



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 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: Mayor Thomas Masters

Legal Name of Organization: Mothers Against Murderers Association Inc

Program/ Activity Name Our Voice (Play) Requested Amount: \$ 800.00

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:

Play (OUR VOICE) Women of MAMA will share their experience of losing a love one

Mailing Address: 5840 Corporate Way #112

City: West Palm Beach State: FLA Zip: 33407

Contact Person(s): Angela Williams

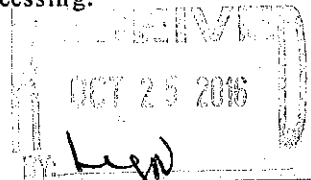
Phone: 561-324-3701 Fax: _____

Email Address: mothersagain@gmail.com

Name of Authorized Official: Angela Williams

Signature of Authorized Official: Angela Williams Date: 10/22/2010

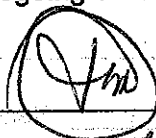
***Return the form to the Elected Official or the Legislative Office for processing.



Waste Management Community Benefits Request for Donations Approval by Elected Official

I, Thomas A. Masters, hereby certify that the donation to Mothers Against Murderers 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: _____



Date: _____

Oct. 26/16

Amount Approved by Elected Official: \$ _____

800⁰⁰

City Council Action

Approved

Disapproved

Chairperson's Signature: _____

Date: _____



MOTHERS AGAINST MURDERS ASSOCIATION, INC.

5840 Corporate Way, Suite 112

West Palm Beach, FL 33407

Office: (561) 249-7974 Fax: (561) 249-6986 Cell: (561) 324-3701

October 22, 2016

“Our Voice”

Stage Play by the Mothers of Mothers Against Murderers Association

Women of M.A.M.A will share and describe the phone call, the knock at the door, from the police, receiving the text, arriving to the crime scene, funeral, and the cry for help.

M.A.M.A. turning Pain into Power by educating the community.

You took away our joy

You destroyed our home

You crush our soul

But you didn't take our memories

Sharing powerful stories that will change the lives of many, and bring our communities closer together, empowering the hurting, bringing hope and peace to a life changing tragedy.



Consumer's Certificate of Exemption

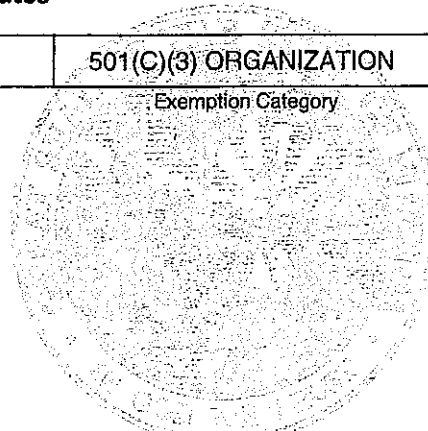
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8013264211C-5	03/31/2015	03/31/2020	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

MOTHERS AGAINST MURDERERS
ASSOCIATION INC
5840 CORPORATE WAY STE 112
WEST PALM BCH FL 33407-2040



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.
3. 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.



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 07-18-2003
NUMBER OF THIS NOTICE: CP 575 F
EMPLOYER IDENTIFICATION NUMBER: 13-4257073
FORM: SS-4 NOBOD 000003082

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

MOTHERS AGAINST MURDERERS
% ANGELA WILLIAMS
1221 W 23RD ST
RIVIERA BEACH FL 33404

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 13-4257073. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

MOTHERS AGAINST MURDERERS
ASSOCIATION
% ANGELA WILLIAMS
1221 W 23RD ST
RIVIERA BEACH FL 33404

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

**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
Mothers Against Murderers Association Inc.
Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)
5840 Corporate Way #112
City, state, and ZIP code
West Palm Beach FLA 33407
List account number(s) here (optional)

Requester's name and address (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
134257073

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:

- 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. 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 **[Signature]**

Date **10/22/2010**

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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:

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

VENDOR # REQUEST COVER SHEET

Purchasing Fax: 561-842-5105

TO: Glendora Williams cc: Rickey Little

DATE: OCTOBER 26, 2016

VENDOR NUMBER ASSIGNED FOR: MOTHERS AGAINST MURDERERS ASSOC.

VENDOR CATEGORY: NON PROFIT ORGANIZATION

FROM DEPARTMENT: OFFICE OF THE MAYOR



VENDOR INPUT SHEET

FUNCTION: (ADD, CHG, DEL)

DEPARTMENT: OFFICE OF THE MAYOR
NAME: DEBIE LeBLANC-ISAACS

DATE: October 26, 2016

VENDOR NUMBER ASSIGNED: _____

VENDOR CATEGORY: NON-PROFIT ORGANIZATION

(REMITTANCE ADDRESS/PAYMENTS)

NAME: MOTHERS AGAINST MURDERERS ASSC

ATTN: ANGELA WILLIAMS
ADDRESS: 5840 CORPORATE WAY, #112

CITY: WEST PALM BEACH

STATE: FL ZIP 33407

TELEPHONE #: 561-324-3721 FAX # _____

CONTACT PERSON: _____

FEDERAL I.D. # 85-8013264211C-5 (OR) SOC. SECURITY # _____

1099 BOX # _____ (TYPE "7" FOR ALL SERVICE PROVIDERS AND "6" FOR MEDICAL PROVIDER)

1099 BOX MUST BE COMPLETED WHEN SUBMITTING VENDOR INPUT SHEET. THIS IS A VENDOR # FOR A NON PROFIT ORGANIZATION

*REFER TO CK REQUEST PROCEDURE FOR EXAMPLES OF A SERVICE PROVIDER FOR 1099 PURPOSES

ORDER TAKING/MAILING ADDRESS (IF DIFFERENT FROM ABOVE)
FUNCTION: (ADD, CHG, DEL)

NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

TELEPHONE #: _____

REVISED 3/13/02