



CO-SPONSORSHIP REQUEST PACKAGE AND APPLICATION

FY2024

Organization Name: Brevard Caribbean American Sr
Event Name: BCASCA 2nd Annual Caribbean
Contact Name: Marcia Campbell

City Use Only

Date Received: Received on 4/5/2024
Received By: Daniel Waite - Special Event Coordinator
Council Meeting Date: May 16

*Please submit a completed package and application with all applicable attachments to:
specialeventapplications@palmabayflorida.org

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

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 applicable options:

☒ Free Event ☒ Open to the public ☐ 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: 30 June 2024 and JUNE 8th

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.*



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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:

The events are family-themed events, which will highlight the Multiculturalism AND Diversity of Palm Bay



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

Please explain:

The programs showcase the French, Spanish and English speaking Caribbean culture, which is a major population in Palm Bay/Brevard County



The event complements current City Special Event Programming.

Please explain:

In addition to the block party we are also seeking sponsorship for the event at Captain's House, which will also be a free event that highlights the diversity and inclusivity of all events during the month of June.



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

Please explain:

OUR PREVIOUS EXPERIENCE when we celebrate Caribbean American Heritage for the past two years was well received and well attended, with the help of the City we were able to provide the necessary materials to make the events a success. For example the stage, tents, bleachers, police and support etc.

(Please see the attached letter to the City)

Co-Sponsorship Application

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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}

Stage (1); Bleachers (2); Tents (2); Police Officers (4); Fee Waiver; Garbage Collection;

Garbage Bins (10)

and Fee Waiver for the
Caribbean Arts on the River Celebration at
Captains House on 6/8/24

Volunteer hours the organization will provide to conduct this event, please break down by planning, set-up, breakdown and clean-up.

{Please provide a break down on separate sheet}

Estimated Total Hours: 100 + 40 = 140

Estimated Total Volunteers: 40 + 10 = 50

Please provide a full budget reflecting the contributions the organization will make toward the event, including all direct or in-kind costs, including volunteer group donations, staffing costs, or other sponsorships if applicable.

{Please provide a break down on separate sheet}

Estimated Total Monetary Contribution from Organization: \$4,400.00

*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 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, including volunteer group 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
 - ☒ A copy of the 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:

4/5/24

Applicant Signature:

M. Campbell





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
April 5, 2024

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, occurs takes place on Saturday, 8 June 2024 at Captains House. The second one, BCASCA 2nd Annual Caribbean Heritage Month Block Party, occurs on Sunday, 30 June 2024 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

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
BREYARD CARIBBEAN AMERICAN SPORTS & CULTURAL ASSOC INC - BCASCA

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) > _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) > **NON PROFIT ORG.**

4 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) _____

5 Address (number, street, and apt. or suite no.) See instructions.
2174 HARRIS AVENUE NE

6 City, state, and ZIP code
PALM BAY FL 32905

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requestor* for guidelines on whose number to enter.

Social security number

or

Employer identification number

59-2939965

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 for Part II, later.

Sign Here Signature of U.S. person > *[Signature]*

Date > **11/28/22**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

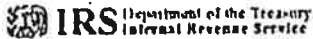
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (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*, later.



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 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

FOOD VENDORS/ TENT VENDORS EVENT REQUIREMENTS

- All tents shall be secured with a minimum of 25 lb. weight on each leg or preferably 1 (8x8x16) cinder block per leg tied with rope directly to top frame of leg down to 25 lb weight.
- Tents shall be spaced at a minimum of 3 feet apart.
- Tents exceeding 900 sq ft in size will require a permit from the City of Palm Bay Building Department 321-953-8924.
- Food trucks shall be spaced 10 feet from other food truck vendors.
- All cooking vendors shall have a 10 feet separation from all other non-cooking vendors.
- No deep frying or open flames under tents unless the tent is Certified Flame Resistant.
- Food truck vendors/ cooking vendors shall have current DBPR License on hand, one Class K fire extinguisher with current tag, one 2A:10BC fire extinguisher with current tag.
- Hoods shall be clean and current tag of cleaning posted on hood.
- Hood suppression system shall have current tag, service and maintenance reports on hand.
- Any extension cords being used shall be in good condition.
- Taping, mending, or exposed wires on the extension cords will NOT be accepted.
- Any vendor(s) found not complying with any of the requirements may not be allowed to operate until compliance is made.
- Food Truck Vendors shall have current Certification for LP-Gas Systems from Licensed Company.
Attached is list of companies that can be used for Certification



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.

Break Down Time: 8:00 PM Event End Time: 8:00 PM

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?

0

4 officers from 12
pm - 8 pm

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:

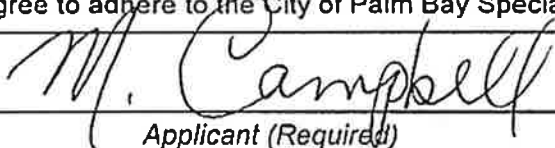
- Commercial General Liability
- Worker's Compensation and Employer's Liability
- Liquor Liability (if alcoholic beverages are to be sold, served, or consumed at the event)

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

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



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.

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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.

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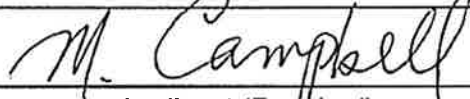
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- Worker's Compensation and Employer's Liability
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Applicant (Required)


Date (Required)

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specialeventapplications@pbfl.org

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

In-Kind City Impact Estimate

City of Palm Bay - Special Event
It Starts in Parks

DATE: 4/30/2024
INVOICE #: 430202401
CUSTOMER ID: BCASCA

Event Time, Date, Location
June 8th (2pm-10pm); June 30th (10 am - 8 pm)
06/08 - Art on the River at the Captains House;
06/30 - Block Party at Cricket Pavilion

BILL TO
BCASCA

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

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

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

Fee Descriptions	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
<u>Fee Waiver Total</u>	<u>\$335.00</u>

Labor Descriptions	AMOUNT
Police	4 @ 8 hours @ \$75/hr \$2,400.00
Maintance Staff for event	4 staff @ 8 Hours @ \$35/hr \$1,120.00
<u>Labor Waiver Total</u>	<u>\$3,520.00</u>
<u>Event Total</u>	<u>\$3,855.00</u>

<u>Sesonal Event Totals</u>	<u>\$4,055.00</u>
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Refundable damage deposits must still be paid in advance.