Waste Management Community Benefits Request for Donations

The City of Riviera Beach, in conjunction with Waste Management Inc. of Florida, has established a Community Benefits Policy, as amended in November 2011. Under the Policy each elected official shall be entitled to designate up to \$15,000 per year (\$7,500 on October 1st and \$7,500 on April 1st) for public purposes. Public purposes include, but are not limited to, charitable events, not-for-profit organizational events or programs and City functions or projects (which may include contributions to the City's Scholarship Fund or the City's Housing Trust Fund). All requests for donations must be presented to the City Council and approved by a majority of the City Council. The City will attempt to process all requests within fourteen (14) days of City Council approval.

Ineligible uses include the purchase of tables at events, campaign contributions, or payment for salaries or operational expenses. Funds cannot be used to cover an elected official's travel, meals, or for his or her personal benefit or gain or for the personal gain of relatives as defined by City Code, the Palm Beach County Code of Ethics, or state statutes, as applicable. Funds cannot be given to an entity/agency/organization for which the elected official is a director or officer.

Name of Elected Official Sponsoring Don	ation:							
Legal Name of Organization:								
Program/ Activity Name:		Requested Amount: \$						
Briefly describe the Program/Activity belo description of the Program/Activity; (2) no								
		Zip:						
Contact Person(s):								
Phone:	Fax: _							
Email Address:								
Name of Authorized Official:								
Signature of Authorized Official:		Date:						

****Return the form to the Elected Official or the Legislative Office for processing.

Waste Management Community Benefits Request for Donations Approval by Elected Official

l,	I,,hereby certify that the donation to								
complies with the City's Community Benefits									
Policy. I further certify that: (1) I am not an officer, director, partner, proprietor,									
employee, subcontractor or agent of the organization, its parent organization or									
subsidiary and I do not have any contractual relationship with or other obligation with to									
the organization its parent organization or subsidiary; (2) I have no relatives or business									
associates (as those terms are defined in section	•								
officers, directors, partners, proprietors, employees, subcontractors or agents of the									
organization, its parent organization or subsidiary; (3) The disbursement of the foregoing amount will not inure to my special gain or loss or to the special gain or loss of									
my relatives or my business associates; and (4) I am not aware of any conflict of									
interest the disbursement of the foregoing amount to the organization will create for the									
City of Riviera Beach or myself.	-								
Signature of Elected Official:	Date:								
Amount Approved by Elected Official: \$									
City Council Action									
Approved	☐ Disapproved								
Chairperson's Signature:	Date:								

Form W-9
(Rev. December 2014)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

Internal	Revenue Service													
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
Print or type See Specific Instructions on page 2.	2 Business name,	disregarded entity	name, if different fror	n above										
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or Corporation Socreporation Partnership Trust/estate single-member LLC							tate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)					
Print or type Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) 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.						e for	Exemption from FATCA reporting code (if any)						
ri Ins	Other (see instructions)							(Applies to accounts maintained outside the U.S.)						
₽ij							name ai	and address (optional)						
eci	Tradassa (Harriss), 50.553, and apti 51 saits hely													
See S	6 City, state, and ZIP code													
	7 List account nu	mber(s) here (option	nal)				ı							
Par	t Taxpa	ver Identifica	ation Number	(TIN)										
	•	•	he TIN provided m	· · ·	name given or	line 1 to av	oid	Soc	ial sec	urity ทเ	umber			
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 <i>How to get a</i>]-[-							
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.				4 for	Employer identification number									
									-	•				
Par	ll Certif	ication						-						
Under	penalties of perj	ury, I certify that:												
1. Th	e number shown	on this form is m	y correct taxpayer	identification nu	umber (or I ar	n waiting for	a numb	oer to	be iss	ued to	me); a	nd		
Se		ım subject to bac	ng because: (a) I a kup withholding a ling; and											
3. I ai	m a U.S. citizen o	r other U.S. perso	on (defined below)	; and										
4. The	FATCA code(s)	entered on this fo	orm (if any) indicatin	ng that I am exe	empt from FA	ΓCA reportir	ng is cor	rect.						
Certif becau interes genera instruc	ication instructions in the second instruction is paid, acquisition in the second in t	ons. You must cred to report all intended in or abandonme	oss out item 2 aborerest and dividender of secured propand dividends, you	ove if you have be s on your tax referty, cancellation	been notified eturn. For real on of debt, co	oy the IRS tl estate trans ntributions t	hat you actions o an inc	are c , item dividu	2 doe al retir	s not a ement	apply. Farrang	or mor ement	rtgage (IRA),	and
Sign Here						D:	ata ▶							

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:

- 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.