



**MEETING AGENDA
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, APRIL 8, 2026 AT 6:00 PM**

- 1. MEETING CALLED TO ORDER**
- 2. MINUTES**
 - 2.A Approval of the meeting minutes from the February 11, 2026 meeting
- 3. HEAR AUDIENCE**
- 4. DISCUSSION**
 - 4.A Directors Update
- 5. NEW BUSINESS**
 - 5.A Fee Waiver Grant
- 6. HEAR CHAIRMAN AND BOARD MEMBERS**
- 7. ADJOURNMENT**

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

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

ITEM 2.A

Approval of the meeting minutes from the February 11, 2026 meeting

Item Details

Attachment(s):

1. PARAB Minutes 2026.2.11 w.exhibits



MEETING MINUTES
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, FEBRUARY 11, 2026 AT 6:00 PM

- 1. MEETING CALLED TO ORDER** Members Present: Board Member Albert Dorsey, Board Co-Chair Edward Kilroy, Board Chair M. Hannan Khan, Board Member Robin Wright, Board Member Vanessa Alvarez, Board Member Seewdat "David" Anderson, Board Member Manuel Gomez, Board Member Amarilis Olivo Williams, Board Member Jordan Rivera
 Staff Present: Parks and Recreation Director Steve Lackey, Assistant City Attorney Curtis McGhee, Events Manager Veronica Frink, Financial Analyst Andrea Campbell, Administrative Assistant III Anna Miller
 Members Absent: none

Board Chair M. Hannan Khan called the meeting to order at 6:01p.m. Board Chair M. Hannah Khan welcomed the newest member of the PARAB Board, Jordan Rivera. As attendance was taken, board members welcomed Jordan and shared a little of their background with the PARAB board.

2. MINUTES

- 2.A Approval of the meeting minutes from the December 10, 2026 meeting
 Board Co-Chair Edward Kilroy made a motion to approve the minutes from the December 10, 2025, meeting as presented. Board Member, Manuel Gomez, seconded the motion.

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

NAY: None

Motion Carried 9-0

- 3. HEAR AUDIENCE** Visitors in the audience were acknowledged by Board Chair M. Hannan Khan. They were told that they would be able to speak on behalf of their Community Benefit Grant at the time of discussion.

4. DISCUSSION

- 4.A Directors Update
 Parks and Recreation Director, Steve Lackey, addressed his delight at seeing a full dais filled with new and tenured PARAB Board members. He gave an update on projects and upcoming events within the department.

- Phase 1B of Lancaster Ranch Park will break ground next week and is expected to be a 6-month project.
- Green Meadows' first anniversary is in March.
- New Advisory Board handbooks were distributed to all members. This booklet was provided by the clerk's office.
- Movie in the Park — The last one for the season will be March 6th.
- Art in the Park — February 13th.
- Black History Month Celebration at Chambers Park — February 21st

- Kowtown Festival — March 21st
- Caribbean Fusion Festival — April 27th
- Hop on Downtown — April 4th
- Volunteer in the Park — March 18th at Lakefront Park and April 22nd at Shingle Creek. PARAB members are encouraged to participate.

5. NEW BUSINESS

5.A Fee Waiver Grants - Period III June - September 2026

Holy Spirit Sanctuary Back to School Event

Board Co-Chair Edward Kilroy presented his score and shared that he did not see any collaboration with other groups listed on the application. Each board member read their scores (Exhibit A) for the Holy Spirit Sanctuary Back to School fee waiver grant as staff recorded the scores into the spreadsheet (Exhibit B). Board Co-Chair Edward Kilroy made the motion to award Holy Spirit Sanctuary Back to School Event \$2,100 worth of fees. Manuel Gomez seconded the motion.

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

NAY: None

Motion Carried: 9-0

Healthy Start Coalition Infant Mortality Wellness Walk

Clarification on the fee waiver amount requested was made by the Parks and Recreation Director, Steve Lackey. The initial fee waiver was based on a private rental and adjusted due to an event fee cost of \$940.00. Each board member read their scores (Exhibit A) for the Healthy Start Coalition Infant Mortality Wellness Walk as staff recorded the scores into the spreadsheet (Exhibit B). Board Co-Chair Edward Kilroy made the motion to award the Healthy Start Coalition Infant Mortality Wellness Walk \$752.00 worth of fees. Board Member Vanessa Alvarez seconded the motion.

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

NAY: None

Motion Carried: 9-0

The motion was amended due to a mathematical issue. A new motion was made by Board Co-Chair Edward Kilroy to award Healthy Start Coalition Infant Mortality Wellness Walk \$846.00 worth of fees. Board Member Manuel Gomez seconded the motion.

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

NAY: None

Motion Carried: 9-0

5.B Community Benefit Grant

Parks and Recreation Director, Steve Lackey, reminded board members that they would be providing a lump sum total score rather than a percentage. Team Kareem is in year two and the maximum amount to give is \$2,000. Hope Day and Black History Celebration are in year one and the maximum amount to give is \$2,500.

Board Member Robin Wright asked for clarification of the current Community Benefit Fund Budget. Parks and Recreation Director, Steve Lackey, confirmed that the budget is \$25,000 and runs for the fiscal year, October–September. The Board Co-Chair, Edward Kilroy, reminded the board that the budget is not just used by PARAB. It is also used by the City Commission to distribute funds. He is asking the board to be mindful that the amount in the account could change.

Team Kareem

Board Member Robin Wright brought up a concern regarding the budget provided. The majority of the budget presented comes from the City. Leah Perez, from the audience, spoke regarding this concern. Leah presented that she works with Team Kareem and assists with their budget audit. She shared that Team Kareem was under the impression that they should only include revenue from the City of Kissimmee when filling out paperwork, but they do have additional revenue coming in from several fundraisers throughout the year and other benefactors to support swim lessons that are supplied to families. Each member read their scores (Exhibit C) for Team Kareem as staff recorded scores on the spreadsheet. (Exhibit D) Board Co-Chair, Edward Kilroy, made a motion to award Team Kareem \$933.00. Board Member, Jordan Rivera, seconded the motion.

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

NAY: None

Motion Carried: 9-0

Hope Day — Greenway Church

Board Member, Edward Kilroy, shared that Greenway Church was a large organization, and he did not feel that the board should provide full sponsorship of \$2,500. The event is a worthy event, and the sponsorship from the City is needed, but the monetary need is not as strong as other organizations. Each member read their scores (Exhibit C) for Hope Day as staff recorded scores on the spreadsheet (Exhibit D). Board Co-Chair Edward Kilroy made a motion to award Greenway Church \$767.00. Board Chair M. Hannan Khan seconded the motion.

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

NAY: None

Motion Carried: 9-0

Black History Celebration

Sharon Anderson, from the audience, thanked the board for allowing her to speak and

recognized her husband in the audience. Mrs. Anderson then shared a brief explanation regarding the event. Board Member, Robin Wright, asked where additional funding was coming from outside the City of Kissimmee's contribution. Mrs. Anderson explained that additional funding will be coming from radio sponsorship, NAACP, a community pastor and personal ministry funds. Board Co-Chair, Edward Kilroy, asked the amount of the proposed budget. Mrs. Anderson shared it was approximately \$6,250. This was to cover the costs of the stage, production, food, and entertainment.

Each member read their scores (Exhibit C) for the Black History Celebration as staff recorded scores on the spreadsheet (Exhibit D). Board Co-Chair, Edward Kilroy, made the motion to award The Black History Celebration \$1,900. Board Member Manuel Gomez seconded the motion.

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

NAY: None

Motion Carried: 9-0

- 6. HEAR CHAIRMAN AND BOARD MEMBERS** Board Members shared welcomes to the visitors and Board Co-Chair, Edward Kilroy, invited members to attend the Master Gardeners event on February 28th at Osceola Heritage Park.

7. ADJOURNMENT

M. Hannan Khan

ATTEST:

Andrea Campbell

There being no further business to come before the Parks & Recreation Advisory Board, Board Chair Hannan Khan adjourned the meeting at 6:47 p.m.

EXHIBIT A

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary

Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	20
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	10
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	95
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	

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

FEE WAIVER GRANT RANKED BY:

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County
Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	25
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	100
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5 POINTS
<ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	

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

FEE WAIVER GRANT RANKED BY: 

Fee Waiver Amount Requested: \$210.00

Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary

Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE		50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)		50
Has this specific event been produced previously? (10 points)		
What is the uniqueness of the proposed event? (10 points)		
How does the proposed event support the organization's mission and benefit residents? (10 points)		
EVENT REVENUE / ECONOMIC IMPACT		25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)		
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)		25
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)		
How much money will the sponsoring organization commit towards advertising? (5 points)		
COLLABORATION		10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)		10
Has the sponsoring organization solicited local vendors to support the event? (5 points)		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION		-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?		75
<ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 		
TOTAL POINTS AWARDED		

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

FEE WAIVER GRANT RANKED BY:

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County
Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE		50 POINTS	
Has the sponsoring organization previously produced events in Kissimmee? (20 points)		50	
Has this specific event been produced previously? (10 points)			
What is the uniqueness of the proposed event? (10 points)			
How does the proposed event support the organization's mission and benefit residents? (10 points)			
EVENT REVENUE / ECONOMIC IMPACT		25 POINTS	
Will the proposed event impact local businesses? If so, please describe. (15 points)		25	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)			
MARKETING		15 POINTS	
How does the proposed event benefit the image/reputation of the City? (5 points)		15	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)			
How much money will the sponsoring organization commit towards advertising? (5 points)			
COLLABORATION		10 POINTS	
Is the sponsoring organization collaborating with any other non-profit group? (5 points)		10	
Has the sponsoring organization solicited local vendors to support the event? (5 points)			
Sub Total Points (Possible Score 100)		100	
POST EVENT EVALUATION		-5 /0/+5 POINTS	
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?		-5 /0/+5 POINTS	
<ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 			
TOTAL POINTS AWARDED			100

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

FEE WAIVER GRANT RANKED BY:

Fee Waiver Amount Requested: \$210.00

Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary
Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS	
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	30	
Has this specific event been produced previously? (10 points) -		
What is the uniqueness of the proposed event? (10 points) -		
How does the proposed event support the organization's mission and benefit residents? (10 points)		
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS	
Will the proposed event impact local businesses? If so, please describe. (15 points)	20	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)		
MARKETING	15 POINTS	
How does the proposed event benefit the image/reputation of the City? (5 points)	15	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)		
How much money will the sponsoring organization commit towards advertising? (5 points)		
COLLABORATION	10 POINTS	
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	0	
Has the sponsoring organization solicited local vendors to support the event? (5 points)		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION	-5 /0/+5 POINTS	
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	65	
<ul style="list-style-type: none"> Was a final budget submitted? Was a list of vendors submitted? Were samples of marketing materials submitted? 		
TOTAL POINTS AWARDED		

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

FEE WAIVER GRANT RANKED BY: Robin Wright

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County

Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	15
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	
80	

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

FEE WAIVER GRANT RANKED BY: Robin Wright

Fee Waiver Amount Requested: \$210.00 **Previous Year's Fee Waiver Award:** n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County
 Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	50
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points) ?	15
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	
80	

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

FEE WAIVER GRANT RANKED BY: Albert Dorsey

Fee Waiver Amount Requested: ~~\$240.00~~
\$940.00 Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary

Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	20
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	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)	65
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	65
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	65

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

FEE WAIVER GRANT RANKED BY: _____ *[Signature]*

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County

Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	40
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	25
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	90
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	90

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$210.00

Previous Year's Fee Waiver Award: n/a

H. Khan

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary

Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS	
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	30	
Has this specific event been produced previously? (10 points)		
What is the uniqueness of the proposed event? (10 points)		
How does the proposed event support the organization's mission and benefit residents? (10 points)		
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS	
Will the proposed event impact local businesses? If so, please describe. (15 points)	20	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)		
MARKETING	15 POINTS	
How does the proposed event benefit the image/reputation of the City? (5 points)	10	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)		
How much money will the sponsoring organization commit towards advertising? (5 points)		
COLLABORATION	10 POINTS	
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10	
Has the sponsoring organization solicited local vendors to support the event? (5 points)		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION	-5 /0/+5 POINTS	
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	70	
<ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 		
TOTAL POINTS AWARDED		

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

FEE WAIVER GRANT RANKED BY: _____



Fee Waiver Amount Requested: \$3,000.00

Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County

Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	<i>40</i>
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	<i>20</i>
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	<i>10</i>
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	<i>10</i>
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	<i>80</i>
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$210.00

Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary
Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS	
Has the sponsoring organization previously produced events in Kissimmee? (20 points) <i>20</i>	<i>20</i> <i>MG</i>	
Has this specific event been produced previously? (10 points) <i>8</i>		
What is the uniqueness of the proposed event? (10 points) <i>10</i>		
How does the proposed event support the organization's mission and benefit residents? (10 points) <i>10</i>		
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS	
Will the proposed event impact local businesses? If so, please describe. (15 points) <i>15</i>	<i>25</i>	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points) <i>10</i>		
MARKETING	15 POINTS	
How does the proposed event benefit the image/reputation of the City? (5 points) <i>5</i>	<i>15</i>	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points) <i>5</i>		
How much money will the sponsoring organization commit towards advertising? (5 points) <i>5</i>		
COLLABORATION	10 POINTS	
Is the sponsoring organization collaborating with any other non-profit group? (5 points) <i>0</i>	<i>0</i>	
Has the sponsoring organization solicited local vendors to support the event? (5 points) <i>0</i>		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION	-5 /0/+5 POINTS	
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	<i>0</i> <i>MG</i>	
<ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 		
TOTAL POINTS AWARDED		

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

FEE WAIVER GRANT RANKED BY: *[Signature]* M. Gomez

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County
Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points) 20	(50)
Has this specific event been produced previously? (10 points) 10	
What is the uniqueness of the proposed event? (10 points) 10	
How does the proposed event support the organization's mission and benefit residents? (10 points) 10	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points) 15	(25)
Evaluation of itemized event budget submitted by sponsoring organization. (10 points) 10	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points) 5	(15)
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) 5	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points) 0	(0)
Has the sponsoring organization solicited local vendors to support the event? (5 points) 0	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	(90)
TOTAL POINTS AWARDED	

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

FEE WAIVER GRANT RANKED BY: Walter M. Gomez

Fee Waiver Amount Requested: \$210.00 **Previous Year's Fee Waiver Award:** n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary

Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	10
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	10
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	5
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	10
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	
35	

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

FEE WAIVER GRANT RANKED BY: _____

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County

Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	20
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	15
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	+5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	
65	

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

FEE WAIVER GRANT RANKED BY: _____ 

Fee Waiver Amount Requested: \$210.00

Previous Year's Fee Waiver Award: n/a

FEE WAIVER GRANT RANKING FORM

Organization Name: Holy Spirit Sanctuary

Event Name: Back to School Field Day

Event Date: 08.08.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	20
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	20
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	15
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	55
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	55

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

FEE WAIVER GRANT RANKED BY: Edward A. King

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

\$1800 60%

FEE WAIVER GRANT RANKING FORM

Organization Name: Healthy Start Coalition of Osceola County

Event Name: Infant Mortality Awareness Walk

Event Date: 09.19.2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	40
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	15
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	10
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	0
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	65
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	-5 /0/+5
• Was a final budget submitted?	
• Was a list of vendors submitted?	
• Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	65

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

FEE WAIVER GRANT RANKED BY: Edward A. Kiley

Fee Waiver Amount Requested: \$210.00, **Previous Year's Fee Waiver Award:** n/a

\$1,000

\$700

EXHIBIT B

2025/2026 Fee Grant Request
 Period III, Events occurring June 1, 2026 - September 30, 2026

<i>EVENT</i>	<i>Requested Date</i>	<i>24/25 Amount</i>	<i>Requested Amount</i>	<i>Year of award / Sunset year</i>	<i>Est. City Expenses</i>	<i>Awarded</i>	<i>Scored</i>	<i>Ed</i>	<i>AI</i>	<i>Robin</i>	<i>Hannan</i>	<i>David</i>	<i>Vanessa</i>	<i>Amarilis</i>	<i>Manny</i>	<i>Jordan</i>	<i>Total</i>
Holy Spirit Sanc. Back to School	08.08.2026	n/a	\$3,000	1	\$3,990	2,100.00	69.4444444	55	80	65	65	70	75	95	60	60	625
Infant Mortality Awareness Walk	09.19.2026	n/a	\$1,000	1	\$940	846.00	87.2222222	65	80	80	90	80	100	100	90	100	785
			\$4,000		\$4,930	2,946.00											

Total amount awarded for Period 1 October 2025January 2026 \$20,429.00
 Total amount awarded for Period 2 February 2026 - May 2026 \$13,027.00

Total for Fiscal Year \$33,456.00

EXHIBIT C



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

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

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

Does the request meet or exceed policy requirements? Yes No

Evaluator's Comments

year two = \$2,000 max Last year award = \$629.00

\$1,000.00 *ADP*



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2026 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2026

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

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

Year one = \$2,500 max

\$1,000

ADP



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/2026 Evaluated by: Steve Lackey
 Event Name: Black History Celebration Event Date: 2/21/2026

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

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

Does the request meet or exceed policy requirements? Yes No

Evaluator's Comments

Year one = \$2500.00

[Handwritten signatures]



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

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

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

Does the request meet or exceed policy requirements? Yes No

Evaluator's Comments

year two = \$2,000 max Last year award = \$629.00

\$1,000

[Handwritten Signature]



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2024 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2024

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

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

year one = \$2,500 max

\$500.00

Page 6 of 6
 CITY OF
KISSIMMEE
 1883



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/2026 Evaluated by: Steve Lackey
 Event Name: Black History Celebration Event Date: 2/21/2026

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


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

Does the request meet or exceed policy requirements? Yes No

Evaluator's Comments

Year one = \$2500.00

\$2500


 Page 6 of 6
 CITY OF
KISSIMMEE
 1883



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

	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? Yes No

Evaluator's Comments

year two = \$2,000 max

Last year award = \$629.00

\$800.00

Robin Wright



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2026 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2026

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

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

Year one = \$2,500 max

\$500⁰⁰

Robin Wright



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/5/2026 Evaluated by: Steve Lackey

Event Name: Black History Celebration Event Date: 2/21/2026

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

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

Evaluator's Comments

Year one = \$2500.⁰⁰

\$1,200.⁰⁰

Robin Wright



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

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

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

Evaluator's Comments

year two = \$2,000 max

Last year award = \$1629.00
\$800.00

Albert D'Angelo



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2026 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2026

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

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

Does the request meet or exceed policy requirements? Yes No

Evaluator's Comments

Year one = \$2,500 max \$700.00

Albert Dorey



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/5/2026 Evaluated by: Steve Lackey

Event Name: Black History Celebration Event Date: 2/21/2026

	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? Yes No

Evaluator's Comments

Year one = \$2500.00 \$2000.00

Alta Doray



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

	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? Yes No

Evaluator's Comments
 year two = \$2,000 max
 Last year award = \$629.00
 1/18/2026



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2026 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2026

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

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

Evaluator's Comments
 year one = \$2,500 max



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/2026 Evaluated by: Steve Lackey

Event Name: Black History Celebration Event Date: 2/21/2026

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

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

Evaluator's Comments

Year one = \$2500.00

(2026)



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

	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

year two = \$2,000 max
 1,000 -
 Last year award = \$629.00

[Signature]



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2024 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2024

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

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

Does the request meet or exceed policy requirements? Yes No

Evaluator's Comments

year one = \$2,500 max ✓
 900 -




COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/2026 Evaluated by: Steve Lackey


Event Name: Black History Celebration Event Date: 2/21/2026

	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? Yes No

Evaluator's Comments

Year one = \$2500.00 ✓
 2,400




COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

	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? Yes No

Evaluator's Comments

year two = \$2,000 max

Last year award = \$629.00

\$1,000

M. Gomez



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2026 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2026

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

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

Evaluator's Comments

Year one = \$2,500 max

\$1,000

 M. Gomez



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/2026 Evaluated by: Steve Lackey

Event Name: Black History Celebration Event Date: 2/21/2026

	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? Yes No

Evaluator's Comments

Year one = \$2500.00

\$2000

M. Gomez



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

	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? Yes No

Evaluator's Comments

year two = \$2,000 max

Last year award = \$629.00

John Green



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2024 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2024


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

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

year one = \$2,500 max

\$500 



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/5/2026 Evaluated by: Steve Lackey

Event Name: Black History Celebration Event Date: 2/21/2026

	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

Year one = \$2500.00 \$ 1,000



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 1/21/2026 Evaluated by: Steve Lackey

Event Name: 10th Annual Walk with Team Kareem Event Date: 6/27/2026

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

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

year two = \$2,000 max ~~\$1,800~~ ^{\$1,800} Last year award = \$629.00

Ed Key



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/2/2024 Evaluated by: Steve Lackey

Event Name: Hope Day Event Date: 3/7/2024

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

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

Evaluator's Comments
 year one = \$2,500 max ^{± 1000⁰⁰}
 Edward A. Kulroy



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 2/15/2026 Evaluated by: Steve Lackey

Event Name: Black History Celebration Event Date: 2/21/2026

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

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

Evaluator's Comments

Year one = \$2500.00 2000.00

Edward A. Kuley

EXHIBIT D

ITEM 4.A
Directors Update

Item Details

Attachment(s):

1. Directors Report 4.8.2026

Directors Report April 8, 2026

1. Projects In Progress
 - Lancaster Ranch Park – Phase 1B
 - Fieldhouse study/RFP
2. Upcoming Events
 - Caribbean Fusion Festival – April 27th - 12-7pm – Veterans Lawn, Lakefront Park
 - Taste of Kissimmee – May 8th – 5-9pm – Ruby Plaza
 - Pridefest – May 30th – 2-7pm – Festival Lawn
 - Juneteenth – June 13th – 12-4pm – Veteran’s Lawn

NEXT PARAB MEETING, June 10, 2026 - Meeting at 6pm at City Hall

ITEM 5.A
Fee Waiver Grant

Item Details

Fee Waiver Grant - Period III

- Abrazo Coamoefño 2026

Attachment(s):

1. Fee Waiver Period III
2. Abrazo Coameño 2026 Final Binder

FEE WAIVER GRANT RANKING FORM

Organization Name: Compadres Softball Team Inc.

Event Name: Abrazo Coameño 2026

Event Date: 5/2/2026

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
<ul style="list-style-type: none"> • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted? 	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$1,844.40

Previous Year's Fee Waiver Award: n/a

Fee Waiver Grant Program



Submitted on	25 March 2026, 1:43PM
Receipt number	54
Related form version	7

Requesting Organization Information

Full Legal Name of Organization	Compadres Softball Team Inc.
Name of Chief Officer/Present	Edgardo L Soto Cartagena
Telephone Number	7876166936
Mobile Number	787-616-6936
Street Address	44 Ramon Powell St
City	COAMO, PR
State	Puerto Rico
Zip Code	00769
Eligibility/Type	Non-Profit
Upload your 501(c)(3) Certification (If Applicable)	Good Standin ING.pdf Exist IING.pdf IRSCST.pdf

Event Information

Name of Event	Abrazo Coamoño 2026
Has the date and location of the event been confirmed?	No
Date of Event	05/02/2026
Start Time of Event	9 am
End Time of Event	8 pm
Description of Event	It is a sports and cultural event designed to promote fellowship and strengthen the bonds among Coameños and Puerto Ricans who reside in Kissimmee, throughout the state of Florida, and in other states across the nation. This gathering serves as a meaningful opportunity for families and friends to reconnect, celebrate their heritage, and preserve the cultural

values that unite our community, even while living away from Puerto Rico.

The event aims to create a welcoming space where attendees can share experiences, strengthen relationships, and pass on traditions to future generations. It will feature a live radio broadcast to Puerto Rico, musical entertainment that highlights our culture, and a friendly softball exchange that promotes unity, teamwork, and community pride among participants of all ages.

	Estimated Number of Attendees
600	
Location of Event	Denn John softball fields
Grant Request Amount	\$1,844.40
Is this event free and open to the public?	Yes

Event Contact

Contact Person	Edgardo L Soto Cartagena
Title of Contact Person	Coordinator
Contact Phone	7876166936
Contact Email	esotox1x@gmail.com

Event Setup and Strike

Event Setup - Date	05/02/2026
Event Setup - Start Time	9am
Event Strike - Date	05/02/2026
Event Strike - Time	9 pm

Event Logistics

Will your event require outdoor staging?	No
Will your event require tents?	Yes
Will your event require vehicle access to the park?	No
Will your event require road closures?	No
Will your event require portable restrooms?	No
Will your event require utilities?	Power Water

Will your event require the use of additional space? None

Where will your event take place? Outdoors

Will you have vendors at this event? No

Fishing Tournament

Is the event a fishing tournament? No

Will your event require a boat ramp?

How many boats are expected to participate

Will your event require space for a tournament draw?

Will your event require space for a weigh-in?

Entertainment

Will your event have performers? No

Please describe the type of performers you will have at this event.

Does your entertainer have special requirements and/or technical rider? No

Will your event require a DJ? No

Will your event require alcoholic beverages to be dispensed or sold? No

Audio/Visual

What audio/visual needs do you have for your event? N/A

Will you hire an outside production company for this event? No

Promotions

How will you promote your event? Social Media

At what level will your event be promoted? Local

Will the media be invited? No

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

Facebook

Instagram

If you have one, please share your event web page

Organisational Structure

How long has the sponsoring organization been incorporated?	2 years
How long has the sponsoring organization physically been in operation?	2 years
Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruits volunteers to facilitate the event.	<p>Local Organizing Committee – Abrazo Coameño 2026</p> <p>Event Coordinator</p> <p>Edgardo Soto Cartagena</p> <p>↓ □</p> <p>Organizing Committee Members</p> <p>Hector Santiago Nestor Rivera Samuel Torres Luis Espada Javier Soto Luis Nuñez</p> <p>The Abrazo Coameño 2026 Local Organizing Committee is led by the Event Coordinator, who is responsible for the overall planning, coordination, and execution of the event. The Coordinator ensures that all operational areas are effectively managed and aligned with the event’s mission and objectives.</p> <p>The Organizing Committee Members support key functional areas including event logistics, program coordination, communications, community outreach, and volunteer management. The team works collaboratively to recruit volunteers, primarily through community networks, local organizations, and social media platforms, ensuring adequate staffing and smooth event operations.</p>

Organization and Experience

Has the sponsoring organization previously produced an event in Kissimmee?	No
Has this specific event been previously produced?	Yes
Where and when has this event taken place previously?	
What is the uniqueness of this proposed event?	<p>This event was created with the purpose of bringing together Coameños and Puerto Ricans who reside in Kissimmee, throughout the state of Florida, and in other states across the nation. Its main objective is to provide a day of family unity, strengthen community ties, and preserve our cultural traditions, while promoting a strong sense of identity, belonging, and pride in our heritage.</p>
How does the proposed event support the organization's mission and impact to residents?	<p>The proposed event directly supports the organization’s mission by fostering community engagement, cultural preservation, and positive social interaction among Coameños and Puerto Ricans living in Kissimmee, throughout Florida, and across other states. By creating a space where individuals and families can reconnect, the event strengthens community bonds and reinforces a shared sense of identity and belonging.</p> <p>The impact on residents is significant, as the event promotes unity,</p>

encourages family involvement, and provides a safe and inclusive environment for cultural expression. Additionally, it contributes to the local community by bringing people together through recreational activities, music, and sports, enhancing quality of life and supporting community well-being.

Event Revenue & Economic Impact

How will your proposed event impact local businesses?

The proposed event will have a positive and measurable economic impact on local businesses in Kissimmee and surrounding areas. By attracting attendees from different parts of Florida and other states, the event will increase demand for local services and generate significant economic activity throughout the community.

It is estimated that more than 250 individuals from Coamo will travel specifically to attend this event, in addition to local residents and participants from other states. This influx of visitors will directly benefit hotels through overnight stays, restaurants and food vendors through increased dining activity, and transportation services such as car rentals, rideshare providers, and local transit. Local retailers and small businesses will also experience increased customer traffic during the event period.

Overall, the event will not only support revenue growth for local businesses but will also promote the city as a vibrant and welcoming destination for cultural and community-based events, encouraging future tourism and sustained economic development.

Please attach you itemized event budget

[Budget AC26.docx](#)

Marketing

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

The proposed event enhances the image and reputation of the City by positioning it as a welcoming, diverse, and culturally vibrant destination. By hosting an event that brings together Coameños and Puerto Ricans from Kissimmee, across Florida, and other states, the City demonstrates its commitment to supporting multicultural initiatives and community engagement.

Additionally, the event promotes the City as a hub for family-oriented, recreational, and cultural activities, attracting visitors and encouraging positive exposure through word-of-mouth, social media, and live broadcasting. This contributes to strengthening the City's reputation as an inclusive and dynamic community that values cultural heritage and unity.

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

Forms of Advertisement:

Social media platforms (Facebook, Instagram)

Live radio promotion (in Coamo)

Digital flyers and promotional graphics

Community outreach through local organizations and word-of-mouth

1 month prior: Radio promotion and intensified social media engagement

2 weeks prior: Daily promotional posts and community reminders

Week of event: Final push through social media, radio mentions, and direct outreach

How much money will the sponsoring organization commit towards advertising?

The sponsoring organization estimates allocating approximately \$1,500.00 toward advertising and promotional efforts. This investment will primarily support digital marketing, radio promotion to ensure strong attendance and community engagement.

Collaboration

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

Please list all other non-profit groups you will be collaborating with for this event. Baseball ans Softball team in our town Coamo

Date of this notice: 04-09-2024

Employer Identification Number:
66-1066958

Form: SS-4

Number of this notice: CP 575 E

COMPADRES SOFTBALL TEAM INC
% EDGARDO SOTO CARTAGENA
44 RAMON POWER
COAMO, PR 00769

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 66-1066958. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

CERTIFICATE OF GOOD STANDING

I, **Rosachely Rivera Santana, Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, **COMPADRES SOFTBALL TEAM INC.**, register number **527897**, a **non-profit domestic** corporation, organized under the laws of Puerto Rico on **April 1, 2024**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 25, 2026**.



Rosachely Rivera Santana
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **929432-10110265**

CERTIFICATE OF EXISTENCE

I, **Rosachely Rivera Santana, Secretary of State** of the Government of Puerto Rico,

CERTIFY: That according to our records **COMPADRES SOFTBALL TEAM INC.**, with registration number **527897**, is a **domestic non-profit corporation** organized on **April 1, 2024**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 25, 2026**.



Rosachely Rivera Santana
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 25-Mar-2027.

Certificate Validation Number: **929433-14857542**



Estimated Itemized Event Budget – Abrazo Coameño 2026

Category	Estimated Cost (USD)
Park Rental (To Be Determined)	TBD
Umpires (To Be Determined)	TBD
Food, Snacks, and Beverages for Guests	\$4,000.00
Sound System / Audio Equipment	\$1,500.00
Miscellaneous Expenses	\$1,000.00
Total Estimated Budget (Partial)	\$6,500.00 + TBD

Budget Notes:

- Park rental and umpire fees are currently pending confirmation and will be updated once finalized.
- The food and beverage allocation includes meals, snacks, and refreshments for participants and invited guests.
- Sound expenses cover audio equipment and setup necessary for announcements and entertainment.
- Miscellaneous expenses include operational costs, supplies, and unforeseen event needs.



Organization: TBD Event Name: Coamo PR Softball Tournament Event Date: 5/1 to 5/2 2026

Administration Fee	One time fee		Notes/Comments	Total
	\$100.00			\$100.00
Premises Rented:	Associated fee		Notes/Comments	Total Premises rented
Denn John Softball Fields Friday 5/1	\$14.00/ hr		Non- Profit Rate 9:00am to 4:00pm	\$98.00
Denn John Softball Fields Saturday 5/2	\$14.00/ hr		Non- Profit Rate 9:00am to 7:00pm	\$140.00
Field Prep	\$50.00		2 Fields	\$100.00
Lights	\$25.00		2 Fields	\$50.00
Grounds Crew	\$20.00		1 x 17hrs total	\$340.00
Staff Fee	\$20.00		1 x 17hrs total	\$340.00
Rental Items:	Associated Fee		Notes/Comments	Total Rental items
Tent Weights			Waived	\$0.00
				\$0.00
Taxes:	Tax Rate		Notes/Comments	Total Taxes:
	7.50%		Tax Exempt	\$0.00
Staffing and Personnel Requirments:	Hourly Rate	Count	Notes/Comments	Total for Staffing/Personnel (Non Taxable Fees)
Fire Inspector	\$ 65.00	0	No Food Vendors/ Food Trucks	\$0.00
EMT (Emergency Medical Technician)	\$ 35.00	0		\$0.00
Security	\$ 30.00	0		\$0.00
KPD	\$ 62.00		2 Officers Saturday 5/1- 12:00pm to 7:00pm	\$434.00
Crowd Managers	\$ 25.00	0		\$0.00
			Notes/Comments	
Total Fee's and Charges:				\$1,602.00
Damage Deposit			20% of Facility Rental fee;Refundable; Additional Fee on Total Charges	\$242.40
Fee Waiver Amount (if applicable)			Must apply via kissimmee.gov; only available to non profit organizations	\$0.00
Remaining Balance Due			Less than 30 days - Must pay in full	\$1,844.40

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