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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
10/12/22 $2100

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

EK

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Kingdom Kids & Families Support Program Event Date: 12/21/24

	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

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 ($2,000 Max award)

EK

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Veterans Appreciation Outreach Event Date:

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

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, 2025

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

EH

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

	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

EK

COMMUNITY BENEFIT EVALUATION FORM

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

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

	Meets Policy Requirements	
Applicant Eligibility	**Yes**	**No**
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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
10/12/22 $2100

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

Allie Dorsey

1000

COMMUNITY BENEFIT EVALUATION FORM

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

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

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 (*2,000 Max award)

Albert Dorsey

1000

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Veterans Appreciation Outreach Event Date: _____

	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 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, 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

1000

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

	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

Mike Dorsey

1000

COMMUNITY BENEFIT EVALUATION FORM

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

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

	Meets Policy Requirements	
Applicant Eligibility	**Yes**	**No**
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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
10/12/22 $2100

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

Robin Wright $1,500

CITY OF KISSIMMEE 1883

COMMUNITY BENEFIT EVALUATION FORM

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

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

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 (*2,000 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:

	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 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, 202

	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

Robin Wright

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: The MOMologues - The Dirty 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

$1,100

Robin Wright

COMMUNITY BENEFIT EVALUATION FORM

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

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

	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

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
10/12/22 $2100

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

$1,000
Manny Gomez

City of Kissimmee **City Policy 1605**

COMMUNITY BENEFIT EVALUATION FORM

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

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

	Meets Policy Requirements	
Applicant Eligibility	**Yes**	**No**
Resident of Osceola County OR 501(c)3, 501(c)4 organization? (if resident, move to next section once eligibility is determined)	✓	
Organization Eligibility (continued)		
Meets incorporation, tax, budget, and audit requirements?	✓	
Does NOT discriminate based on age, race, sex, marital status, Sexual orientation, or national origin?	✓	
Does NOT receive funds from any other City program?	✓	
Meets reporting requirements? (previously funded organizations)	✓	
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 (*2,000 Max award) MG

~~$2,000~~ $1,000
Manna Comet

CITY OF KISSIMMEE 1883

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Veterans Appreciation Outreach Event Date:

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

~~$1,000~~ MG $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, 202

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

Manny

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: The MOMologues - The Dirty 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

$1,000

Manny

$1100

Hamza Godil

COMMUNITY BENEFIT EVALUATION FORM

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

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

	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

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
10/12/22 $2100

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

Itamza Godil

City of Kissimmee

City Policy 1605

$1750

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Kingdom Kids & Families Support Program Event Date: 12/22/24

	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

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 (*2,000 Max award)

CITY OF KISSIMMEE 1883

Hamza Godil

City of Kissimmee

City Policy 1605

$1100

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Veterans Appreciation Outreach Event Date: _____

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

CITY OF KISSIMMEE 1883

Hamza Godil

City of Kissimmee

City Policy 1605

$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, 202

	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

CITY OF KISSIMMEE 1883

Hamza Godil

City of Kissimmee

City Policy 1605

$800

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

	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. Lackey

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

	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

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
10/12/22 $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: 12/22/24

	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

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 ($2,000 Max award)

1000

BA

COMMUNITY BENEFIT EVALUATION FORM

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

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

	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

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 $2383.33
4/12/23 $2333

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

2000

BA

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Veterans Appreciation Outreach Event Date: _____

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

1000

BA

COMMUNITY BENEFIT EVALUATION FORM

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

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

	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

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
10/12/22 $2100

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

CITY OF KISSIMMEE 1883

COMMUNITY BENEFIT EVALUATION FORM

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

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

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

$2000

New Funding Limits – Consider as Year 2 (*2,000 Max award)

COMMUNITY BENEFIT EVALUATION FORM

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

Event Name: Veterans Appreciation Outreach Event Date:

	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 Applicant ($2,500 Max Award)

$1,500 Approved

COMMUNITY BENEFIT EVALUATION FORM

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

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

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

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

$1,000 AWARDED

EXHIBIT D

2024/25 Community Benefit Grant

EVENT	Award Date	Award Year & Amount	Requested Amount	AWARDED	Ed	Al	Robin	Hannan	David	Manny	Hamza	Vanessa	Amarilis	Total
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										

EXHIBIT E

CITY OF
KISSIMMEE
1883

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