

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 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: Councilperson Tradrick McCoy

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

Program/ Activity Name: Food Pantry

Requested Amount: \$2,500.00

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:

To support food pantry services to resident in Riviera Beach.

Mailing Address: _3437 Avenue O., Riviera Beach, FL 33404

City: Riviera Beach StateFL Zip: 33404

Contact Person(s): Diane Lewis

Phone: <u>561-758-6636</u> Fax: (<u>561</u>) 828-6164

Email Address: <u>dlewiss1208@gmail.com</u>

Name of Authorized Official: Diane M Lewis

Signature of Authorized Official: Date: __10/21/2020

****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, <u>Iradrick McCoy</u> hereby certify that the donation to <u>Faith Deliverance Church Of God. Inc.</u> 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 Office	cial Ludruck	McCon	Date:	Dept	15.2020	>
Amount Approved: \$ 2,		(hr	hd)			

City Council Action

☐ Approved	□ Disapproved						
Chairperson's Signature:	Date:						

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

JAN 19 2008

Date

FAITH DELIVERANCE CHURCH OF GOD CENTER INC 2385 N MILITARY TRAIL WEST PALM BEACH, FL 33409 Employer Identification Number: 20-5716273 DI.N . 17053250311047 Contact Person: ID# 50304 DONNA BLLIOT-MOORE 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: 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.

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for Instructions and the latest information.

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

I I I I I I I I I I I I I I I I I I I	Name (as shown on your income,tax return). Name is required on this line; do	o not leave this line blank.			_	_		_	
	FAITH Deliverance Churc		7	2					
	2 Business name/disregarded entity name, if different from above								
раде 3.	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 Corporation Socreporation Partnership Trust/estate single-member LLC 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 of the LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				Exemptions (codes apply only to cartain entities, not individuals; see Instructions on page 3): Exempt payee code (if any)				
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Print or type.					Exemption from FATCA reporting code (if any)				
Print or type. Specific instructions on page									
90	☐ Other (see instructions) ▶							d outsid	to the U. S.)
See Sr	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name a				nd add	185 3 (0)	otional)		
0)	6 City, state, and ZIP code Beach, FL 33	RUNV							
	7 List account number(s) here (optional)	707	-		-				
	List account number(s) here (optional)								
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	your TIN in the appropriate box. The TIN provided must match the nar		Soc	cial sec	urity n	umber] [-		Y-Y-
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for	Part I, later. For other			-		-		
	es, it is your employer identification number (EIN). If you do not have a	number, see How to get a) (1 1		
TIN, I	arer. : If the account is in more than one name, see the instructions for line 1	Alco see What Name and	Or Em	plover	identifi	ication	numbe		
	per To Give the Requester for guidelines on whose number to enter.	1. Also see What Walle and	Employer identification number						
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Par	t II Certification				The same		11214-0		
Unde	r penalties of perjury, I certify that:								
2. I au Se	e number shown on this form is my correct taxpayer identification num in not subject to backup withholding because; (a) I am exempt from ba rvice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ackup withholding, or (b) I have	e not t	been n	otified	by the	Intern		
	n a U.S. citizen or other U.S. person (defined below); and								
	e FATCA code(s) entered on this form (if any) indicating that I am exem	npt from FATCA reporting is co	orrect.						
you h	Reation instructions. You must cross out item 2 above if you have been nave failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribute than interest and dividends, you are not required to sign the certification, I	state transactions, item 2 does toons to an Individual retirement	not ap	ply. Fo	r mort	gage in	terest penerally	paid,	nents
Sign		Date ►	9	110	2/	20	20		
Ge	neral Instructions	 Form 1099-DIV (dividended funds) 	ds, Inc	luding	those	from s	tocks	or mu	tual
Section references are to the Internal Revenue Code unless otherwise noted.		• Form 1099-MISC (various types of income, prizes, awards, or gross							
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.		proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)							
		Form 1099-S (proceeds from real estate transactions)							
Purpose of Form		 Form 1099-K (merchant card and third party network transactions) 							
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		 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.							
	ns include, but are not limited to, the following. m 1099-INT (interest earned or paid)	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.							