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**

Edward A. Kilroy
~~M. Hannan Khan~~
Edward Kilroy
Co-Chair

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

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

FEE WAIVER GRANT RANKED BY: _____

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

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	50
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
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)	25
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	10
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	85

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

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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	65

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Robin Wright

Fee Waiver Amount Requested: $3,000.00 **Previous Year's Fee Waiver Award: 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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	50
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	15
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	15
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	Ø
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	80

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Robin Wright

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Albert Dorsey

Fee Waiver Amount Requested: $3,000.00 **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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	80

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Albert Dorsey

Fee Waiver Amount Requested: ~~$210.00~~ $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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	20
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	25
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	15
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	5
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	65
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	65

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

FEE WAIVER GRANT 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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	40
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 For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	90

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: $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)	
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)	30
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	20
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	10
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	10
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	70

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

Percentage of Maximum of Award

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

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

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: 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)	
Has this specific event been produced previously? (10 points)	10
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)	10
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	5
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	10
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS** 10
TOTAL POINTS AWARDED	35

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

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

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: $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)	
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)	20
EVENT REVENUE / ECONOMIC IMPACT	**25 POINTS**
Will the proposed event impact local businesses? If so, please describe. (15 points)	20
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	15
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	0
Sub Total Points (Possible Score 100)	55
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	55

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Edward A. Kuc

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)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	40
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)	15
MARKETING	**15 POINTS**
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	10
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	**10 POINTS**
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	0
Sub Total Points (Possible Score 100)	65
POST EVENT EVALUATION For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? • Was a final budget submitted? • Was a list of vendors submitted? • Were samples of marketing materials submitted?	**-5 /0/+5 POINTS**
TOTAL POINTS AWARDED	65

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: Edward A. Kiley

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

$1000

$700

EXHIBIT B

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

EVENT	Requested Date	24/25 Amount	Requested Amount	Year of award / Sunset year	Est. City Expenses	Awarded	Scored	Ed	Al	Robin	Hannan	David	Vanessa	Amarilis	Manny	Jordan	Total
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	87.22222222	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

	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

Last year award = $629.00

$1,000.00

Approved

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

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 APPD

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Year one = $2500.00

$2,500.00

ADMO

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

Last year award = $629.00

CITY OF KISSIMMEE 1883

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

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

CITY OF KISSIMMEE 1883

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Year one - $2500.00

#2,000

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?	✓	

Evaluator's Comments

year two = $2,000 max

Last year award = $629.00

$800.00

CITY OF KISSIMMEE 1883

Robin Wright

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

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

Robin Wright

CITY OF KISSIMMEE 1883

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

year two = $2,000 max

Last year award = $629.00
$800.00

Albert Davis

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

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 $700.00

Albert Dorsey

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Year one = $2500.00 $2000.00

Steve Lackey

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

year two = $2,000 max

Last year award = $629.00

1/8/26

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)	✓	
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 = $2,500 max

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Year one = $2500.00

2/6/26

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

Last year award = $629.00

1,000 -

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Year one = $2,500 max ✓

90°

Todd Pickles

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

year two = $2,000 max

Last year award = $629.00

$1,000

M. Gomez.

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)	✓	
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 = $2,500 max

$1,000

M. Gomez

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

year two = $2,000 max

Last year award = $629.00

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

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

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

year two = $2,000 max $800 Last year award = $629.00

Ed Kreg

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

year one = $2,500 max $1000.00

Edward A. Kilroy

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

Eligibility Determination

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

Does the request meet or exceed policy requirements?	✓	

Evaluator's Comments

Year one = $2500.00 2000.00

Edward A. Kelly

EXHIBIT D

2025/26 Community Benefit Grant

EVENT	*Event Date*	*Award Date*	*Award Year & Amount*	*Requested Amount*	*AWARDED*	*Ed*	*Al*	*Robin*	*Hannan*	*David*	*Manny*	*Vanessa*	*Amarilis*	*Jordan*	*Total*	
KCX Elite Fall Festival	10/25/2025	10/8/2025	Year 2 ($2,000)	$2,500	$1,413	1500	2000	800	2000	1600	500		1500		11300	
Fund for Hope Gala	11/8/2025	10/8/2025	Year 3 ($1,500)	$2,500	$1,238	1500	1500	1000	1500	1400	500		1000		9900	
Osceola High School Volleyball	Approved by CM	11/4/2025		$1,500	$1,500										0	*Approved by CM
Kingdom Kids Assistance Program	2//28/2026	12/10/2025	Year 3 ($1,500)	$2,500	$1,238	1000	1300	1200	1200	1200	1000	1500	1500		9900	
Team Kareem	6/27/2026	2/11/2026	Year 2 ($2,000)	$2,500	$933	800	800	800	1000	1000	1000	1000	1000	1000	8400	
Hope Day	3/7/2026	2/11/2026	Year 1 ($2,500)	$2,500	$767	1000	700	500	800	900	1000	500	1000	500	6900	
Black History Celebration	2/21/2026	2/11/2026	Year 1 ($2,500)	$2,500	$1,900	2000	2000	1200	2000	2400	2000	2000	2500	1000	17100	
					$0										0	
					$0										0	
					$0										0	
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					$0										0	
					$0										0	
															0	
															0	
				$25,000	**$8,987.50**											
		Balance		$16,013												