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# CO-SPONSORSHIP REQUEST PACKAGE AND APPLICATION

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FY 2024

Organization Name: CareerSource Brevard Flagler Volusia

Event Name: Palm Bay Veteran Focused Job Fair

Contact Name: Wilfredo Quiles

**City Use Only**

Date Received: 11/12/24

Received By: Daniel Waite

Council Meeting Date: 12/5/24

**\*Please submit a completed package and application with all applicable  
attachments to: [speialeventapplications@palmbayflorida.org](mailto:speialeventapplications@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: CareerSource Brevard Flagler Volusia  
Event Name/Title : Palm Bay Veteran Focused Job Fair  
Contact Last Name: Quiles First Name: Wilfredo  
Address: 5275 S. Babcock St.  
City/State/Zip: Palm Bay  
Home Phone: 321-394-0584 Cell Phone: \_\_\_\_\_  
Email: wquiles@careersourcebfv.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: \_\_\_\_\_  
February 12th 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 Veteran focused job fair, but open to the public and at no cost to the job seekers. We will have 56 employers from all sectors of employment to include government contractors.

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

*Please explain:*

We have partnered with the City of Palm Bay for the last 5 years, each year gets better and attendance is high even when unemployment rate is low.

- ☒ The event complements current City Special Event Programming.

*Please explain:*

This event will enable those members of the community who are unemployed or underemployed to speak with 56 different company recruiters in one location. The chances of job seekers gaining employment grow many times over, versus applying on line and hoping they are called for an interview. exponentially

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

*Please explain:*

This will be our 6th year conducting the event at this location.



# 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}*

This event will be executed by our Veterans Team, there are no outside volunteers.

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: 12 (Set-up / Breakdown); Planning

Estimated Total Volunteers: 0

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: 0.00

*\*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;
- N/A ☒ 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: 11/12/2024

Applicant Signature: \_\_\_\_\_

Completed By: Daniel Waite   
Recreation





# SPECIAL EVENTS APPLICATION AND AGREEMENT

Event Name: Veterans Job Fair

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: Wilfredo Quiles (Career Source Brevard) Telephone: 321-394-0584

Applicant Address: 5275 S. Babcock St. Palm Bay, FL 32905 Email: wquiles@careersourcebfv.com

Contact Person (if different from Applicant):

Telephone:

Email:

## NAME / TITLE OF EVENT

Name / Title of Event: Palm Bay Veterans Job Fair

Description of Event: Job Fair,

Anticipated Number of Attendees: 350 (Not all at the same time) 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: February 11th/12th 2025

Setup Start Time: 1:30pm 11 February

Event Start Time: 9:00am 12 February

Break Down Time: 1:30pm 12 February

Event End Time: 1:00pm 12 February

## 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?

1 Food Truck, DOH Ce

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)

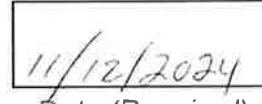
**The City must be provided with a Certificate of Insurance listing the "City of Palm Bay" as the Certificate Holder and naming the "City of Palm Bay" as an additional insured. The insurance requirements must be met not less than fifteen days (15) days prior to the scheduled event.**

**\*\*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.**

## Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Brevard Workforce Development Board, Inc.**

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) ►

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**297 Barnes Blvd.**

6 City, state, and ZIP code

**Rockledge, FL 32955**

Requester's name and address (optional)

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 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 Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

or

Employer identification number

5 9 - 3 0 3 1 7 8 5

### 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 ►

*Kevin Hudson, Comptroller*

Date ►

8/2/24

### 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](http://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.



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

BREVARD WORKFORCE DEVELOPMENT BOARD INC  
297 BARNES BLVD  
ROCKLEDGE, FL 32955-5325

Date:  
December 13, 2021  
Employer ID number:  
59-3031785  
Form 990 required:  
990, YES  
Person to contact:  
Name: Ms. Wiles  
ID number: 0196728

Dear Sir or Madam:

We're responding to your request dated March 01, 2021, about your tax-exempt status.

We issued you a determination letter in February 1991, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin

Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)  
Catalog Number 66666G

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
C - 1130  
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

6/27/91  
2

Date: FEB 12 1991

SPACE COAST PRIVATE INDUSTRY  
COUNCIL INC  
5 MINNA LANE SUITE 301 D  
MERRITT ISLAND, FL 32953

Employer Identification Number:  
59-3031785  
Contact Person:  
ARIEANE H. BARRS  
Contact Telephone Number:  
(404) 331-0930

Accounting Period Ending:  
6/30  
Foundation Status Classification:  
509(a)(1)  
Advance Ruling Period Begins:  
8/16/90  
Advance Ruling Period Ends:  
6/30/95  
Addendum Applies:  
YES

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your foundation status.

Letter 1045(DO/CG)

## SPACE COAST PRIVATE INDUSTRY

If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

Contributions to you are deductible by donors beginning 8/16/9.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file

SPACE COAST PRIVATE INDUSTRY

the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

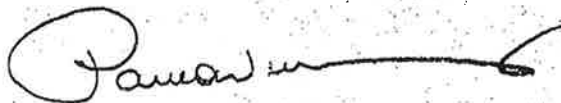
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Paul Williams  
District Director



SPACE COAST PRIVATE INDUSTRY

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471.



November 20, 2024

City of Palm Bay  
120 Malabar Road  
Palm Bay, FL 32907

To whom it may concern,

CareerSource Brevard Flagler Volusia (CSBFV) is a regional public/private partnership and part of a statewide network of 24 regions, known as CareerSource Florida. We administer the Workforce Innovation and Opportunity Act (WIOA) in Brevard County, provide workforce solutions to help keep Brevard businesses operating and thriving, and help solve workforce challenges. For these reasons, CSBFV is requesting support from the city to help promote the February 12<sup>th</sup>, 2025, job fair to hire veterans and other citizens of Palm Bay and Brevard County.

CSBFV has partnered with the City of Palm Bay on previous occasions and have a fruitful partnership, with the common goal of helping the local community. We co-sponsored and supported many successful recruiting event with your team; Job fair February 8<sup>th</sup> 2023 Palm Bay Wellness Fair in August of 2023, and Job Fair February 8<sup>th</sup> 2024, to name a few.

Over the past several years, Parks & Recs has graciously allowed us to use the Tony Rosa Community Center for our large job fairs at little to no cost; we would be so grateful for these accommodations for the February event. We would also like to promote the event on your website, newsletter, and mobile traffic message boards to reach as many Palm Bay residents as we can for another great hiring event.

Thank you in advance for your consideration!

Sincerely,

*Thomas LaFlore*

Thomas LaFlore  
V.P. of Industry Relations  
CareerSource Brevard Flagler Volusia



# In-Kind City Impact Estimate

## City of Palm Bay - Co-Sponsorship Request

It Starts in Parks

DATE: 2/12/2025

INVOICE #: 212202501

CUSTOMER ID: Career Source Brevard

Event Time

9:00 AM - 1:00 pm

Set up begins day before at 1:30 pm

BILL TO

Career Source Brevard

Event Date

Wednesday, February 12th, 2025

Event Name: Palm Bay Veterans Job Fair

Projected Attendance: 300 throughout the event

Location: Tony Rosa Community Center

Description	AMOUNT
Special Event Fee	\$200 * 25% Non-Profit Discount \$150.00
Gymnasium Rental	\$1000 (Full Day)+\$520 (Half Day)* 25% Non-Profit Discount \$1,140.00
Floor Covering (Carpeting)	\$300.00
Fire Inspection Fee	Indoor inspection \$75.00
In-Kind TOTALs	\$1,665.00

Any Questions please contact: Daniel Waite 321-626-2912 ext. 2065 E: [Daniel.Waite@pbfl.org](mailto:Daniel.Waite@pbfl.org)