

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 statues, as applicable. Funds cannot be given to an entity/agency/organization for which the elected official is a director or officer.

| Name of Elected Oπicial Sponsoring Donation. Iwayor Thomas A. Iwasters |
|--|
| Legal Name of Organization: The Trayvon Martin Foundation |
| Program/ Activity Name: Circle of Mothers |
| Requested Amount: \$ 450.00 |
| Briefly describe the Program/Activity below <u>and</u> attach (1) letter of request or a more detailed description of the Program/Activity; (2) non-profit paperwork and (3) w-9 IRS form: |
| |
| |
| Mailing Address: 15800 NW 42 nd Avenue City: Miami Gardens State: FL Zip: 33054 |
| Contact Person(s): Stephanie Sands |
| Phone: 786-504-4235 |
| Email Address: Stephanie@trayvonmartinfoundation.org |
| Signature of Authorized Official: |
| Name of Authorized Official: Date: Date: |

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

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

| | Name (as shown on your income tax return) | | | | | | | 100 | 2 | ė | 7 | | | | | |
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| | The Trayvon Martin Foundation | | | | | | | | | | | | | | | |
| oi. | Business name/disregarded entity name, if different from above | | | - | *** | | _ | 100 | | | | | | | | |
| ge | The Trayvon Martin Foundation | | | | | | | | | | | | | | | |
| ba | Check appropriate box for federal tax | | | | | | | | | | | | | | | |
| lo a | classification (required): Individual/sole proprietor C Corporation | S Corporation | Partr | ershi | ιП | Trust/ | estate | , | | | | | | | | |
| Print or type See Specific Instructions on page | Classification (required): Individual/sole proprietor C Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) | | | | | | | | | | | | | | | |
| 분등 | © Other (see instructions) ► 501 (C) (3) Nonprofit | | | | | | | | | | | | | | | |
| ij. | Address (number, street, and apt. or suite no.) | <u> </u> | Requester* | s nan | e and | addre: | ss (op | tiona | l) | 70 | -320- | | | | | |
| be | 15800 N W 42nd Avenue | | | | | | | | | | | | | | | |
| 8 | City, state, and ZIP code | | 1 | | | | | | | | | | | | | |
| ű | Miami Gardens, Florida 3354 | | | | | | | | | | | | | | | |
| | List account number(s) here (optional) | · · · · · · · · · · · · · · · · · · · | | | | | | - | | * | | | | | | |
| | | | | | 100000 | | | 20.00 | | | | | | | | |
| Pai | | | | | 0 | | 880 | | | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line | | | | | | line Social security number | | | | | | | | | | |
| to avoid backup withholding. 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 | | | | | | | | 1 | 89-819- | 1 1 | | | | | | |
| 100100 | sitt alleri, sole proprietor, or disregarded entity, see the Part i instructions | on page 3. For other | r | 1 | | -1 | | - | i i | | | | | | | |
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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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' snare of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Consumer's Certificate of Exemption

DR-14 R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

| 85-8013880950C-3 | 06/30/2012 | 06/30/2017 | 501(C)(3) ORGANIZATION |
|--------------------|----------------|-----------------|------------------------|
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

THE MIAMI FOUNDATION INC 200 S BISCAYNE BLVD STE 505 MIAMI FL 33131-5330

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 04/11

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



Date: March 15, 2017

Greetings from the Circle of Mothers (COM) Committee:

We are excited about the 4th Annual "Circle of Mothers" Retreat, presented by The Trayvon Martin Foundation and Sybrina Fulton. We would love for you to join us for this year's awesome event. The event is being held May 19-21, 2017, at the beautiful InterContinental Hotel located in Miami, Florida.

You can participate in this year's event by registering on-line or calling the office at (786) 504-4235. Total cost for the 2017 Retreat is \$450.00 which includes the following:

- Hotel stay for two nights (Transportation to and from airport)
- All Meals
- All Sessions
- Glam Appointments
- Saturday Night Event
- Swag Bag (which includes the COM t-shirt, key chain, note pad & pen, plus lots of other giveaways)

Please bring the following items on day of arrival:

- 1) Framed 8 x 10 photo of your love one
- 2) Photo I.D.

For more information visit us at www.CircleofMothers.org or by calling (786) 504-4235.

Sincerely,

Circle of Mothers Committee