



## 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 1<sup>st</sup> and \$7,500 on April 1<sup>st</sup>) 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: KaShamba Miller-Anderson, Councilwoman

Legal Name of Organization: Faith Deliverance Church of God Center, Inc.

Program/ Activity Name: "Feeding Hope Village" Requested Amount: \$ 500

Briefly describe the Program/Activity below **and** attach (1) a letter of request or a more detailed description of the Program/Activity; (2) non-profit status paperwork and (3) w-9 IRS form:

To assist with our cCoice Food Pantry and Community Hub. With your help we can service more children and families in Riviera Beach.

Mailing Address: 3437 Avenue O

City: Riviera Beach State: FL Zip: 33404

Contact Person(s): Diane Lewis

Phone: 561-758-6636 Fax: 561-838-6164

Email Address: dlewis@feedinghopevillage.org

Name of Authorized Official: Bishop Oscar L. Lewis Sr

Signature of Authorized Official: *Oscar L. Lewis Sr* Date: 08/16/2018

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

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

I, KaShamba Miller-Anderson, hereby certify that the donation to Faith Deliverance Church of God Center, Inc. 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: KaShamba Miller-Anderson Date: 8/22/18

Amount Approved by Elected Official: \$ 500.00

**City Council Action**

Approved  Disapproved

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

Faith Deliverance Church of God Center, Inc.  
"Feeding Hope Village"  
3437 Avenue 0  
Riviera Beach, FL 33404  
Senior Pastor: Bishop Oscar L. Lewis Sr.  
(561) 290-6621 Fax: (561) 838-6164  
[www.feedinghopevillage.org](http://www.feedinghopevillage.org)  
[email:dlewis@feedinghopevillage.org](mailto:dlewis@feedinghopevillage.org)

July 20, 2018

To Whom It May Concern:

The Faith Deliverance Church of God Center, Inc. Offers a "free" full-service choice food pantry located in Riviera Beach since July 2016. Although we are lifetime residents of Riviera Beach, the thought of just one child going without a meal or two was enough to motivate our church to take action to help our neighborhood.

Our Faith Deliverance outreach program is named "Feeding Hope Village", which is a Food Pantry and Community HUB offering and hosting an ever-expanding range of social services, public events and activities.

In addition, we provides non-food necessities such as toiletries, deodorant, toothpaste and soaps. Providing these items not only promotes health, but also helps keep children clean and in good spirits so they can succeed in school.

By creating this unique network between other local community services, we are able to exchange advice, share resources and knowledge to facilitate while providing the best possible service to families throughout Riviera Beach.

Our Senior Pastor Bishop Oscar Lewis has been providing community services for over thirty years in this city. "When people are losing their jobs or looking at pay cuts, and food prices are increasing, as Christians, we don't want to see any child go hungry said Bishop Oscar Lewis Sr,

Since opening as a small neighborhood pantry serving 30 families, we have grown into one of Riviera Beach Beaches' most innovative choice food pantry offering weekly groceries and support services to nearly 200 household weekly that totals approximately 3,500+ individuals.

As Faith Deliverance Church of God Center we have undertaken a multitude of new initiatives through our "Feeding Hope Village Initiative" that help make a difference in the lives of our residents by offering healthy groceries and support services at no cost.

While the programs have expanded and changed over the past year, our mission to reduce hunger and promote dignity and self-sufficiency has remained constant.

With your generosity of donating \$500.00 to our Organization, we will be able to accomplish our mission which provides services to those in need, especially children and their families.

Sincerely,



Bishop Oscar Lewis Sr.  
Senior Pastor

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

DEPARTMENT OF THE TREASURY

Date: **JAN 19 2008**

FAITH DELIVERANCE CHURCH OF GOD  
CENTER INC  
3437 Avenue O  
Riviera Beach, Fl 33404

Employer Identification Number:  
20-5716273  
DLN:  
17053250311047  
Contact Person:  
DONNA ELLIOT-MOORE ID# 50304  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(i)  
Form 990 Required:  
No  
Effective Date of Exemption:  
October 10, 2006  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

# 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.

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

**2** Business name/disregarded entity name, if different from above  
**Faith Deliverance Church of God Center, Inc.**

**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) ▶ **501 (c) (3) Not-for-Profit Corporation**

**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.  
**3437 Avenue O**

**6** City, state, and ZIP code  
**Riviera Beach, FI 33404**

**7** List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

**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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
2	0	-	5	7	1	6	2	7	3

**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 ▶ *[Handwritten Signature]*      Date ▶ *7/20/18*

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

## Detail by Entity Name

Florida Not For Profit Corporation

FAITH DELIVERANCE CHURCH OF GOD CENTER, INC.

### Filing Information

<b>Document Number</b>	N06000010889
<b>FEI/EIN Number</b>	20-5716273
<b>Date Filed</b>	10/16/2006
<b>Effective Date</b>	10/10/2006
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	08/13/2018
<b>Event Effective Date</b>	NONE

### Principal Address

3437 AVENUE "O"  
RIVIERA BEACH, FL 33404

Changed: 02/10/2017

### Mailing Address

P.O. BOX 221883  
WEST PALM BEACH, FL 33422

### Registered Agent Name & Address

Lewis , Oscar L, Sr.  
3437 AVENUE "O"  
RIVIERA BEACH, FL 33404

Name Changed: 08/06/2018

Address Changed: 02/10/2017

### Officer/Director Detail

#### **Name & Address**

Title President

LEWIS, OSCAR LSR  
1208 ROSEGATE BLVD  
RIVIERA BEACH, FL 33404