

## **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.



**BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL ASSN., INC.**  
**(BCASCA)**

The BCASCA Development Center  
2174 Harris Avenue NE – Suite 6, Palm Bay, FL 32905

**Executive Officers**

**President**

*Marcia Campbell*

**Vice-President**

*Courtney Morris*

**Secretary**

*Norma Lawrence*

**Treasurer**

*Patricia Martinez*

**Recording Sec.**

*Jeniffer Walker*

**Directors**

**Public Relations**

*Janice Bispham*

**Building Manager**

*Joseph Miller*

**Sports Director**

*John Richmond*

**Directors at Large**

*Emily Benjamin*

*Eustace King*

*Derrick Jones*

*Enid Morgan*

*Devon Vincent*

***www.bcascafl.com***

***(321) 557-2968***

City of Palm Bay  
120 Malabar Road  
Palm Bay, FL 32907  
February 20, 2025

To the City of Palm Bay:

The month of June was adopted by Congress as Caribbean-American Heritage Month in February 2006. During the month significant contributions of Caribbean-Americans and their descendants are highlighted and acknowledged throughout the United States. Caribbean Americans have shaped our culture and heritage by enriching our communities with their contributions to music, film, the arts, business, literature, government, sports, food, and medicine

Brevard Caribbean American Sports & Cultural Association (BCASCA) is holding its 4th Annual National Caribbean American Heritage Month Celebration in Brevard County. We are hosting a series of events throughout the month of June to showcase the rich culture of the French-, Spanish-, and English-speaking Caribbean, through art, food, music, film, entertainment, and fashion. Please see the attached calendar of events.

We are asking the city to waive all fees associated with the following two events. The first one, Caribbean Arts on the River, will take place on Saturday, 14 June 2025 at Captains House. The second one, BCASCA 2nd Annual Caribbean Heritage Month Block Party, occurs on Saturday, June 21, 2025, at The Judge Majeed Cricket Pavilion, in Fred Poppe Regional Park. Both events are free to the community. At these events, the community will get a chance to view and appreciate artwork, poetry, traditional fashion, costumes, live music, Steel Pan, Drummers, Masqueraders, Stilt Walker, food, games, and artifacts reflecting the rich history of the different Caribbean Countries. The events are family-themed events with a host of activities that will highlight the multiculturalism and diversity within our city. BCASCA's goal is to promote the City of Palm Bay as a vibrant and growing community both cultural and artistic; a desirable community to live, visit and do business through cultural awareness and diversity.

We look forward to the partnership. It is our goal to make this year's events bigger and better than last year's. Thank you in advance for your time and consideration.

Sincerely,  
Marcia Campbell  
President/BCASCA

---

***"UNITY IN DIVERSITY"***

*Brevard Caribbean American Sports & Cultural Assn, Inc.*  
*A Non-Profit 501 C (3) Organization - Established: 1989*

# In-Kind City Impact Estimate

City of Palm Bay - Special Event  
It Starts in Parks

DATE: 3/21/2025  
INVOICE #: 321202501  
CUSTOMER ID: BCASCA  
BILL TO Brevard Caribbean American Sports  
and Cultural Association

Event Time, Date, Location  
June 14th (2pm-8pm); June 21st (10 am - 8 pm)  
06/14 - Art on the River at the Captains House;  
06/21 - Block Party at Cricket Pavilion

**Event: BCASCA's Annual Caribbean Arts on the River 06/08 (CH)**

| Fee Descriptions               |                            | AMOUNT                 |
|--------------------------------|----------------------------|------------------------|
| Captains House Rental          | Community Partner Discount | \$200.00               |
| <b><u>Fee Waiver Total</u></b> |                            | <b><u>\$200.00</u></b> |
| <b><u>Event Total</u></b>      |                            | <b><u>\$200.00</u></b> |

**Event: BCASCA's Annual Block Party 06/30 - Cricket Pavilion**

| Fee Descriptions - <b>Rental and Fee Waivers</b> |                                  | AMOUNT                   |
|--|----------------------------------|--------------------------|
| Special Event Fee                                | \$200 * 25% Non-Profit Discount  | \$150.00                 |
| Fire Inspection Fee                              |                                  | \$125.00                 |
| Light Towers                                     | 2 @ \$15/hr @ 2 hours            | \$60.00                  |
| Stage Rental Fee                                 | \$1000 * 25% Non-Profit Discount | \$750.00                 |
| <b><u>Fee Waiver Total</u></b>                   |                                  | <b><u>\$1,085.00</u></b> |

| Labor Descriptions               |                    | AMOUNT                   |
|----------------------------------|--------------------|--------------------------|
| Police                           | 16 hours @ \$75/hr | \$1,200.00               |
| Maintance Staff for event        | 32 Hours @ \$35/hr | \$1,120.00               |
| Stage set up/breakdown fee       | 4 Hours @ \$35/hr  | \$140.00                 |
| Recreation Staff                 | 12 hours @ \$25/hr | \$300.00                 |
| <b><u>Labor Waiver Total</u></b> |                    | <b><u>\$2,760.00</u></b> |
| <b><u>Event Total</u></b>        |                    | <b><u>\$3,845.00</u></b> |

**Sesonal Event Totals** **\$4,045.00**

Refundable damage deposits must still be paid in advance.



---

# CO-SPONSORSHIP REQUEST PACKAGE AND APPLICATION

---

FY 2024

Organization Name: Brevard Caribbean American Sports & Cultural Association  
Event Name: Arts on the River  
Contact Name: Marcia Campbell

**City Use Only**  
Date Received: 2.28.2025  
Received By: Daniel Waite, Acting Recreation Director  
Council Meeting Date: 04.03.2025

\*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: Brevard Caribbean American Sports & Cultural Association  
Event Name/Title : Arts on the River at Captains House  
Contact Last Name: Campbell First Name: Marcia  
Address: 2174 Harris Ave NE  
City/State/Zip: Palm Bay, FL., 32905  
Home Phone: \_\_\_\_\_ Cell Phone: (646) 361-8302  
Email: marcia.campbell@kindred.com

Please select all applicable options:

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

*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: \_\_\_\_\_  
Arts on the River at Captains House (14 June 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:*

This event is a family-themed display of arts and crafts that will highlight the multi-culturalism and diversity of Palm Bay.

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

*Please explain:*

This event showcases the French, Spanish, and English-speaking Caribbean culture which is a major population base in Palm Bay and Brevard County.

☒ The event complements current City Special Event Programming.

*Please explain:*

This event is in keeping with the highest traditions of Palm Bay's annual diversity and inclusivity programs.

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

*Please explain:*

BCASCA has organized and produced this event for several years. It has always been well attended. With support from the City of Palm Bay, we have been able to provide the necessary logistics to make this event successful.



# 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}

Fee Waiver

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: 140

Estimated Total Volunteers: 50

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: \$4,500.00

*\*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:

2/28/25

Applicant Signature:

M. Campbell





# SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name:  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:  Telephone:

Applicant Address:  Email:

Contact Person (if different from Applicant):

Telephone:  Email:

## NAME / TITLE OF EVENT

Name / Title of Event:

Description of Event:

Anticipated Number of Attendees:  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:

Setup Start Time:  Event Start Time:

Break Down Time:  Event End Time:

## 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?:  Measurements:

*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?:  Measurements:

☐ Other

*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:  Brebard Caribbean American Sports & Cultural Association

*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:

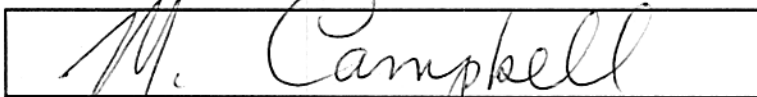
- Commercial General Liability
- Worker's Compensation and Employer's Liability
- Liquor Liability (if alcoholic beverages are to be sold, served, or consumed at the event)

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)*



*Date (Required)*

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

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



---

# CO-SPONSORSHIP REQUEST PACKAGE AND APPLICATION

---

FY 2024

Organization Name: Brevard Caribbean American Sports & Cultural Association  
Event Name: Caribbean Heritage Month Celebration  
Contact Name: Marcia Campbell

**City Use Only**  
Date Received: 02.28.2025  
Received By: Daniel Waite, Acting Recreation Director  
Council Meeting Date: 04.03.25

\*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: Brevard Caribbean American Sports & Cultural Association  
Event Name/Title : NCAHM Celebration at Fred Poppe Park  
Contact Last Name: Campbell First Name: Marcia  
Address: 2174 Harris Ave NE  
City/State/Zip: Palm Bay, FL., 32905  
Home Phone: \_\_\_\_\_ Cell Phone: (646) 361-8302  
Email: marcia.campbell@kindred.com

Please select all applicable options:

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

*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: \_\_\_\_\_  
NCAHM Celebration at Fred Poppe Park (21 June 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:*

This event is a family-themed celebration that will highlight the multi-culturalism and diversity of Palm Bay.



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

*Please explain:*

This event showcases food, arts, crafts, and other cultural events of the French, Spanish, and English-speaking Caribbean diasporas which is a major population base in Palm Bay and Brevard County.



The event complements current City Special Event Programming.


*Please explain:*

This event is in keeping with the highest traditions of Palm Bay's annual diversity and inclusivity programs.



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

*Please explain:*

BCASCA has organized and produced both of this event for several years. It has always been well attended. With support from the City of Palm Bay, we have been able to provide the necessary logistics to make this event successful. Provided logistics included a stage, tents, 



# 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}*

One (1) stage; Two (2) bleachers; Two (2) tents; Four (4) Police Officers; Eight (8) garbage bins.

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: 140

Estimated Total Volunteers: 50

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: \$4,500.00

*\*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:

2/28/25

Applicant Signature:

M. Campbell





# SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name:  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:  Telephone:

Applicant Address:  Email:

Contact Person (if different from Applicant):

Telephone:  Email:

## NAME / TITLE OF EVENT

Name / Title of Event:

Description of Event:

Anticipated Number of Attendees:  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:

Setup Start Time:  Event Start Time:

Break Down Time:  Event End Time:

## 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?:  Measurements:

*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?:  Measurements:

☐ Other

*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:

*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:

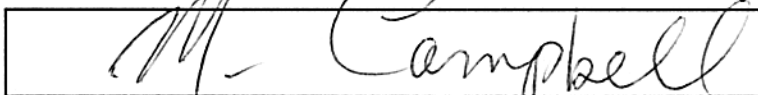
- Commercial General Liability
- Worker's Compensation and Employer's Liability
- Liquor Liability (if alcoholic beverages are to be sold, served, or consumed at the event)

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.

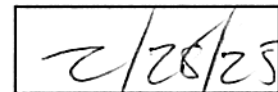
**\*\*Please refer to the City of Palm Bay Special Event Ordinance Number 2019-19 for full details regarding the insurance requirements for Special Events held on City owned property\*\***

## 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)*

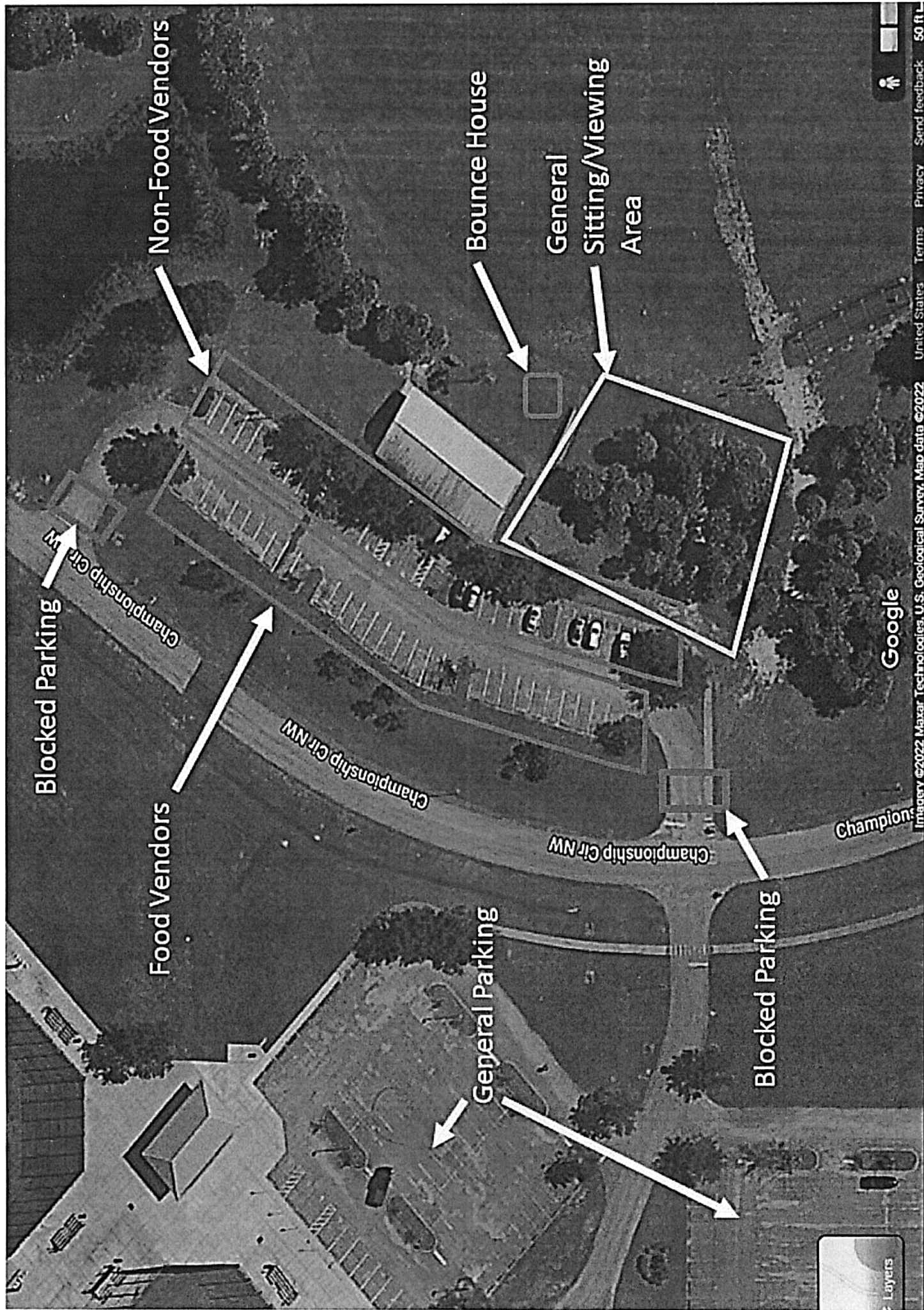


*Date (Required)*

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.





Blocked Parking

Food Vendors

Non-Food Vendors

General Parking

Bounce House

General  
Sitting/Viewing  
Area

Blocked Parking

Google

Layers

## Request for Taxpayer Identification Number and Certification

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

|   |  |  |
|---|--|--|
| Print or type<br>See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Brevard Caribbean American Sports &amp; Cultural Association</b>   |  |
|   | 2 Business name/disregarded entity name, if different from above   |  |
|   | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶<br><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501(C)(3) Non-Profit Charitable Organization</b> |  |
|   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br>(Applies to accounts maintained outside the U.S.)   |  |
|   | 5 Address (number, street, and apt. or suite no.)<br><b>2174 Harris AVE NE</b>   |  |
|   | 6 City, state, and ZIP code<br><b>Palm Bay, FL., 32905</b>   |  |
|   | 7 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.

|                                |   |  |   |   |   |   |   |   |
|--------------------------------|---|--|---|---|---|---|---|---|
| Social security number         |   |  |   |   |   |   |   |   |
|                                |   |  | - |   |   |   | - |   |
| or                             |   |  |   |   |   |   |   |   |
| Employer identification number |   |  |   |   |   |   |   |   |
| 5                              | 9 |  | - | 2 | 9 | 3 | 9 | 9 |
|                                |   |  |   |   |   |   | 6 | 5 |

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <i>M. Campbell</i> | Date ▶ <i>2/28/25</i> |
|-----------|---|-----------------------|

### 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

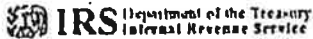
**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

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.



OGDEN UT 84201-0038

In reply refer to: 0441986857  
Aug. 16, 2010 LTR 4168C ED  
59-2939965 000000 00

00022299  
BODC: TE

BREVARD CARIBBEAN AMERICAN SPORTS  
AND CULTURAL ASSOCIATION  
PO BOX 100716  
PALM BAY FL 32910-0716

037277

Employer Identification Number: 59-2939965  
Person to Contact: D BRIDGEWATER  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 05, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in SEPTEMBER 2002.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Our records indicate that you are an exempt operating foundation described under Section 4940(d) of the Code.

Please refer to our website [www.irs.gov/efo](http://www.irs.gov/efo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Rita A. Laate  
Accounts Management II



# SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name: BCASCA

Date(s) of Event: 6/14 + 6/21/25

## 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