



**MEETING AGENDA
SESSION OF THE PARKS & RECREATION ADVISORY BOARD
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, JUNE 10, 2026 AT 6:00 PM**

- 1. MEETING CALLED TO ORDER**
- 2. MINUTES**
 - 2.A Approval of the meeting minutes from April 8, 2026 meeting.
- 3. HEAR AUDIENCE**
- 4. DISCUSSION**
 - 4.A Directors Update
- 5. NEW BUSINESS**
 - 5.A Fee Waiver Grant
 - 5.B Community Benefit Grant
- 6. HEAR CHAIRMAN AND BOARD MEMBERS**
- 7. ADJOURNMENT**

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

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

ITEM 2.A

Approval of the meeting minutes from April 8, 2026 meeting.

Item Details

Parks and Recreation Board will vote to accept the meeting minutes from the april meeting.

Attachment(s):

1. PARAB Meeting Minutes 2026.4.8 with Exhibits Final



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

1. MEETING CALLED TO ORDER

Members Present: Board Member Albert Dorsey, Board Co-Chair Edward Kilroy, Board Member Robin Wright, Board Member Seewdat "David" Anderson, Board Member Amarilis Olivo Williams, Board Member Jordan Rivera

Staff Present: Parks and Recreation Director Steve Lackey, Parks and Recreation Financial Analyst Andrea Campbell, Parks and Recreation Administrative Assistant Anna Rae Miller

Members Absent: Board Chair Member M. Hannan Khan, Board Member Vanessa Alvarez, Board Member Manuel Gomez

Board Co-Chair, Edward Kilroy, called the meeting to order at 06:01 PM.

2. MINUTES

2.A Approval of the meeting minutes from the February 11, 2026 meeting

Board Co-Chair, Edward Kilroy, presented a motion to accept the minutes from the February 11, 2026, meeting as presented. Board Member Robin Wright made a motion to approve the minutes and Board Member Jordan Rivera seconded the motion.

AYE: Board Member Albert Dorsey, Board Co-Chair Edward Kilroy, Board Member David Anderson, Board Member Robin Wright, Board Member Amarilis Olivo, Board Member Jordan Rivera

Nay: None

Motion: 6-0

3. HEAR AUDIENCE

4. DISCUSSION

4.A Directors Update

Parks and Recreation Director, Steve Lackey, gave an update on projects and upcoming events within the department.

- Lancaster Ranch Park — Phase 1B is underway. This phase will add vertical structures and this will be the final phase for Phase 1. The PARAB board is welcome and encouraged to visit Lancaster Ranch Park.
- Field House Study/RFP — an agency has been hired regarding the placement of a field house. Two locations will be analyzed; Lakefront Park site near the marina and Lancaster Ranch Park. This agency will determine the economic impact of both sites. Parks and Recreation Director, Steve Lackey, expects to have more information from this company within the next few months. A third party operator would be hired to run the field house.

Upcoming Events

- Caribbean Fusion Festival — April 27th
- Taste of Kissimmee — May 8th
- Pridefest — May 30th

- Park Clean Up — Andrea will follow up with an email regarding the date.

Parks and Recreation Director, Steve Lackey, clarified questions from the PARAB board members.

- The field house plans will begin in late 2026 or early 2027.
- The Civic Center demolition permit is not finalized, but it is expected to be soon.
- Traffic impact will be part of the field house study.
- There is no clarity on the future of the library.

5. NEW BUSINESS

5.A Fee Waiver Grant

Compadres Softball Team Inc. requested a fee waiver for Abrazo Coameno 2026. Board Co-chair, Edward Kilroy, stated that there was no evidence that this organization had previously produced events in Kissimmee. The application does not say where or when the event took place. In addition, the application mentioned that they had collaborated with a non-profit, but it only appears as though the collaboration was done with the local team. PARAB Member, Robin Wright, agreed with Co-Chair Edward Kilroy and also mentioned that there was no mention of food for the event; however, it was mentioned in the budget. Board Member, Jordan Rivera, agreed that food was not mentioned in the event application. Parks and Recreation Director, Steve Lackey, stated that members can only score off of what is made available on the application. There were no further questions or discussions.

Each Board Member read their scores (Exhibit A) for Abrazo Coameno 2026 as staff recorded scores on the spreadsheet (Exhibit B). Board Co-Chair Edward Kilroy presented the motion to award Compadres Softball Team \$1,291.00. Board Member Jordan Rivera made the motion and Board Member Amarlis Olivo Williams seconded the motion.

AYE: Board Co-Chair Edward Kilroy, Board Member Albert Dorsey, Board Member Robin Wright, Board Member Seewdat "David" Anderson, Board Member Jordan Rivera, Board Member Amarlis Olivo Williams.

NAY: None

Motion: 6-0

6. HEAR CHAIRMAN AND BOARD MEMBERS

Board Member Jordan Rivera invited members to a community Farmer's Market to be held on April 18, 2026. Board Member Robin Wright discussed recent assistance she had received with a feral cat issue in her neighborhood. Board Member Amarlis Olivo Williams shared information regarding a program for children that will be held on June 13, 2026.

7. ADJOURNMENT

There being no further business to come before the Parks and Recreation Advisory Board, Co-Chair Edward Kilroy adjourned the meeting at 06:35 PM.

M. Hannan Khan

ATTEST:

Andrea Campbell

EXHIBIT A

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)		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)		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)		5
Has the sponsoring organization solicited local vendors to support the event? (5 points)		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION		-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?		-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		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: \$1,844.40 **Previous Year's Fee Waiver Award:** n/a

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)		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)		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
<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		75

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

FEE WAIVER GRANT RANKED BY: *John Rivera*

Fee Waiver Amount Requested: **\$1,844.40**

Previous Year's Fee Waiver Award: **n/a**

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)		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)		20	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)			
MARKETING		15 POINTS	
How does the proposed event benefit the image/reputation of the City? (5 points)		12	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)			
How much money will the sponsoring organization commit towards advertising? (5 points)			
COLLABORATION		10 POINTS	
Is the sponsoring organization collaborating with any other non-profit group? (5 points)		3	
Has the sponsoring organization solicited local vendors to support the event? (5 points)			
Sub Total Points (Possible Score 100)		45	
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?		N/A	
<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			45

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. Key

Fee Waiver Amount Requested: \$1,844.40

Previous Year's Fee Waiver Award: n/a

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)	35
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	10
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	10
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	10
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	75
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report? <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: Am OLANO

Fee Waiver Amount Requested: **\$1,844.40**

Previous Year's Fee Waiver Award: **n/a**

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) <i>X</i>	<i>25</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>15</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>5</i>	
Has the sponsoring organization solicited local vendors to support the event? (5 points) <i>X</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>65</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: *Robin Wright*

Fee Waiver Amount Requested: **\$1,844.40**

Previous Year's Fee Waiver Award: **n/a**

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) —		25
Has this specific event been produced previously? (10 points)		
What is the uniqueness of the proposed event? (10 points)		
How does the proposed event support the organization's mission and benefit residents? (10 points) -5		
EVENT REVENUE / ECONOMIC IMPACT		25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points) -5		15
Evaluation of itemized event budget submitted by sponsoring organization. (10 points) -5		
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) -5		
Sub Total Points (Possible Score 100)		
POST EVENT EVALUATION		-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?		60
<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: Albert Lopez

Fee Waiver Amount Requested: \$1,844.40

Previous Year's Fee Waiver Award: n/a

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>David</i>	<i>Amarilis</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	69.44444444	55	80	65	70	95	60	625
Infant Mortality Awareness Walk	09.19.2026	n/a	\$1,000	1	\$940	\$846	87.22222222	65	80	80	80	100	100	785
Abrazo Coamoeno 2026	5/2/2026	n/a	\$1,844	1	\$1,844	\$1,291	64.16666667	45	60	65	65	75	75	385
			\$4,000		\$4,930	\$4,237								

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 amount awarded for Period 3 June 2026 - September 2026	\$4,237.00
Total for Fiscal Year	\$37,693.00

ITEM 4.A

Directors Update

Item Details

Parks and Recreation Director will give an update of department happenings.

Attachment(s):

1. Directors Report 6.10.2026

Directors Report June 10, 2026

1. Projects In Progress
 - Lancaster Ranch Park – Phase 1B
 - Fieldhouse study/RFP
 - Lakeside Community Center
2. Upcoming Events
 - Pridefest – May 30th – 2-7pm – Festival Lawn
 - Juneteenth – June 13th – 12-4pm – Veteran’s Lawn
 - Monumental July 4th Celebration – July 4th – 7-9:30pm – Lakefront Park
 - Parks & Recreation Month Proclamation – July 7th - Commission Meeting 6pm
 - Parks & Recreation Open House - August 22nd – 11am-2pm – Oak Street Community Center

NEXT PARAB MEETING, August 12, 2026 - Meeting at 6pm at City Hall

ITEM 5.A
Fee Waiver Grant

Item Details

Score and award Fee Waiver Applications for Period I, events occurring October 1, 2026 - January 31, 2027

- Viva Osceola
- MstarStrong Pink Power Walk
- BOO! on Broadway
- Orlando Japan Festival

Attachment(s):

1. 2026-2027 Fee Grant Spreadsheet - Period I (1)
2. Viva Binder Final
3. Pink Power Walk Binder
4. Boo on Broadway Binder Final
5. Orlando Japan Binder Final

FEE WAIVER GRANT RANKING FORM

Organization Name: The Osceola Chamber

Event Name: Viva Osceola

Event Date: 10/11/2026

Year of fee waiver award: Signature

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: \$8,000

Previous Year's Fee Waiver Award: \$4,102

Fee Waiver Grant Program



Submitted on	19 May 2026, 11:39AM
Receipt number	58
Related form version	7

Requesting Organization Information

Full Legal Name of Organization	The Osceola Chamber
Name of Chief Officer/Present	John Newstreet
Telephone Number	4072302341
Mobile Number	4072302341
Street Address	1425 E. Vine Street
City	Kissimmee
State	FL
Zip Code	34744
Eligibility/Type	Non-Profit
Upload your 501(c)(3) Certification (If Applicable)	Untitled document (1).pdf

Event Information

Name of Event	VIVA OSCEOLA
Has the date and location of the event been confirmed?	Yes
Date of Event	10/11/2026
Start Time of Event	1PM
End Time of Event	7PM

Description of Event

Viva Osceola is a free annual festival held in Kissimmee to celebrate Hispanic Heritage Month and honor the vibrant Hispanic and Latin American communities in Osceola County. The event brings together residents, families, local businesses, and visitors for a day filled with culture, entertainment, and community pride.

The festival features live Latin music performances, traditional folkloric dances, authentic Hispanic cuisine, arts and crafts vendors, and activities for all ages. People attending Viva Osceola can experience the traditions, music, and flavors of many countries, including Puerto Rico, Colombia, Venezuela, Mexico, the Dominican Republic, Peru, and others represented in Central Florida.

In addition to entertainment, Viva Osceola promotes cultural awareness and unity by giving the community an opportunity to learn about and appreciate Hispanic heritage. The event also supports local businesses and organizations by providing them with a space to connect with the public and showcase their products and services. Overall, Viva Osceola is a celebration of diversity, culture, and community spirit in Osceola County.

Estimated Number of Attendees

6000

Location of Event

Kissimmee Lake Front

Grant Request Amount

\$8,000

Is this event free and open to the public?

Yes

Event Contact

Contact Person

Paola Parra

Title of Contact Person

Events Director

Contact Phone

4072302341

Contact Email

pparra@theosceolachamber.com

Event Setup and Strike

Event Setup - Date

10/11/2026

Event Setup - Start Time

5am

Event Strike - Date

10/11/2026

Event Strike - Time

7pm

Event Logistics

Will your event require outdoor staging? Yes

Will your event require tents? Yes

Will your event require vehicle access to the park? Yes

Will your event require road closures? No

Will your event require portable restrooms? Yes

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? Yes

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? Yes

Please describe the type of performers you will have at this event. Popular Salsa or Merengue bands.

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

Will your event require a DJ? Yes

Will your event require alcoholic beverages to be dispensed or sold? Yes

Audio/Visual

What audio/visual needs do you have for your event? contracting a third party for audio visual

Will you hire an outside production company for this event? Yes

Promotions

How will you promote your event? Social Media,
3 biggest Hispanic radio stations
1 tv station
news papers
billboards
flyers
word of mouth

At what level will your event be promoted? Regional

Will the media be invited? Yes

If the media will be invited, what type of media will be expected? Radio
Tv
News paper

Facebook theosceholachamber

Instagram theosceolachamber

If you have one, please share your event web page

Organisational Structure

How long has the sponsoring organization been incorporated? for more than 30 years

How long has the sponsoring organization physically been in operation? over 100 years

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruits volunteers to facilitate the event. members of The Osceola Chamber volunteer and always looking for volunteer opportunities such as Disney and Universal. We also recruit The Osceola Chamber Ambassadors.

Organization and Experience

Has the sponsoring organization previously produced an event in Kissimmee?	Yes
Has this specific event been previously produced?	Yes
Where and when has this event taken place previously?	October 10 2025/ Kissimmee Lake Front
What is the uniqueness of this proposed event?	Celebrate and keep Hispanic culture alive. Hispanic heritage month celebrates the culture.
How does the proposed event support the organization's mission and impact to residents?	It supports the diversity in the county, promotes businesses and celebrates the culture.

Event Revenue & Economic Impact

How will your proposed event impact local businesses?	<p>The proposed Viva Osceola event will have a positive impact on local businesses by bringing thousands of residents and visitors to the area, increasing foot traffic and economic activity in Osceola County. Local restaurants, food vendors, retail shops, artists, and service providers will have opportunities to promote and sell their products during the festival.</p> <p>The event also helps strengthen community partnerships by giving small businesses and organizations a platform to connect with diverse audiences and gain greater visibility. In addition, visitors attending the festival often support nearby hotels, gas stations, and other local establishments, creating additional revenue for the local economy. Overall, Viva Osceola supports business growth while celebrating the cultural diversity of the community.</p>
Please attach you itemized event budget	Untitled document (1).pdf

Marketing

How does the proposed event benefit the image or reputation of the City?	<p>The proposed Viva Osceola event will positively enhance the image and reputation of the City by celebrating the rich cultural diversity, community spirit, and local pride that define Osceola. The event creates a welcoming and family-friendly environment that brings together residents, visitors, local businesses, artists, and community organizations in a vibrant public setting.</p> <p>By showcasing multicultural performances, local vendors, food, music, and community engagement activities, Viva Osceola positions the City as an inclusive, dynamic, and culturally connected destination. The event also demonstrates the City's commitment to supporting arts, small businesses, tourism, and economic activity while fostering stronger relationships within the community.</p> <p>In addition, Viva Osceola is expected to attract regional attendance and positive social media exposure, helping promote the City as a destination for quality community events and cultural experiences. The event reinforces a positive civic identity and contributes to</p>
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long-term community pride and visitor interest.

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

The event will be promoted through a comprehensive marketing and advertising campaign designed to maximize community awareness, attendance, and regional visibility. Advertising efforts will include both digital and traditional outreach methods to effectively reach diverse audiences throughout Osceola County and surrounding areas.

Forms of advertisement and promotion will include:

- Social media marketing campaigns on Facebook, Instagram, TikTok, and X (Twitter)
 - Event pages and online community calendars
 - Paid digital advertisements and boosted social media posts
 - Printed flyers, posters, and banners distributed throughout the community
 - Email marketing campaigns to community partners and attendees
 - Promotion through local schools, churches, nonprofits, and community organizations
 - Press releases and media outreach to local newspapers, radio stations, and television outlets
 - Cross-promotion with vendors, sponsors, and participating organizations
 - On-site promotional signage leading up to the event.
-

How much money will the sponsoring organization commit towards advertising? 30,000

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups? No

Please list all other non-profit groups you will be collaborating with for this event.

Main Artist	\$13,500
Promoter services	\$1,800
AV/stage and more	\$13,438
City of Kissimmee	\$3,813
Alcohol License	\$1,500
Police Alcohol	\$50
T-shirts- 170 count	\$1,240
Salsa band	\$1,500
Mexico lindo	\$320
Luifer Cachazo	\$600
Insurance	\$743
DJ	\$150
Petty Cash	\$400
backstage Food/Water	\$380
Empleeemania	\$500
Barricates/mesh fence	\$1,019

CITY OF
KISSIMMEE
1 8 8 3

Organization: Osceola Chamber

Event Name: Viva Osceola

Event Date: 10/11/2026

Administration Fee	One time fee	Notes/Comments	Total
	\$100.00	One time charge	\$100.00
Premises Rented:	Associated fee	Notes/Comments	Total Premises rented
Veterans Lawn	\$1,295.00	1 day rental	\$1,295.00
Hawk and Osprey	Included	Included	\$0.00
Rental Items:	Associated Fee	Notes/Comments	Total Rental items
Portalets	\$665.50	1 ada, 3 regular, 2 handwash stations	\$665.50
Barricades	\$1.00	Discounted	\$300.00
Taxes:	Tax Rate	Notes/Comments	Total Taxes:
	7.50%	EXEMPT	\$0.00
Staffing and Personnel Requirments:	Hourly Rate	Notes/Comments	Total for Staffing/Personnel (Non Taxable Fees)
Event Monitor	\$ 20.00	4 Staff x 8 hours x \$20.00	\$640.00
Facility Technician	\$ 20.00	2 Techs x 10hr x \$20	\$400.00
Fire Inspector	\$ 65.00	2 staff x 4hrs x \$64.77	\$520.00
EMT (Emergency Medical Technician)	\$ 35.00	3 staff x 7hrs x \$35	\$735.00
KPD	\$ 62.00	6 Officers x 7hrs x \$62.00	\$2,604.00
KPD Supervisor	\$ 67.00	1 Supervisor x 7 Hrs	\$469.00
Park Staff	\$ 20.00	4 staff x 8hr x \$20	\$640.00
		Notes/Comments	
Total Fee's and Charges:			\$8,368.50
Damage Deposit		20% of Facility Rental fee;Refundable; Additional Fee on Total Charges	\$500.00
Fee Waiver Amount (if applicable)		Must apply via kissimmee.gov; only available to non profit organizations	\$0.00
Reservation Deposit		Required at time of booking; Applied to total due; Non refundable Fee)	
Remaining Balance Due		Due 30 days in advance of event date	\$8,868.50

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

FEE WAIVER GRANT RANKING FORM

Organization Name: MstarStrong Foundation Inc.

Event Name: MstarStrong Pink Power Walk

Event Date: 10/17/2026

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	

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: n/a

Fee Waiver Grant Program



Submitted on	18 February 2026, 12:24PM
Receipt number	53
Related form version	7

Requesting Organization Information

Full Legal Name of Organization	MstarStrong Foundation Inc.
Name of Chief Officer/Present	Melissa Jimenez
Telephone Number	3214028685
Mobile Number	3214028685
Street Address	4091 Navigator Way
City	Kissimmee
State	Florida
Zip Code	34746
Eligibility/Type	Non-Profit
Upload your 501(c)(3) Certification (If Applicable)	IRS-501c3 Form.pdf

Event Information

Name of Event	MstarStrong Pink Power Walk
Has the date and location of the event been confirmed?	No
Date of Event	10/17/2026
Start Time of Event	9am
End Time of Event	12 pm
Description of Event	My name is Melissa Jimenez, and I am the founder of MstarStrong Foundation. I am reaching out to inquire about the process for hosting a Breast Cancer Awareness Walk in October 2026 in either Kissimmee Lakefront Park or Historic Downtown Kissimmee.
Estimated Number of Attendees	300

Location of Event	Kissimmee, FL
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Grant Request Amount	\$3000
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Is this event free and open to the public?	Yes
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Event Contact

Contact Person	Melissa Jimenez
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Title of Contact Person	Founder
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Contact Phone	3214028685
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Contact Email	mstarstrong@gmail.com
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Event Setup and Strike

Event Setup - Date	10/17/2026
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Event Setup - Start Time	9am
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Event Strike - Date	10/17/2026
---------------------	------------

Event Strike - Time	12pm
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Event Logistics

Will your event require outdoor staging?	No
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Will your event require tents?	No
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Will your event require vehicle access to the park?	Yes
---	-----

Will your event require road closures?	Yes
--	-----

Will your event require portable restrooms?	Yes
---	-----

Will your event require utilities?	No
------------------------------------	----

Will your event require the use of additional space?	None
--	------

Where will your event take place?	Outdoors
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Will you have vendors at this event?	Yes
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Fishing Tournament

Is the event a fishing tournament?	No
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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? Yes

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

Audio/Visual

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

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
Regional

Will the media be invited? Yes

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

Facebook mstarstrong foundation

Instagram Mstarstrong

If you have one, please share your event web page

Organisational Structure

How long has the sponsoring organization been incorporated? May 27, 2025

How long has the sponsoring organization physically been in operation? Since September 2025

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruits volunteers to facilitate the event.

1. Community Outreach
 - Partnering with local hospitals, cancer support groups, and health organizations
 - Collaborating with civic groups, faith-based organizations, and schools
 - Presenting at community meetings and networking events
2. Corporate & Business Engagement
 - Encouraging local businesses to sponsor and provide employee volunteer teams
 - Offering corporate team-building opportunities
 - Recognizing sponsors publicly (website, signage, social media)
3. Digital Recruitment
 - Social media campaigns (Facebook, Instagram, LinkedIn)
 - Email newsletters to existing supporters
 - Online sign-up forms through the event website
 - Volunteer platforms (e.g., VolunteerMatch)
4. Survivor & Family Networks
 - Encouraging survivors and their families to participate as ambassadors
 - Creating "Team Captain" roles to expand outreach through personal networks
5. Incentives & Recognition
 - Volunteer t-shirts and appreciation certificates
 - Recognition during opening/closing ceremonies
 - Highlighting volunteers on social media
 - Post-event appreciation gathering

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?

1. Mission or Theme

Ties directly to survivorship, awareness, and empowerment with a strong, memorable brand like mStarStrong.

Could highlight a specific focus, e.g., supporting local survivors, underrepresented communities, or funding innovative research.

2. Experience for Participants

Unique event features: survivor celebrations, team challenges, themed activities, or live storytelling.

Special ceremonies, music, or interactive elements that make participants feel personally involved.

3. Community Engagement

Strong collaboration with local businesses, schools, or hospitals to create a sense of unity.

Programs that educate, support, and connect the community, beyond just the walk.

4. Volunteer & Team Model

Innovative volunteer system where participants can lead teams, train together, or fundraise creatively.

Opportunities for participants to leave a lasting impact, e.g., sponsoring a survivor's care or community health program.

5. Branding & Story

The "MStarStrong" identity conveys strength, hope, and resilience, which makes the event memorable and encourages loyalty for future years.

Emphasizes personal stories and local impact, not just general awareness.

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

1. Direct Alignment with the Mission

The sponsoring organization's mission is likely centered on breast cancer awareness, prevention, support for survivors, and community health education. The mStarStrong Walk directly advances this mission by:

Raising awareness about breast cancer in the local community.

Educating participants on early detection, healthy living, and available resources.

Fundraising to support local survivors, treatment programs, and community initiatives.

2. Community Engagement and Impact

The event strengthens the organization's impact by:

Bringing residents together to participate in a shared cause, fostering community solidarity.

Providing volunteer opportunities, which encourage civic engagement and leadership development.

Offering survivor recognition and support, making residents feel seen, valued, and connected.

3. Long-Term Benefits to Residents

Beyond the day of the walk, the event supports ongoing community health outcomes by:

Funding local programs that improve access to screenings and care.

Building networks among survivors, caregivers, healthcare providers, and community partners.

Promoting a culture of wellness and early detection throughout the community.

Event Revenue & Economic Impact

How will your proposed event impact local businesses?

1. Increased Visibility and Promotion

Local businesses that sponsor or partner with the event gain brand exposure through event materials, social media, press releases, and on-site signage.

Participating vendors or food trucks benefit from foot traffic from participants and volunteers.

2. Economic Benefits

Walk participants often shop locally, dine, or stay in nearby accommodations, providing a direct boost to the local economy.

Businesses offering services (printing, supplies, equipment rental, catering) gain short-term contracts tied to the event.

3. Community Engagement and Networking

Businesses have the opportunity to engage with residents in a meaningful way, improving their reputation as community-oriented and socially responsible.

Provides a platform for networking with other local organizations, nonprofits, and civic groups, potentially leading to long-term partnerships.

4. Employee Engagement

Local businesses can encourage employees to participate in the walk or volunteer, which builds team morale, wellness, and community involvement.

Please attach you itemized event budget

[MstarStrong Breast Cancer Walk.docx](#)

Marketing

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

1. Showcases Community Leadership and Compassion

By hosting and supporting the event, the City demonstrates commitment to public health, wellness, and social causes.

Residents and visitors see the City as actively engaged in meaningful, life-saving initiatives.

2. Promotes a Positive, Family-Friendly Environment

The event attracts participants of all ages, creating safe, inclusive, and community-oriented activities.

Highlights the City as a vibrant and caring community, enhancing civic pride.

3. Boosts Local Economic and Tourism Appeal

Attracts visitors, volunteers, and participants who shop, dine, and stay locally, creating a positive perception of the City as welcoming and supportive of events.

Successful, well-organized events can encourage future community programs and larger-scale regional events.

4. Encourages Civic Engagement

Positions the City as a hub for volunteerism and community involvement, highlighting strong partnerships between local government, nonprofits, and residents.

Demonstrates that the City supports health initiatives and public service efforts, enhancing its reputation for responsiveness and care.

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

1. Digital Media

Social Media: Facebook, Instagram, Twitter/X, TikTok – posts, stories, and event pages.

Email Campaigns: Newsletters to past participants, donors, and local residents.

Event Website: Dedicated page with registration, volunteer sign-ups, and sponsorship info.

Online Volunteer Platforms: VolunteerMatch, local community boards.

2. Traditional Media

Local Newspapers & Magazines: Event announcements, press releases, and feature stories.

Radio Announcements: Spots on local stations highlighting the walk.

Posters & Flyers: Distributed to community centers, libraries, gyms, hospitals, and schools.

Local TV (if possible): Feature story or PSA about the event and its mission.

3. Community Outreach

Partner Organizations: Hospitals, health clinics, survivor networks, schools, civic groups.

Business Sponsorships: Local businesses promoting event to customers via in-store signage, social media, and newsletters.

Word of Mouth & Teams: Team captains recruit friends, families, and coworkers.

How much money will the sponsoring organization commit towards advertising?

From the budget we created earlier, advertising-related items might include:

Social media ads: \$200–\$400

Printed flyers & posters: \$300–\$500

Local newspaper & radio ads: \$300–\$500

Graphic design / creative materials: \$100–\$200

Estimated Total Advertising Budget: \$900–\$1,600

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups? No

Please list all other non-profit groups you will be collaborating with for this event.



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

MSTARSTRONG FOUNDATION INCORPORATED
4091 NAVIGATOR WAY
KISSIMMEE, FL 34746

Date:
07/17/2025
Employer ID number:
33-4045711
Person to contact:
Name: Shanecka Bedford
ID number: 0195682
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
May 27, 2025
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053550001315

Dear Applicant:

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

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

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

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

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

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

MstarStrong Breast Cancer Walk – Itemized Event Budget

Category	Item Description	Estimated Cost	Notes
Event Permits & Insurance	City permits, liability insurance, and first aid	\$500	Required for public street use
Venue & Logistics	Site rental, portable toilets, tables, chairs	\$1,200	Based on 1–2 park locations
Marketing & Promotion	Flyers, banners, social media ads, press releases	\$800	Includes graphic design & printing
Participant Materials	T-shirts, bibs, water bottles, swag bags	\$1,500	Estimated for 300 participants
Signage & Decorations	Directional signs, event banners, stage decor	\$400	Branded with MstarStrong logo
Sound & Entertainment	PA system, music, emcee, live performers	\$600	Optional, can adjust per budget
Refreshments & Supplies	Water, snacks, first aid, and hand sanitizer	\$1000	Volunteer & participant needs
Volunteer Support	Shirts, badges, meals, training materials	\$500	For ~50 volunteers
Printing & Registration	Registration forms, name tags, check-in materials	\$250	Could be digital to reduce costs
Awards & Recognition	Certificates, trophies, gifts for teams/survivors	\$350	Survivor recognition or fundraising awards
Miscellaneous	Contingency fund for unexpected expenses	\$500	Typically, 5–10% of the total budget

Estimated Total: \$8,600



Organization: MstarStrong Foundation Inc

Event Name: MstarStrong Pink Power Walk

Event Date: October 17th, 2026

Administration Fee	One time fee		Notes/Comments	Total
	\$100.00		One time charge	\$100.00
Premises Rented:	Associated fee		Notes/Comments	Total Premises rented
Lighthouse Lawn	\$700.00		8:00am-1:00pm	\$700.00
Pavilions Included	\$0.00		included	\$0.00
Rental Items:	Associated Fee		Notes/Comments	Total Rental items
Crowd Control Barricades	\$25.00			\$0.00
Light Tower	\$150.00			\$0.00
Non Taxed Rental Items:	Associated Fee		Notes/Comments	Total Taxes:
	\$0.00	0		\$0.00
	\$0.00	0		\$0.00
Taxes:	Tax Rate		Notes/Comments	Total Taxes:
	7.50%			EXEMPT
Staffing and Personnel Requirments:	Hourly Rate	Count	Notes/Comments	Total for Staffing/Personnel (Non Taxable Fees)
Event Monitor	\$20.00	6	1 Event Monitor x \$20/hr x 6 hours	\$120.00
Facility Technician	\$20.00	6	1 Facility Technician x \$20/hr x 6 hours	\$120.00
EMT (Emergency Medical Technician)	\$35.00			\$0.00
Fire Marshal	\$64.77			\$0.00
Security	\$28.00			\$0.00
			Notes/Comments	
Total Fee's and Charges:				\$1,040.00
Damage Deposit			20% of Facility Rental fee;Refundable; Additional Fee on Total Charges	\$140.00
Remaining Balance Due				\$1,180.00
Reservation Deposit			Required at time of booking; Applied to total due; Non refundable Fee)	\$500.00

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Kissimmee Main Street

Event Name: BOO! on Broadway

Event Date: 10/30/2026

Year of fee waiver award: Signature

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?	-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	

Percentage of Maximum of Award

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

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$11,383

Fee Waiver Grant Program



Submitted on	28 May 2026, 3:04PM
Receipt number	59
Related form version	7

Requesting Organization Information

Full Legal Name of Organization	Kissimmee Main Street
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Name of Chief Officer/Present	Diana Marrero-Pinto
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Telephone Number	4078464643
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Mobile Number	4407148124
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Street Address	421 Broadway
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City	Kissimmee
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State	Florida
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Zip Code	34741
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Eligibility/Type	Non-Profit
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Upload your 501(c)(3) Certification (If Applicable)	501C3 _statefed.pdf
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Event Information

Name of Event	BOO! on Broadway
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Has the date and location of the event been confirmed?	Yes
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Date of Event	10/30/2026
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Start Time of Event	5:30 pm
End Time of Event	9:30pm
Description of Event	<p>"Boo! on Broadway," the largest fall event in Osceola County. As a premier Central Florida street party, this event draws visitors from across the region for a unique and festive experience.</p> <p>This year's highlights include food and artisan vendors, interactive games, and live music from Billboard recording artists across three entertainment stages. We are also proud to feature several specialized areas:</p> <ul style="list-style-type: none"> - Bitty BOO!: A dedicated section for children ages 0–5. - Sensory Spooktacular: A tailored space for children on the spectrum, featuring sensory bins and noise-canceling headphones. - The BOOlice Department: A collaboration with the Kissimmee Police Department featuring a spooky trail. - Royal Kings Car Club: An outdoor showcase of over 25 vehicles. - City of Kissimmee Activation Center: A dedicated area with interactive games, inflatables, and special features.
Estimated Number of Attendees	10,000
Location of Event	Broadway, Downtown Kissimmee
Grant Request Amount	\$3000
Is this event free and open to the public?	Yes

Event Contact

Contact Person	Diana Marrero-Pinto
Title of Contact Person	Executive Director
Contact Phone	4078464643
Contact Email	dmarreropinto@kissimmeemainstreet.org

Event Setup and Strike

Event Setup - Date	10/30/2026
--------------------	------------

Event Setup - Start Time 2:00 PM

Event Strike - Date 10/30/2026

Event Strike - Time 9:30PM

Event Logistics

Will your event require outdoor staging? Yes

Will your event require tents? Yes

Will your event require vehicle access to the park? No

Will your event require road closures? Yes

Will your event require portable restrooms? Yes

Will your event require utilities? No

Will your event require the use of additional space? None

Where will your event take place? Outdoors

Will you have vendors at this event? Yes

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? Yes

Please describe the type of performers you will have at this event.	Kissimmee Main Street will have musical performances, musicians, entertainers performing on three stages.
Does your entertainer have special requirements and/or technical rider?	Yes
Will your event require a DJ?	Yes
Will your event require alcoholic beverages to be dispensed or sold?	No

Audio/Visual

What audio/visual needs do you have for your event?	Kissimmee Main Street will have a professional audio production company.
Will you hire an outside production company for this event?	Yes

Promotions

How will you promote your event?	Kissimmee Main Street will be using a variety of different marketing channels. We will utilize our vast social media following through both organic and paid boost to maximize virtual promotions. Coupling this with print radio, and tv we purpose to reach those throughout Florida. Finally we will place billboard ads in the highest tourist areas. The goal is to ensure that our message is clear, professional, and fully captures the various aspects of the event making it inviting to all.
At what level will your event be promoted?	Local Regional National
Will the media be invited?	Yes
If the media will be invited, what type of media will be expected?	Kissimmee Main Street will invite local influencers and news outlets.
Facebook	Kissimmee Main Street
Instagram	Kissimmeemainst

If you have one, please share your event web page

www.kissimmeemainstreet.org

Organisational Structure

How long has the sponsoring organization been incorporated?

Kissimmee Main Street was incorporated in 1997, making it twenty-nine years.

How long has the sponsoring organization physically been in operation?

Kissimmee Main Street was incorporated in 1997, making it twenty-nine years.

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruits volunteers to facilitate the event.

Board of Directors
|
Executive Director
|
Staff and Volunteers

Organization and Experience

Has the sponsoring organization previously produced an event in Kissimmee?

Yes

Has this specific event been previously produced?

Yes

Where and when has this event taken place previously?

BOO! on Broadway has been held in downtown Kissimmee for over 15 years.

What is the uniqueness of this proposed event?

BOO! on Broadway outside of it's size, is an event with something for everyone. From special sections for toddlers, children on the spectrum, and artist we also include several music genres of music and food specials for families.

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

Kissimmee Main Street is founded on four pillars, one of which is Economic Vitality. This event has historically assisted the small businesses in increased sales and in some cases record sales. In addition, we meet our Promotion pillar by creating a free, high caliber, community event that brings vendors of all types together with families.

Event Revenue & Economic Impact

How will your proposed event impact local businesses?

Kissimmee Main Street events significantly impact our local businesses by drawing thousands of attendees, which increases the visibility of their products, services, and brands.

During these events, local businesses—particularly restaurants and eateries—see a notable increase in sales. Furthermore, our extensive marketing efforts promote downtown Kissimmee to a broader audience outside our community, resulting in increased reach and repeat visits to the area.

Please attach you itemized event budget

[2026 BOO! on Broadway Budget.pdf](#)

[2026 BOO! on Broadway Budget \(1\).pdf](#)

Marketing

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

BOO! on Broadway is a City of Kissimmee Signature event. Through the Parks & Recreation Department, the City manages an entire block, providing essential infrastructure such as games, lighting, and music. This initiative, supported by nonprofit partnerships, demonstrates a collective commitment to providing family-friendly events for residents and visitors alike.

Furthermore, the event generates significant revenue for local small businesses. This economic impact benefits the city by decreasing commercial vacancies, ensuring stability, and strengthening the tax base.

Ultimately, BOO! on Broadway serves as a beneficial event for the entire community.

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

BOO! on Broadway currently attracts approximately 10,000 attendees with minimal advertising. This year, we intend to allocate funds to expand our outreach into the county's tourist districts.

Our regional marketing strategy will include both radio and television advertisements. Additionally, we will continue to leverage our significant social media presence and install yard signs along the Broadway median to engage the 22,000 vehicles that pass through daily.

How much money will the sponsoring organization commit towards advertising?

Kissimmee Main Street has applied for funding through Experience Kissimmee. If awarded we will have \$20,000 marketing dollars.

Collaboration

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

No

Please list all other non-profit groups you will be collaborating with for this event.

Kissimmee Utility Authority and Toho Water are long standing partners of BOO! on Broadway and local businesses and nonprofits are vendors and collaborators.



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

KISSIMMEE MAIN STREET PROGRAM INC
421 BROADWAY AVE
KISSIMMEE, FL 34741

Date:
08/05/2020
Employer ID number:
20-1867527
Person to contact:
Name: Renee Railey Norton
ID number: 0203263
Telephone: (877) 829-5500
Accounting period ending:
September 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 2, 2017
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053564004070

Dear Applicant:

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

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

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

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

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

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8013677049C-4	09/30/2021	09/30/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

KISSIMMEE MAIN STREET PROGRAM
INCORPORATED
421 BROADWAY
KISSIMMEE FL 34741-5719

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

BOO! on Broadway

Event Budget for BOO!: EXPENSES

Operational	Estimated	Actual
Entertainment	\$15,000.00	\$0.00
Street Closure	\$8,000.00	\$0.00
Equipment (Stage)	\$8,000.00	\$0.00
DJ	\$500.00	\$0.00
Total	\$31,500.00	\$0.00

Notes

Decorations	Estimated	Actual
Theme-Photo Booth	\$200.00	\$0.00
BOO! Glow	\$1,000.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
Total	\$1,200.00	\$0.00

Design/Print	Estimated	Actual
Graphics/Logo	\$200.00	\$0.00
Printing	\$200.00	\$0.00
tshirts	\$800.00	\$0.00
Total	\$1,200.00	

Marketing	Estimated	Actual
ALL (EK)	\$20,000.00	\$20,000.00
Radio		
Television		
Social Media		
Total	\$20,000.00	\$20,000.00

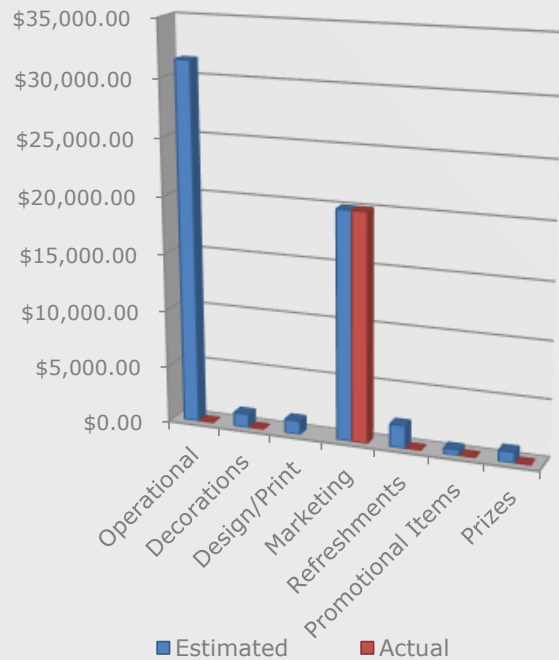
Refreshments	Estimated	Actual
Food	\$1,000.00	\$0.00
Water	\$200.00	\$0.00
Volunteer Snack	\$500.00	
Coffee	\$300.00	
Total	\$2,000.00	\$0.00

Promotional Items	Estimated	Actual
Bags	\$500.00	\$0.00
Total	\$500.00	\$0.00

Prizes	Estimated	Actual
Ribbons/Plaques/Troph	\$200.00	\$0.00
Books	\$750.00	\$0.00
Total	\$950.00	\$0.00

Total Expenses	Estimated	Actual
	\$57,350.00	\$20,000.00

Estimated vs. Actual



Made in Office 2007 for office2007.com

BOO! on Broadway

Event Budget for BOO! on Broadway : INCOME

Sponsors			Estimated	Actual
Estimated	Actual			
1	1	Presenting	\$30,000.00	\$30,000.00
3			\$5,000.00	\$0.00
3			\$2,500.00	\$0.00
0			\$0.00	\$0.00
			\$52,500.00	\$30,000.00

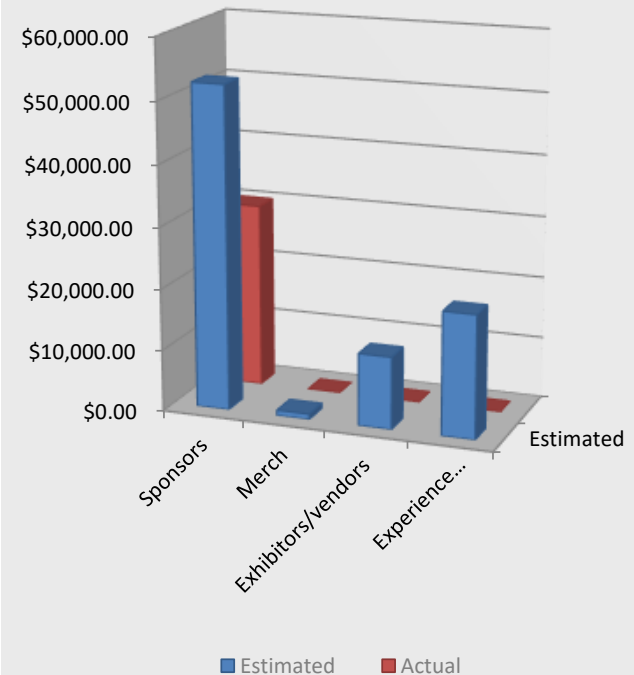
Merch			Estimated	Actual
Estimated	Actual			
50	0		\$5.00	\$0.00
25			\$10.00	\$0.00
25			\$15.00	\$0.00
			\$875.00	\$0.00

Exhibitors/vendors			Estimated	Actual
Estimated	Actual			
100		10X10 booths @	\$100.00	\$0.00
20		Nonprofit	\$50.00	\$0.00
3		Extended	\$250.00	\$0.00
			\$11,750.00	\$0.00

Experience Kissimmee			Estimated	Actual
Estimated	Actual			
1			\$20,000.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$20,000.00	\$0.00

Total Income			Estimated	Actual
			\$85,125.00	\$30,000.00

Income Comparison



CITY OF
KISSIMMEE
1 8 8 3

Organization: Kissimmee Main Street Event Name: Boo! On Broadway Event Date: 10/30/26

Administration Fee	One time fee		Notes/Comments	Total
	\$100.00			\$100.00
Premises Rented:	Associated fee		Notes/Comments	Total Premises rented
				\$0.00
				\$0.00
Rental Items:	Associated Fee		Notes/Comments	Total Rental items
Traffic Barricades Type II	\$1.00	40		\$40.00
Traffic Barricades Type III	\$2.00	15		\$30.00
Crowd Control Barricades	\$25.00	30		\$750.00
Portalets	\$415.00	3	3 Locations (2 Regular, 1ADA, 1 Sink)	\$1,245.00
Light Towers	\$150.00	4		\$600.00
Taxes:	Tax Rate		Notes/Comments	Total Taxes:
			Tax Exempt	\$0.00
Staffing and Personnel Requirments:	Hourly Rate	Count	Notes/Comments	Total for Staffing/Personnel (Non Taxable Fees)
Event Monitor	\$ 20.00	40	5 Event Monitors x 8hrs	\$800.00
Fire Inspector	\$ 65.00	4	1 Inspectiors x 4hrs*	\$260.00
EMT (Emergency Medical Technician)	\$ 35.00	16	4 EMTs - 4 Hrs*	\$560.00
KPD Officers	\$ 62.00	126	18 Officers x 7 hrs*	\$7,812.00
KPD Supervisor	\$ 67.00	35	5 Supervisors x 7 hrs*	\$2,345.00
KPD Lt.	\$ 67.00	7	1 Lt x 7 hrs*	\$469.00
Public Works	\$ 31.00	32	4 Traffic and Street Staff*	\$992.00
Security	\$ 30.00	36	6 Security Officers x 6hrs	\$1,080.00
			Notes/Comments	
Total Fee's and Charges:				\$17,083.00
Damage Deposit			20% of Facility Rental fee;Refundable; Additional Fee on Total Charges	\$0.00
Fee Waiver Amount (if applicable)			Must apply via kissimmee.gov; only available to non profit organizations	\$0.00
Remaining Balance Due				\$17,083.00
			**Social Services Amount (KPD, KFD, Public Works)	\$12,438.00

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

FEE WAIVER GRANT RANKING FORM

Organization Name: Japan Association of Orlando

Event Name: Orlando Japan Festival 2026

Event Date: 11/8/2026

Year of fee waiver award: Signature

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: \$3,000

Previous Year's Fee Waiver Award: \$4,440

Fee Waiver Grant Program



Submitted on	9 April 2026, 9:19am
Receipt number	56
Related form version	7

Requesting Organization Information

Full Legal Name of Organization	Japan Association of Orlando
---------------------------------	------------------------------

Name of Chief Officer/Present	Atsushi Hiruta
-------------------------------	----------------

Telephone Number	407-340-0309
------------------	--------------

Mobile Number	407-340-0309
---------------	--------------

Street Address	PO Box 692518
----------------	---------------

City	Orlando
------	---------

State	FL
-------	----

Zip Code	32837
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Eligibility/Type	Non-Profit
------------------	------------

Upload your 501(c)(3) Certification (If Applicable)	JAO IRS Approval Letter.PDF
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Event Information

Name of Event	Orlando Japan Festival 2026
---------------	-----------------------------

Has the date and location of the event been confirmed?	Yes
--	-----

Date of Event	11/08/2026
---------------	------------

Start Time of Event	12 noon
End Time of Event	5 pm
Description of Event	<p>The Orlando Japan Festival is a vibrant cultural event that celebrates the rich traditions, arts, and modern culture of Japan in Central Florida. This family-friendly festival brings together local communities, businesses, and cultural organizations to share the beauty and uniqueness of Japanese culture.</p> <p>Guests can enjoy a wide variety of performances throughout the day, including traditional Japanese taiko drumming, dance, and music. The festival also features cultural exhibits, martial arts demonstrations, and interactive experiences that provide insight into Japan's heritage and customs.</p> <p>In addition, visitors can explore a diverse selection of food vendors offering authentic Japanese cuisine, as well as booths showcasing Japanese products, crafts, and pop culture items such as anime and character goods.</p> <p>Special highlights of the event include stage performances, guest appearances, and raffle drawings with exciting prizes. The festival aims to promote cultural exchange and strengthen the connection between Japan and the Orlando community.</p>
Estimated Number of Attendees	5000
Location of Event	The Lakefront Park
Grant Request Amount	\$3000
Is this event free and open to the public?	Yes

Event Contact

Contact Person	Tony Takehara
Title of Contact Person	Vice President
Contact Phone	3214027000
Contact Email	tonytakehara@gmail.com

Event Setup and Strike

Event Setup - Date 11/08/2026

Event Setup - Start Time 7 am

Event Strike - Date 11/08/2026

Event Strike - Time 7 pm

Event Logistics

Will your event require outdoor staging? Yes

Will your event require tents? Yes

Will your event require vehicle access to the park? Yes

Will your event require road closures? No

Will your event require portable restrooms? Yes

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? Yes

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?	Yes
Please describe the type of performers you will have at this event.	Taiko drummers, Traditional Japanese dancers, Martial arts performers, Cosplay performers, Singers, Cultural performers
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?	We will provide amplified sound support for the MC, music, and other audio needs.
Will you hire an outside production company for this event?	No

Promotions

How will you promote your event?	SNS only
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	https://www.facebook.com/orlandojapanfestival/
Instagram	https://www.instagram.com/orlando_japan_festival/
If you have one, please share your event web page	

Organisational Structure

How long has the sponsoring organization been incorporated?	16 years
How long has the sponsoring organization physically been in operation?	16 years
Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruits volunteers to facilitate the event.	<p>The Local Organizing Committee is led by Japan Association of Orlando, Inc. and consists of teams responsible for operations, programming, vendors/sponsorship, marketing, and volunteer coordination.</p> <p>Volunteers are recruited through social media, community networks, and local universities. Applicants register online and are assigned roles based on their availability. Orientation is provided in advance, and volunteers support event operations such as guest services, stage assistance, and vendor coordination.</p>

Organization and Experience

Has the sponsoring organization previously produced an event in Kissimmee?	Yes
Has this specific event been previously produced?	Yes
Where and when has this event taken place previously?	11/09/2025 Lakefront Park
What is the uniqueness of this proposed event?	The Orlando Japan Festival uniquely combines traditional and modern Japanese culture in one event, featuring performances, cultural experiences, and pop culture. It also serves as a platform for cultural exchange, bringing together local communities, Japanese organizations, and international partners in a family-friendly setting.
How does the proposed event support the organization's mission and impact to residents?	<p>The event supports the mission of Japan Association of Orlando, Inc. by promoting Japanese culture and strengthening cultural exchange within the local community.</p> <p>It provides residents with accessible educational experiences, fosters community engagement, and encourages cross-cultural understanding, while also supporting local businesses and creating a vibrant, inclusive environment for families and visitors.</p>

Event Revenue & Economic Impact

How will your proposed event impact local businesses?	The event will generate increased foot traffic and sales for local businesses by attracting a large number of attendees to the area.
---	--

Food vendors, retailers, and service providers benefit directly through on-site participation, while nearby restaurants, shops, and hotels gain additional customers.

It also creates opportunities for local businesses to promote their products, build brand awareness, and establish connections with a diverse audience, contributing to the overall economic activity in the community.

Please attach you itemized event budget

[Budget for 2025.xlsx](#)

Marketing

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

The event enhances the City's image as a diverse, culturally rich, and globally connected destination. By showcasing international culture and fostering community engagement, it positions the City as welcoming, inclusive, and supportive of cultural exchange.

It also attracts visitors and media attention, strengthening the City's reputation as a vibrant location for high-quality cultural events.

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

The event will be promoted through a combination of digital and community-based marketing, with an emphasis on early social media outreach.

Forms of Advertisement:

- * Social media (Facebook, Instagram, X)
- * Event website and email newsletters
- * Community partners and cultural organizations

How much money will the sponsoring organization commit towards advertising?

None

Collaboration

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

No

Please list all other non-profit groups you will be collaborating with for this event.

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

DEPARTMENT OF THE TREASURY

Date: JAN 26 2011

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

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

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

JAPAN ASSOCIATION OF ORLANDO INC

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with the first name "Lois" being the most prominent.

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC



Organization: Orlando Japan Association		Event Name: Kissimmee/Orlando Japan Festival		Event Date: November 2026	
Administration Fee	One time fee			Notes/Comments	Total
	\$100.00			One time charge	\$100.00
Premises Rented:	Associated fee			Notes/Comments	Total Premises rented
Veterans Lawn	\$1,295.00	1		1 day rental	\$1,295.00
Pavilions Included	Included	1		Included	\$0.00
Rental Items:	Associated Fee			Notes/Comments	Total Rental items
Portalets	\$1,291.00				\$1,291.00
Non Taxed Rental Items:	Associated Fee			Notes/Comments	Total Taxes:
Barricades	\$25.00	25			\$625.00
Taxes:	Tax Rate			Notes/Comments	Total Taxes:
	7.50%			Exempt	Exempt
Staffing and Personnel Requirments:	Hourly Rate	Count		Notes/Comments	Total for Staffing/Personnel (Non Taxable Fees)
Event Monitor	\$20.00	64		8 hr x 8 staff (9:30am-5:30pm)	\$1,280.00
Facility Technician	\$20.00	16		8 hrs x 2 staffs (9:30am-5:30pm)	\$320.00
Fire Inspector	\$65.00	8		4 hrs x 2 staffs (8:00am-12:00pm)	\$520.00
EMT (Emergency Medical Technician)	\$35.00	18		6 hrs x 3 staff (11:00am-5:00pm)	\$630.00
KPD Supervisor	\$67.00	7		7 hrs x 1 staff (10:30am-5:30pm)	\$469.00
KPD Officer	\$62.00	42		7hrs x 6 officers (10:30am-5:30pm)	\$2,604.00
Security	\$30.00	32		8hrs x 4 (8:00am-7:00pm) Split schedule	\$960.00
				Notes/Comments	
Total Fee's and Charges:					\$10,094.00
Damage Deposit				20% of Facility Rental fee;Refundable; Additional Fee on Total Charges	\$500.00
Fee Waiver				Must apply via kissimmee.gov; only available to non profit organizations	\$0.00
Remaining Balance Due					\$10,594.00
Reservation Deposit					Required at time of booking; Applied to total due; Non refundable Fee)

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

ITEM 5.B

Community Benefit Grant

Item Details

Score and award Community Benefit Application

- BCAT Sports Gala

Attachment(s):

1. Spreadsheet of Community Benefit Fund Request 2025.26 2.11.2026
2. BCAT Binder Final w cover



COMMUNITY BENEFIT EVALUATION FORM

Application Received: 5/29/2026 Evaluated by: Steve Lackey SF
 Event Name: Bcat Sport Gala Event Date: 7/17/2026

	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 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 1 - Max \$2,500

Community Benefit Funds Application



Submitted on 29 May 2026, 6:39AM
Receipt number 55
Related form version 2

Event Information

Event Name Bcat sport Gala
Event Date 07/17/2026
Street Address 5200 W Irlo Bronson Memorial Hwy
City Kissimmee
State FL
Zip Code 34746

Requestor Information

Name Juliana Sánchez
Phone Number 689-237-9241
Address 3241 s John young pkwy, Kissimmee, FL 34746
Email sponsorships@bcatsports.com
Eligibility Organization
501(c) Certification/Notification [CERTIFICATE OF EXEMPTION BCAT SPORTS.pdf](#)
Form 990 (If Organization is Required to File) [BCAT Sports 2025_260526_175755.pdf](#)

Type of Request	Sponsorship
Total amount to be raised/fundraising goal for your event	15,000
Amount Requested from Community Benefit Fund	2,500
Last Completed Audit	Accountant Letter BCAT Sports.pdf
Annual Budget	Accountant Letter BCAT Sports.pdf

General Information

Name of School Represented	Bcat sport
Point of Contact for Event or School	Joanna Rodríguez
Point of Contact Phone Number	787-594-3469
Event/Competition's Website	
Have you participated in this event in the past?	No

Donation / Sponsorship Description

Describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards?

BCAT Sport Foundation is requesting Community Benefit Funds to support the BCAT Sport Gala, an annual community event that recognizes outstanding youth athletes, student leaders, coaches, volunteers, and community partners who positively impact the lives of young people in Kissimmee and Osceola County. The event promotes youth development, education, leadership, sportsmanship, and community engagement while highlighting the achievements of local residents. Funding will be used for essential event expenses, including facility rental, audiovisual services, event production, awards and recognition materials, marketing, decorations, security, and other operational costs necessary to host a high-quality community event that enhances the image of the City of Kissimmee and celebrates the accomplishments of its youth and community leaders.

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

BCAT Sport Foundation is seeking sponsorship opportunities with local businesses, community partners, and supporters. Additional fundraising efforts include donations, corporate sponsorships, and community partnerships to help strengthen the foundation's mission, expand its programs, and continue providing resources,

athletic opportunities, educational activities, and personal development support for children and youth in our community.

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

No

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

Community Impact

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

The BCAT Sport Gala will have a significant impact on the quality of life and community pride of Kissimmee residents by recognizing and celebrating the achievements of local youth, coaches, volunteers, educators, and community leaders. The event promotes positive youth development, leadership, teamwork, academic success, and community involvement while encouraging young people to pursue their goals both on and off the field. By bringing together families, local businesses, community partners, and civic leaders, the gala strengthens community connections and highlights the positive contributions being made throughout the City of Kissimmee. Funds raised through this event will help expand programs, resources, and opportunities for local youth, creating a lasting impact that supports the next generation of leaders and reinforces community pride.



Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8019226630C-8	08/09/2023	08/31/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BCAT SPORTS INC
3241 S JOHN YOUNG PKWY
KISSIMMEE FL 34746-6556

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Return of Organization Exempt From Income Tax

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

2025

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 header section including: A For the 2025 calendar year, or tax year beginning, and ending; B Check if applicable; C Name of organization BCAT SPORTS INC; D Employer identification number 87-4188010; E Telephone number; F Name and address of principal officer: Jose Velez; G Gross receipts \$; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; I Tax-exempt status: X 501(c)(3); J Website; K Form of organization: X Corporation; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission...; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: JOSE D VELEZ, PRESIDENT, Date: 04/13/2026

Paid Preparer Use Only section including: Preparer's name SAUL VELEZ, Preparer's signature SAUL VELEZ, Date 04/13/2026, Check self-employed, PTIN P01075372, Firm's name B AND P CONSULTANTS SERVICES, Firm's EIN 27-2860645, Firm's address 3501 W VINE ST STE 3 KISSIMMEE FL 34741, Phone no. 407-846-1040

May the IRS discuss this return with the preparer shown above? See instructions. X Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To help the youth thru sports to grow individually, emotionally and academically

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
We created several basketball teams that have accomplished several championships during the year in severalk categories allowing the students and their families to get together and share triumphs ans accomplishments of their kids. We have motivated many students to improve academically and to grow and improve their social skills and teamwork skills.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and gaming winnings.

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Jose Velez 787-207-7041
3241 S John You KISSIMMEE FL 34746

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jose Velez ----- President	20			X			0	0	0	
(2) Joanna Rodrigu ----- VP	20			X			0	0	0	
(3) Bradlee Velez ----- Sec	5			X			0	0	0	
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. []

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Advertising, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. []

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes checkboxes for FASB ASC 958 compliance.

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BCAT SPORTS INC

Employer identification number

87-4188010

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

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

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

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

BCAT SPORTS INC

Employer identification number

87-4188010

11A

All officers reviewed the copy of the accounting reports and
this 990

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20 _____

2025

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: BCAT SPORTS INC; EIN or SSN: 87-4188010

Name and title of officer or person subject to tax: JOSE D VELEZ, PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Total revenue/tax/amount. Includes checkboxes for 1a-10a and corresponding labels 1b-10b.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) BCAT SPORTS INC, (EIN) 87-4188010 and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize B AND P CONSULTANTS SERVICE to enter my PIN 88010 as my signature. ERO firm name; Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: _____ Date: 05/12/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5666688010

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: SAUL VELEZ Date: 05/26/2026

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So



B and P Consultants Services Inc.

3501 W Vine Street Ste 316
Kissimmee, FL 34741
bandpconsultants@yahoo.com
(407) 846-1040

April 28, 2026

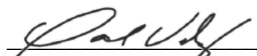
Re: BCAT Sports Inc

To Whom It May Concern:

This letter certifies we are the accountants for BCAT Sports Inc. since December 2021. We certify that we have reviewed all their financial statements and give faith that BCAT Sports Inc. has never been subject to any audits or outside reviews by any Federal or State agency.

If you have any questions, please feel free to contact us at the above address or phone number.

Sincerely,



Saul Velez, Accountant
P01075372



B and P Consultants Services Inc.

3501 W Vine Street Ste 316
Kissimmee, FL 34741
bandpconsultants@yahoo.com
(407) 846-1040

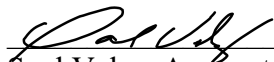
June 1, 2026

Re: BCAT Sports Inc

To the Board of Directives:

Subject: Independent Review Report of the Accountant Dear Board Members: I have reviewed the accompanying financial statements of BCAT Sports Inc (a nonprofit organization), which include the statement of financial position as of December 31, 2025, as well as the related statements of activities, functional expenses and cash flows for fiscal year 2025 ended on that date, including the revaccinating notes to those financial statements. Responsibility of administration over financial statements Management is responsible for the preparation and reasonable presentation of these financial statements in accordance with generally accepted accounting principles in the United States. This includes designing, implementing and maintaining internal controls relevant to the preparation and reasonable presentation of financial statements free of material errors, whether caused by fraud or error. Accountant's Responsibility My responsibility is to conduct the review in accordance with the Standards on Accounting and Review Services issued by the American Institute of Certified Public Accountants (AICPA) Accounting and Review Services Committee. These standards require you to conduct procedures for limited security as a basis for reporting whether I am aware of any material changes to the financial statements to be in accordance with generally accepted accounting principles in the United States of America. I believe that the results of my proceedings provide a reasonable basis for my reporting. Accountant's conclusion Based on my review, I am not aware of any material changes to be made to the accompanying financial statements to comply with generally accepted accounting principles generally accepted in the United States of America. This report is intended for information and use only by the Board of Directors and management of BCAT Sports Inc.

Sincerely,



Saul Velez, Accountant
P01075372

BCAT Sports, Inc.

Projected Annual Budget (2026–2027)

Projected Revenue

Revenue Source	Calculation	Amount
Student-Athlete Participation Fees	100 students × \$2,500	\$250,000
Total Projected Revenue		\$250,000

Projected Expenses

Expense Category	Calculation	Amount
YMCA Facility Rental	\$3,500 × 12 months	\$42,000
Head Coaches Salaries	2 × \$1,600 × 12 months	\$38,400
Assistant Coaches Salaries	4 × \$1,000 × 12 months	\$48,000
SIAA League Fees	3 teams × \$3,500	\$10,500
FICAA League Fee	Annual Fee	\$850
CFAA League Fee	Annual Fee	\$600
Uniforms & Apparel	100 students × \$100	\$10,000
Referee & Officials Fees	Annual Estimate	\$5,000
Insurance	\$500 × 12 months	\$6,000
Transportation	\$1,500 × 12 months	\$18,000
Tarkanian Classic Tournament Fee	Annual Fee	\$850
Tournament Hotel Expenses	Annual Estimate	\$10,000
Travel Expenses	Annual Estimate	\$10,000
Total Projected Expenses		\$200,200

Net Operating Balance

Description	Amount
Total Revenue	\$250,000
Total Expenses	(\$200,200)
Projected Net Operating Balance	\$49,800

Budget Narrative

BCAT Sports, Inc. anticipates serving approximately 100 student-athletes during the 2026–2027 fiscal year. Revenue is projected from participation fees and is reinvested into direct program operations, including facility rental, league memberships, coaching personnel, uniforms, transportation, insurance, officiating costs, and participation in regional and national athletic competitions.

The program provides youth in Osceola County with structured athletic training, mentorship, leadership development, character education, academic accountability, and opportunities for college exposure. Community Benefit funding will assist BCAT Sports, Inc. in expanding access to these services, particularly for students and families facing financial hardship.

Budget Summary

Category	Amount
Total Projected Revenue	\$250,000
Total Projected Expenses	\$200,200
Projected Net Operating Balance	\$49,800