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# CO-SPONSORSHIP REQUEST PACKAGE AND APPLICATION

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FY 2024

Organization Name: SUPPORTING OUR ASD KIDS INC

Event Name: GET SOAKED FOR AUTISM

Contact Name: MARY CANCEL

**City Use Only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Council Meeting Date: \_\_\_\_\_

\*Please submit a completed package and application with all applicable attachments to: [specialeventapplications@palmbayflorida.org](mailto:specialeventapplications@palmbayflorida.org)

{Please use in Subject Line: Co-Sponsorship Request – Event Name – Organization – Event Date}

# Co-Sponsorship Application

*The City does not provide direct monetary funds, but in-kind services only*

## ***I. The City of Palm Bay reserves the right to refuse any request of co-sponsorship.***

Non-Profit/Organization Name: SUPPORTING OUR ASD KIDS INC. (SOAK)  
Event Name/Title : GET SOAKED FOR AUTISM  
Contact Last Name: CANCEL First Name: MARY  
Address: 3080 SWEET PINE DRIVE  
City/State/Zip: MELBOURNE FL 32935  
Home Phone: Cell Phone: 321-634-4464  
Email:

Please select **all** applicable options:

☒ Free Event (required) ☒ Open to the public (required) ☒ Non-Profit / Tax exempt ☐ Government Entity

*Applicant must submit a copy of their W-9 form and IRS Certification of Exemption.*

*All application packets must be submitted well in advance of the event, at a minimum of forty-five (45) days prior to the allotted Regular Council Meeting (RCM) Agenda date as assigned by City staff where the application will be considered. (Organization representative must attend scheduled council meeting)*

**Event Date(s) being requested:** \_\_\_\_\_  
SATURDAY, APRIL 5TH, 2025

### Events that do not qualify include the following:

*\* Charge a fee for public participation. This includes events with an admission fee, ticket fee, and/or team/individual entry fees) includes benefit walks, runs and challenges where participation fee or team fundraising takes place.)*

*\* Are used to promote political parties or political advocacy groups.*

*\* Are primarily focused on commercial or nonprofit promotion, fundraising, or personal gain.*



# Co-Sponsorship Application

*The City does not provide direct monetary funds, but in-kind services only*

## **II. The following evaluation criteria is being requested for recognition:**

*{Check all that apply and please explain your selections. You may attach answers as an additional sheet}*



Provides public purpose by meeting one or more of the goals noted within the Co-Sponsorship Policy. ***{check all that apply}***



Promote the City as a desirable place to live, visit and do business.



Promote the City as a visitor destination, provide a positive economic impact, and/or generate tourism-associated revenue.



Enhance the quality of life and well-being of some or all residents of the community



Advance the City's commitment to and pride in being a multicultural community.



Promote cultural and artistic awareness within the City.

*Please explain:*

ALL SPECIAL NEEDS FAMILIES, SPONSORS AND GENERAL PUBLIC GATHER FOR A FREE FAMILY FUN DAY OF INCLUSION FOR THE WHOLE COMMUNITY. THIS BRINGS AWARENESS AND UNDERSTANDING OF THE DISABILITY COMMUNITY, ESPECIALLY AUTISM.



Costs for this co-sponsorship serves a public purpose by providing or expanding public services or programs.

*Please explain:*

OUR SUPPORT AND RESOURCE GROUP RELIES ON COMMUNITY TO COLLABORATE AND CREATE EVENTS, WORKSHOPS, PROGRAMS, TRAININGS AND PARTNERSHIPS



The event complements current City Special Event Programming.

*Please explain:*

BRINGING EVERYONE TOGETHER - NO MATTER THE DIAGNOSIS, ETHNICITY, RELIGION, NATIONALITY. WE AIM TO BE INCLUSIVE TO ALL.



Applicant has prior experience with organizing/producing this type of event.

*Please explain:*

WE HAVE WORKED TOGETHER FOR SEVERAL YEARS TO CONTINUE THIS EVENT IN PALM BAY

# Co-Sponsorship Application

*The City does not provide direct monetary funds, but in-kind services only*

### ***III. The following evaluation criteria is being requested for recognition:***

**Please provide your in-kind request from the city that would affect in-kind City impact for which co-sponsorship is requested. Ex: Stage, Bleachers, Tents, PD, Fee Waiver, etc.**

*{separate sheet can be used if necessary}*

WE WOULD LOVE TO UTILIZE THE FOLLOWING:  
COMMUNITY CENTER KITCHEN, THREE INDOOR ROOMS, BATHROOMS, PARKING LOT,  
SURROUNDING FIELDS, BASKETBALL COURT, PLAYGROUND, STAGE, FEE WAIVER AND IF A  
POSSIBILITY FENCING AROUND WATER AREAS

**Volunteer hours the organization will provide to conduct this event, please use a list or table-format to show planning, set-up, breakdown and clean-up.** *{separate sheet can be used if necessary}*

Estimated Total Hours: 6

Estimated Total Volunteers: 100

**Please provide a full budget reflecting the contributions the organization will make toward the event, including all direct costs, in-kind costs, total donations, staffing costs, or other sponsorships if applicable.** *{Please provide a break down on separate sheet}*

Estimated Total Monetary Contribution from Organization: 7000

*\*Funds will be available on a first-come, first-served basis.*

*\*Consideration will be based on the availability of City funds at the time of the application.*

*\*An eligible applicant seeking co-sponsorship shall not exceed \$12,500, of in-kind General Fund impact per event, and is limited to one co-sponsorship per fiscal year, per taxpayer identification number.*

*\*For calculation purposes, in-kind labor is calculated for labor provided on the day(s) of event.*

# Co-Sponsorship Application

*The City does not provide direct monetary funds, but in-kind services only*


## **IV. Applicant Check List**

*Please use this checklist to make sure you are submitting a completed Co-Sponsorship request application.*

- ☒ a. A cover letter describing how the event will meet each of the evaluation criteria, as stated above, will benefit the City, its residents and visitors;
- ☒ b. A completed City Special Events Application and Agreement;
- ❖ c. In-Kind expenses/waivers from the City will be provided by the City of Palm Bay based on your response to section III and the completed special event application;
- ☒ d. A list or table of volunteer/staff hours the organization is providing to conduct the event, delineated by categories of event preparation to include (but not limited to): planning, set-up, breakdown, and clean-up;
- ☒ e. Applicant must also provide a full budget reflecting the contributions the organization will make toward the event, including all direct or in-kind costs, total donations, staffing costs, or other sponsorships if applicable;
- ☒ f. Applicant must submit a copy of their W-9 Form for Taxpayer Identification Number and Certification; and
- ☒ g. A copy of the non-profit organizations IRS Certification of Exemption.

Filing of an application is not a guarantee that co-sponsorship will be approved. Other factors may be reviewed, including but not limited to safety and liability concerns for the public, at the discretion of the City Manager. Following recommendation by the City Manager, the City Council will have the final determination as to whether the application is approved or denied, at a regularly scheduled Council meeting.

Submission Date: 02/12/2025

Applicant Signature: 



## **CO-SPONSORSHIP POLICY**

**Approved 10-7-2021**

revised 11-3-2022, 2<sup>nd</sup> revision 07-20-2023

### **I. Defining Co-sponsorships**

A co-sponsored event is defined as an event (single-day or multi-day series) that is planned and conducted by an outside non-profit organization with the assistance of City staff time, equipment, public safety services and/or the use of facilities. The City of Palm Bay allocates General Fund funds (if available) annually for the purpose of partnering with non-profit organizations in hosting community events. The City does not provide direct monetary funds for such co-sponsored events, but in-kind services only.

### **II. Co-Sponsorship Goals**

Co-Sponsorship of in-kind services will be considered for special events designed to accomplish one or more of the following goals:

- Promote the City as a desirable place to live, visit and do business.
- Promote the City as a visitor destination, provide a positive economic impact, and/or generate tourism-associated revenue.
- Enhance the quality of life and well-being of some or all residents of the community.
- Advance the City's commitment to and pride in being a multicultural community.
- Promote cultural and artistic awareness within the City.

Since a co-sponsorship affiliation may affect the reputation of the City among its citizens and its ability to govern effectively, the City retains sole and final decision-making authority for determining the appropriateness of a co-sponsorship association and reserves the right to refuse any request for co-sponsorship. Any proposal for co-sponsorship in which the involvement of an outside entity is likely to compromise the public's perception of the City negatively or its ability to act in the public interest will be rejected. The City of Palm Bay reserves the right to refuse any request of co-sponsorship.

### **III. Eligibility to Apply**

Events that are eligible to submit a co-sponsorship application:

- a. Must be free and open to the general public;
- b. Must be planned and conducted by a non-profit organization or other government entity.

Events that do not qualify include those that:

- a. Charge a fee for public participation. This includes events with an admission fee, ticket fee, and/or team/individual entry fees (includes benefit walks, runs, and challenges where participation fee or team fundraising takes place.)
- b. Are used to promote political parties or political advocacy groups.
- c. Are primarily focused on commercial or nonprofit promotion, fundraising, or personal gain.

### **IV. Evaluation Criteria**

If the applicant is eligible to apply, and if funding is available in the fiscal year budget, the following additional criteria will be evaluated to determine the role and extent of any City of Palm Bay co-sponsorship:

- a. Does the program provide a public purpose by meeting one or more of the City of Palm Bay Co-Sponsorship Goals as stated above?
- b. Do the costs of such co-sponsorship serve a public purpose by providing or expanding public services or programs?
- c. Does the event complement or conflict with current City special event programming?
- d. What is the applicant's experience with organizing/producing this type of event? The City will review information related to the applicant's past history of performance (when applicable).

### **V. Applications**

To allow sufficient time for processing and scheduling for a regularly scheduled City Council meeting, all application packets must be submitted well in advance of the event, at a minimum of forty-five (45) days prior to the allotted Regular Council Meeting (RCM) Agenda date as assigned

by City staff where the application will be considered, to the City Manager's Office and the Recreation Department by email ([citymanager@palmbayflorida.org](mailto:citymanager@palmbayflorida.org) and [specialeventapplications@palmbayflorida.org](mailto:specialeventapplications@palmbayflorida.org) ). The City Manager shall have discretion based on public purpose, community need/benefit to determine if a request submitted in less than forty-five (45) days can be processed. Applications shall include:

- a. A cover letter describing how the event will meet each of the evaluation criteria, as stated above, will benefit the City, its residents and visitors;
- b. A completed City Special Events Application and Agreement;
- c. A budget sheet that includes the in-kind City impact for which co-sponsorship is requested;
- d. A list of volunteer hours the organization is providing to conduct the event, delineated by categories of event preparation to include (but not limited to): planning, set-up, breakdown, and clean-up.
- e. Applicant must also provide a full budget reflecting the contributions the organization will make toward the event, including direct or in-kind costs, volunteer hours, or other sponsorships.
- f. Requesting organization must be qualified as a tax-exempt organization or government entity. Applicant must submit a copy of their W-9 Form for Taxpayer Identification Number and Certification, and a copy of their IRS Certification of Exemption with application. Individuals are not eligible to apply.
- g. Filing of an application is not a guarantee that co-sponsorship will be approved. Other factors may be reviewed, including but not limited to safety and liability concerns for the public, at the discretion of the City Manager. Following recommendation by the City Manager, the City Council will have the final determination as to whether the application is approved or denied, at a regularly scheduled Council meeting.

#### **VI. Funding:**

The following limitations shall apply to all co-sponsorship requests:

- a. Funds will be available on a first-come, first-served basis.
- b. Consideration will be based on the availability of City funds at the time of the application.
- c. An eligible applicant seeking co-sponsorship shall not exceed \$12,500, of in-kind General Fund impact per event, and is limited to one co-sponsorship per fiscal year,



per taxpayer identification number.

- d. For calculation purposes, in-kind labor is calculated for labor provided on the day(s) of event.



# SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name: GET SOAKED FOR AUTISM

Date Received by City Staff:

*This application must be completed in its entirety. An incomplete application will be returned to the applicant and may delay approval and reservation of preferred date. Events must follow the City's Special Event Ordinance 2019-09. Applicant must check with all applicable City, State and Federal laws and/or permit requirements, and obtain the permits they may require.*

## EVENT INFORMATION

Type of Event: ☒ Special Event-City Owned Property ☐ Special Event-Non-City Owned  
☐ Parade ☐ Demonstration ☐ Block Party ☐ Concert / Festival

Venue: ☐ Tony Rosa Community Center ☐ Ted Whitlock Community Center  
☐ Fred Poppe Regional Park ☐ Captains House ☐ Other

If other, please identify:

## CONTACT INFORMATION

Organization/Applicant Name: SOAK - SUPPORTING OUR ASD KIDS Telephone: 321-634-4464

Applicant Address: 3080 SWEET PINE DRIVE, MELBOURN Email: SOAKFAMILIES@GMAIL.COM

Contact Person (if different from Applicant):

Telephone:

Email:

## NAME / TITLE OF EVENT

Name / Title of Event: GET SOAKED FOR AUTISM

Description of Event: FREE FAMILY FESTIVAL

Anticipated Number of Attendees: 1000

Open to the Public: ☒ Yes ☐ No

**NOTICE: For every 250 people attending, you need one certified crowd manager.**

Will you be charging an admission fee: ☐ Yes ☒ No If yes, how much?:

Date(s) of Event: SATURDAY, APRIL 5TH, 2025

Setup Start Time: 8:30AM

Event Start Time: 11AM

Break Down Time: 4PM

Event End Time: 2PM

## ROAD / TRAFFIC NEEDS

Will you be requesting any road closures? ☐ Yes ☒ No

Name of specific street/road:

Times of Road Closure:

*Please include all roads to be closed on the site map that is submitted, including location of any barricades, cones, etc. Applicant must provide written notification to each occupant within the proposed event area at least two weeks prior to the event.*

## TEMPORARY STRUCTURES

Will you have Temporary Structures? ☒ Yes ☐ No

☐ Booth If yes, how many?: Measurements:

☒ Tent If yes, how many?: 15 Measurements: 10X10

*If the tent is over 800 square feet in size, the tent will require a permit from our City Building Department.*

☒ Inflatables If yes, how many?: 15 Measurements: VARIED

☒ Other FOAM MACHINE, OBSTACLE COURSE, SENSORY ROOM, SNACK STATIONS, STAG

*All items above must be clearly marked with all details on the site map that is submitted.*

## MUSIC INFORMATION

Will music be provided at your event? ☒ Yes ☐ No

Will there be sound amplification? ☒ Yes ☐ No

☐ Band ☒ DJ ☐ Stereo System ☐ Other

List sound/equipment provider: UNSURE YET

*Applicant must adhere to the City of Palm Bay Special Event Ordinance Number 2019-09. The maximum permissible sound level is 65db at the event boundary. If the adjacent land use is residential, the level may not exceed 55db.*

## FOOD / VENDORS

Will there be food? ☒ Yes ☐ No

Provided at a charge? ☐ Yes ☒ No

Will there be soft drinks/water? ☒ Yes ☐ No

Provided at a charge? ☐ Yes ☒ No

Will there be vendors? ☐ Yes ☒ No

If yes, how many vendors?

If yes, what kind? ☐ Cooking Vendor ☐ Non-Cooking Vendor

*A Business Tax Receipt and Department of Health Certificate is required for the sale or distribution of food. Already prepared food must be approved by the Department of Health prior to the event. All vendors location must be clearly marked on the site map that is submitted.*

## ALCOHOL

Will there be alcohol? ☐ Yes ☒ No

Provided at a charge? ☐ Yes ☐ No

☐ Beer ☐ Wine ☐ Liquor

*A State license is required for alcohol sales and can be obtained from the Florida Division of Alcoholic Beverages. The sale of alcoholic beverages must follow the liquor control regulations of the City and the State of Florida.*

## MISCELLANEOUS

Will off-site parking be used at the event? ☐ Yes ☒ No If yes, location?

Will you need electricity? ☒ Yes ☐ No Will you be using generators? ☒ Yes ☐ No

Are you providing additional dumpsters? ☐ Yes ☒ No If yes, provider name:

Are you providing additional toilets? ☐ Yes ☒ No If yes, provider name:

How many additional toilets will you have?  How many toilets will be ADA Accessible?

**NOTICE:** You must have at least one ADA Accessible portable toilet for your event.

Will there be first-aid stations? ☒ Yes ☐ No Will there be amusement rides? ☐ Yes ☒ No

Will there be fireworks? ☐ Yes ☒ No Will there be fire? ☐ Yes ☒ No

## SERVICES REQUESTED BY APPLICANT:

☒ Police Officer(s) If yes, how many?

*The City reserves the right to assess the need for additional City services.*

*Please be aware that employing a service member incurs a fee for each person requested for your event. Each police officer requested is a paid, off-duty detail and forms/applications will be sent from the PD for request review.*

## SITE PLAN REQUIREMENTS

Detailed Site Plans are required for special events on City-owned and non-City-owned properties.

A preliminary site plan for city-owned property shall be submitted no less than thirty (30) days before the event. A final site plan must be submitted no less than fifteen (15) days before the event.

A preliminary site plan for non-city-owned property shall be submitted no less than ten (10) days before the event. A final site plan must be submitted no less than five (5) days before the event.

**\*\*Please refer to the City of Palm Bay Special Event Ordinance Number 2019-09 for full details regarding the Site Plan Requirements\*\***

## INSURANCE REQUIREMENTS

Applicants for a Special Event on City property must follow the insurance requirements as described in the City of Palm Bay Special Events Ordinance Number 2019-09:

- Commercial General Liability
- Worker's Compensation and Employer's Liability
- Liquor Liability (if alcoholic beverages are to be sold, served, or consumed at the event)

**The City must be provided with a Certificate of Insurance listing the "City of Palm Bay" as the Certificate Holder and naming the "City of Palm Bay" as an additional insured. The insurance requirements must be met not less than fifteen days (15) days prior to the scheduled event.**

**\*\*Please refer to the City of Palm Bay Special Event Ordinance Number 2019-19 for full details regarding the insurance requirements for Special Events held on City owned property\*\***

## APPLICANT SIGNATURE

I hereby certify that the information provided in this application is true and correct and agree to adhere to the City of Palm Bay Special Events Ordinance 2019-09.



*Applicant (Required)*

02/12/2025

*Date (Required)*

If you are submitting this document electronically, please email this document to:  
**[specialeventapplications@pbfl.org](mailto:specialeventapplications@pbfl.org)**

**An attachment notating the approval by the pertinent  
City of Palm Bay Departments will follow this page.**



S.O.A.K. SUPPORTING OUR ASD KIDS., INC.

February 12, 2025

To Whom It May Concern

Supporting Our ASD Kids Inc. (S.O.A.K.) is an organization whose purpose is to help those diagnosed with Autism Spectrum Disorders and related disabilities, and their families.

SOAK began as a support group in September 2011, primarily helping caregivers of those with Autism find solace, resources and support in the area and beyond. By September 2015, we grew to support educational, life and social programs around Brevard County. We are a non-profit organization with 501c3 status with the IRS. Our board of directors are comprised of family members or individuals with ASD diagnosis and all volunteers and have children who are affected by autism. We serve several thousand families here in Brevard County and continue to provide events, resources, workshops, social opportunities and information to all. We strive to work together with other agencies, groups, and businesses to bring awareness, support and resources to everyone.

Our Get SOAKed for Autism Event is completely free for everyone to participate in, it is an inclusive event for loved ones and individuals diagnosed with Autism, their friends, family members and the public, creating understanding and embracing our special needs population. Get SOAKed for Autism has brought attention and understanding to so many families who may not know of our organization or what is available locally to assist them. This event is open to all who live here!

The City of Palm Bay has been a leader throughout Brevard County in bringing awareness and support to so many families – many services and groups have flourished with assistance from the continued support the city has provided. 1 in 36 children are diagnosed with Autism Spectrum Disorders and more have other disabilities we wish to highlight by joining together at such an event. This event has been so successful because of the partnership we have and hope to continue!

We host around 100 volunteers who participate for a minimum of 2 hours, up to 9 hours. Each volunteer is offered a position and receives a free meal, snacks and soft drinks/water throughout the day. Positions usually include set up, clean up, stations at each inflatable, foam machine, super soaker area, fire station area, sensory space, kitchen help, registration, SOAK booth, Sponsor assistance, face painting, children's crafts, music area, therapy area and costume/cosplayers too. As a 501c-3 SOAK offers volunteers hours to middle/high school students and adults. Children under 12 may participate as volunteers with an adult over the age of 18.

SOAK provides all activities for free for the day through Sponsorships or in-kind donations, covering most of the cost of the activities to the sum of approximately \$7000. We have several water slides, bounce houses and similar inflatables, foam machine, the fire station attend and have water spray/truck visits, cosplayers, arts/crafts, face painting, informational booths, toy water shooters and fillable buckets, music, music therapy station, an indoor sensory space for calming/quiet time, a space for cosplayers and costumers to change/regroup, many informational vendors provide free items and resources as well as an activity at their booths. The city have worked with us to ensure safety parameters are followed and have been kind enough to provide fencing around water areas, several indoor spaces/rooms and the kitchen as well as a stage and a caretaker for the day on site. We also offer free cotton snacks and water to participants.

SOAK greatly appreciates your consideration for Co-Sponsorship and we hope to be able to continue this amazing partnership again this year!

Sincerely,

Mary Cancel

President

S.O.A.K.

[soakfamilies@gmail.com](mailto:soakfamilies@gmail.com)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. SUPPORTING OUR ASD KIDS, INC.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶	<input checked="" type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Trust/estate <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) 3080 SWEET PINE DRIVE	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code MELBOURNE FL 32935	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

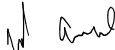
<b>Social security number</b>										
			02	-						
<b>or</b>										
<b>Employer identification number</b>										
4	7	-	4	9	8	3	5	6	3	

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ 

**Date ▶** 02122025

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.





## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8016845896C-8	10/31/2020	10/31/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SUPPORTIN OUR ASD KIDS INC  
3080 SWEET PINE DR  
MELBOURNE FL 32935-4586

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.

# In-Kind City Impact Estimate

## City of Palm Bay - Special Event

It Starts in Parks

DATE: 3/6/2025  
INVOICE #: 306202502  
CUSTOMER ID: Supporting Our ASD Kids

Event Time  
9:00 AM - 1:00 pm  
Set up Begins morning of at 8:30 am

BILL TO  
Supporting Our ASD Kids

Event Date  
Saturday April 5th

Event Name: Supporting Our ASD Kids

Projected Attendance: 1000 total

Location: Fred Poppe Regional Park

Description	AMOUNT
<b><u>Rental and Fee Waivers</u></b>	
Stage Rental Fee	\$1000 * 25% Non-Profit Discount \$750.00
Community Center Rental	Rooms (6 @ 6 hours) at \$15/Hr \$540.00
Special Event Fee	\$200 * 25% Non-Profit Discount \$150.00
Green Space Fee	\$400* 25% Non-Profit Discount \$300.00
Pavilion Rental	\$105 * 25% Non-Profit \$78.75
<b><u>Total</u></b>	<b><u>\$1,818.75</u></b>
<b><u>PD Staffing</u></b>	
Police	2 @ 4 hours @ \$75/hr \$600.00
<b><u>Fire Staffing/Inspection Fees</u></b>	
Fire Inspection Fee	\$125.00
<b><u>Parks and Facilities Staffing</u></b>	
Stage set up/breakdown fee	2 staff @ 2 Hours @ \$35/hr \$140.00
Maintance Staff for event	2 staff @ 6 Hours @ \$35/hr \$420.00
<b><u>Total</u></b>	<b><u>\$560.00</u></b>
<b><u>Recreation Staffing</u></b>	
Recreation Staff	Regularly Scheduled Staff \$0.00
<b><u>In-Kind TOTALs</u></b>	<b><u>\$3,103.75</u></b>



# SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name: SOAK Festival

Date(s) of Event: 4/5/25

## CITY APPROVAL

Print Name

Recreation Director

Signature

Print Name

Chief of Police

Signature

Print Name

Chief of Fire

Signature

Print Name

Public Works Director

Signature

Print Name

Facilities & Parks Director

Signature

Print Name

Land Development

Signature

Printed Name

City Manager

Signature