



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 Official Sponsoring Donation: KaShamba Miller-Anderson

Legal Name of Organization: Haiti Cholera Research Funding Foundation Inc _____

Program/ Activity Name: Walk ~~at~~ Palm Beach

Requested Amount: \$ 1,000.0

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:

Mailing Address: 4700 Lucerne Lakes Blvd West # 604 City: Lake Worth State: FL
Zip: 33467

Contact Person(s): Pierrette J Cazeau

Phone: (561) 577-2698 Fax: (561) 658-7868

Email Address: info@herff.org

Signature of Authorized Official: _____

Name of Authorized Official: Pierrette J Cazeau Date: March 5, 2018

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

Handwritten signature

Haiti Cholera Research Funding Foundation Inc. is a Global Humanitarian 501 (c) (3) and ECOSOC Special 2017 in association with the United Nations. For the past three years, the Foundation has been reaching out to the Haitian community in Palm Beach County and helping both those who are HIV positive and those who are not. Our program has been involved with the entire process of filing health insurance applications with the Palm Beach County Health District on behalf of individuals who have been referred to our Foundation and who lack health coverage. Our program has also been involved with setting up doctor referrals for specialists such as cardiologists, ophthalmologists, infectious disease (HIV Viral Load), and mammograms.

Our clients have given us permission to pick up and delivery prescription medicine for them in Port St. Lucie, Stony Brook apartments in Riviera Beach, Lake Worth, Boynton Beach and Delray Beach. We have driven patients to doctor appointments using a private car, picking them up at their house and sometimes waiting a long time while they are given medical treatment.

The fundraising which is scheduled to take place in July 22, 2018 will assist our foundation in establishing a contract with the ridesharing transportation company Uber. This will allow the people we serve access to a convenient and safe taxi service, plus free up valuable employee time to concentrate their skills and talent in areas of crucial foundation work.

The funds we are currently requesting will be used towards the purchase of items necessary for our fundraising, such as tee-shirts with event logo, water, wrist-band registration supplies, advertising in newspaper and radio, and stipends for volunteer workers.

Waste Management Community Benefits Request for Donations Approval by Elected Official

Haiti Kalnamba Miller-Anderson, hereby certify that the donation to Cholera Research Funding Foundation 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 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: Kalnamba Miller-Anderson Date: 3/27/18

Amount Approved by Elected Official: \$ 500.00

City Council Action

Approved Disapproved

Chairperson's Signature: _____ Date: _____

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 Haiti Cholera Research Funding Foundation Inc	
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.) 4700 Lucerne Lakes Blvd West # 604	Requester's name and address (optional)
City, state, and ZIP code Lake Worth FL 33467	
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

Employer identification number								
4	6	3	8	6	0	0	2	7

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

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.)

Sign Here

Signature of U.S. person

Date ▶

3/5/18

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.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **SEP 20 2017**

HAITI CHOLERA RESEARCH FUNDING
FOUNDATION INC
4700 LUCERNE LAKES BLVD W STE 604
LAKE WORTH, FL 33467

Employer Identification Number:
46-3860027
DLN:
17053075326007
Contact Person: JO A CHRISTMAS ID# 31546
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
October 2, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

HAITI CHOLERA RESEARCH FUNDING

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation

HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC.

Filing Information

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Event Date Filed	02/14/2018
Event Effective Date	NONE

Principal Address

4700 LUCERNE LAKES BLVD. WEST
#604
LAKE WORTH, FL 33467

Changed: 08/14/2017

Mailing Address

4700 LUCERNE LAKES BLVD. WEST
#604
LAKE WORTH, FL 33467

Changed: 08/14/2017

Registered Agent Name & Address

Cazeau, Pierrette J
4700 LUCERNE LAKES BLVD. WEST
#604
LAKE WORTH, FL 33467

Name Changed: 04/09/2017

Officer/Director Detail

Name & Address

Title P, T, CEO

CAZEAU, PIERRETTE J