



### 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. Under the Policy each elected official shall be entitled to designate funds to support approved public projects 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 Donation: Tonya Davis Johnson, Councilperson

Legal Name of Organization: MINORITY AIDS INITIATIVE NETWORK, INC

Program/ Activity Name: Pridefest Sunsplash Ally Appreciation Day Event

Requested Amount: \$ 1,000.00

Briefly describe the Program/Activity below and attach (1) letter of request or a more detailed description of the Program/Activity; (2) non-profit paperwork and (3) w-9 IRS form:  
A public health event targeting the areas HIV impacted Afro American LGBT community. The event will have HIV outreach, music, and food; at the Riviera Beach Municipal Beach Park for 4 hours

Mailing Address: 620 W 34th St

City: Riviera Beach State: Florida Zip: 33404

Contact Person(s): Elizabeth Robinson

Phone: (561) 201-4009 Fax: ( )

Email Address: elizabethpettee@gmail.com

Name of Authorized Official: Elizabeth P. Robinson

Signature of Authorized Official: [Signature] Date: 3/17/17

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

RECEIVED  
MAR 17 2017  
[Signature]

**Waste Management Community Benefits Request for  
Donations Approval by Elected Official**

I, Tonya Davis Johnson, hereby certify that the donation to Minority Aids Initiative Network 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 to the organization, its parent organization or subsidiary; (2) I have no relatives or business associates (as those terms are defined in section 112.312, Florida Statutes) who are 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: [Signature] Date: 5/1/17  
Amount Approved by Elected Official: \$ 500.00

**City Council Action**

Approved  Disapproved

Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Saturday February 25, 2017

Commissioner Tonya Davis Johnson  
600 W. Blue Heron Blvd  
Riviera Beach, FL 33404

Dear Commissioner Johnson:

Rodney Renard Roberts Inc. is hosting an "Ally Appreciation Day Party" in the City of Riviera Beach. The goal of this event is to show gratitude to public health resource and service oriented people, organizations, and their clients. Also, this event aims to draw close those who embrace our community's diversity, promote inclusion, equity, and the PRIDE of life.

The Party will be held at the Riviera Beach Municipal Beach Park located at 2401 N. Ocean Ave Riviera Beach, FL 33404. The time of this event is scheduled from 3:00 p.m. – 7:00 p.m. on Saturday, May 13, 2017.

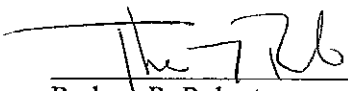
RRR, Inc. is respectfully requesting your in-kind support, presence and that of your organization. It is our goal to provide your organization with potential supporters and space to provide info about your services and the resources you provide.

We look forward to you helping to make this day a success. Knowing the public health resources that are in and around the area is vital to our overall goal to comprehensive public health.

Please feel free to call me, Rodney R. Roberts at 561-755-3320 with any questions or concerns.

Thank you in advance.

Sincerely,



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Rodney R. Roberts  
RRR, Inc  
561-755-3320  
The7Rob@gmail.com

Saturday February 25, 2017

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RODNEY RENARD ROBERTS, Inc  
1581 W 14<sup>th</sup> St Riviera Beach, FL 33404  
(561) 7553320 –

## 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.

Name <b>MINORITY AIDS INITIATIVE NETWORK, INC</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) <b>1216 Pioneer Rd</b>	Requester's name and address (optional)
City, state, and ZIP code <b>MANGONIA PARK FL 33409</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is 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.

Social security number

or

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
2 7 1 4 2 5 7 6 2

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**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 4.)

<b>Sign Here</b>	Signature of U.S. person ▶ <i>M. S. P. [Signature]</i>	Date ▶ <b>3/17/17</b>
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**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.