



CO-SPONSORSHIP REQUEST PACKAGE AND APPLICATION

FY 2024

Organization Name: W.I.C.C.S.
Event Name: Free Family Fun-day
Contact Name: Alfred Agorie

City Use Only
Date Received: 8/28/24
Received By: Daniel White
Council Meeting Date: 10/3/24

***Please submit a completed package and application with all applicable attachments to: 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: West, Indian, Caribbean, Culture & Sports
Event Name/Title: Free Family Fun-day
Contact Last Name: Agarie First Name: Alfred -
Address: 4371 Dixie Hwy N.E.
City/State/Zip: Palm Bay FL. 32905
Home Phone: _____ Cell Phone: 321-508-9624
Email: alfyagarie@gmail.com

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: Every 1st Sunday of each
Month

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:

DW → Stated in cover letter

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

Please explain:

The event complements current City Special Event Programming.

Please explain:

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

Please explain:

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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}

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: 130

Estimated Total Volunteers: 25

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: \$2,900.00

*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.



I am Alfred Agarie (Alfy), the President of West Indian Caribbean Culture and Sports (W.I.C.C.S), a local non-profit organization of our great city of Palm Bay. Our main goal is to promote the West Indian Caribbean culture and sports in the community by giving diversity for youths and their families. Our vision is preparing our generations with lifetime skills by understanding the culture and sports that help builds communication, teamwork and creativity.

W.I.C.C.S has contributed and participated with several community youth groups and organizations. We are a proud member of the Greater Palm Bay Chamber of Commerce. We donated and participated in their multicultural events. W.I.C.C.S has donated to several organization and groups in Palm Bay, here are a few:

- Greater Palm Bay Senior Center
- Brevard Cricket Club
- BACASCA community club
- The House Church (Christmas Extravaganza)
- HAAB (Haitian community)
- Puerto Rican parade
- The homeless veteran of Brevard

W.I.C.C.S is a proud sponsor to groups and organization in the community, here are a few:

- Islanders Soccer team
- Bayside High School Soccer team
- Rebel Domino club

W.I.C.C.S also participated in our City of Palm Bay free events to the community, below is a list:

- Multicultural event
- City of Palm Bay Trunk or Treat
- Veteran's day parade
- Christmas light parade

Our W.I.C.C.S event is a Free Family Fun-day that is held every first Sunday of the month at Fred Poppe Regional Park. It started in January 2020 to reunite the community after the pandemic that left the community in stress and depression. Having this event brought back the enjoyment to the community that reminded the residents of Palm Bay and their families the importance of daily outdoor activities with our sports and spending time with loved ones. The community showed their gratitude and look forward to our event. We would like the City of

Palm Bay to be our Co-sponsor/Community Partner of W.I.C.C.S so we can keep serving the community and having this free event for the Residents of Palm Bay.

Thank you for your time.

Sincerely,

Alfred Agarie (Alfy)

President of West Indian Caribbean Culture and Sports (W.I.C.C.S)

A handwritten signature in black ink that reads "A. Agarie". The signature is written in a cursive style with a large initial "A" and a long, sweeping underline.



WEST INDIAN CARIBBEAN CULTURE AND SPORTS

EXPENSE SHEET

Category	Amount
Food	\$ 1,000.00
Beverages	\$ 400.00
Plates, cups, and silverware	\$ 150.00
Music/Entertainment	\$ 400.00
Bounce House	\$ 195.00
Volunteer	\$ 800.00

TOTAL : \$ 2,945.00

BTDW

→ Set, Break down, cooking, food prep.
130 hours over 12 occurrences.

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>West Indian Caribbean Culture & Sports</i>	
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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note. 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.</small>	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) <i>4371 Dixie Hwy NE</i>	Requester's name and address (optional)
6 City, state, and ZIP code <i>Palm Bay FL 32905</i>	
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									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>									
or									
Employer identification number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;">84</td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;">4</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">8</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;">9</td> </tr> </table>	84	-	4	0	6	8	1	3	9
84	-	4	0	6	8	1	3	9	

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 ▶ <i>A. Agones</i>	Date ▶ <i>8-26-24</i>
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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.

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 for 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.



SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name: Free Family Fun-day 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: Pal Pavillion

CONTACT INFORMATION

Organization/Applicant Name: W.I.C.C.S. Telephone: 321-508-9624
Applicant Address: 4371 Dixie Hwy Palm Bay Email: wiccs.palmbay@gmail.com
Contact Person (if different from Applicant): Alfy Agorice
Telephone: 321-508-9624 Email: alfyagorice@gmail.com

NAME / TITLE OF EVENT

Name / Title of Event: Free Family Fun-day
Description of Event: Promoting Caribbean Culture/Community Family & Friends
Anticipated Number of Attendees: 100 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: every first Sunday of each Month -

Setup Start Time: 12:00 AM Event Start Time: 1:00 PM

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:

N/A

Times of Road Closure:

N/A

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:

No 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:

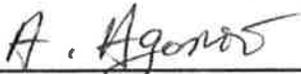
- Commercial General Liability
- Worker's Compensation and Employer's Liability
- Liquor Liability (if alcoholic beverages are to be sold, served, or consumed at the event)

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.

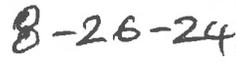
****Please refer to the City of Palm Bay Special Event Ordinance Number 2019-19 for full details regarding the insurance requirements for Special Events held on City owned property****

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

**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 - Co-Sponsorship Request

It Starts in Parks

DATE: 10/3/2024

INVOICE #: 10032024

CUSTOMER ID: WICCS

Event Time

12:00 PM - 9:00 PM

BILL TO

WICCS

Event Date

First Sundays of each month - Will start on October 12th due to UTB Festival on the 6th

Event Name: WICCS Family Fun Days

Projected Attendance: 100

Location: FPRP at the PAL Pavilion

Description

AMOUNT

Equipment, Rental and other Fees

Pavilion Rental Fee	Non-Profit Rate (\$78.75/occurrence) *12	\$945.00
Special Event Fee	Non-Profit Rate (\$150/occurrence)*12	\$1,800.00
Total		\$2,745.00

In-Kind TOTALS

\$2,745.00

Event organizer is responsible for:

Event organizer will be responsible for loose trash on property, emptying trash bins into dumpster

Event Liability Insurance and Alcohol Liability

Any Questions please contact: Daniel Waite 321-626-2912 ext. 2065 E: Daniel.Waite@pbfl.org