



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: Thomas A. Masters

Legal Name of Organization: Thrive For A Change, Inc.

Program/ Activity Name: 'Think Pink' Awards

Requested Amount: \$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:

October is Breast Cancer Awareness Month. The Think Pink Awards celebrates cancer survivors in the community and will be held from 6 to 9 p.m. on October 8. It will honor 3 women in particular, including a City resident, and the organization with which they work, "Sojourners With Healing Hearts." Event is a program and dinner and donation will be used to offset costs.

Mailing Address: 931 Village Blvd., suite 905 City: West Palm Beach State: FL Zip: 33409

Contact Person(s): Tyron Hanna

Phone: 561-506-0073 Fax: _____

Email Address: thriveforachange@gmail.com

Name of Authorized Official: Tyron Hanna, Founder/CEO

Signature of Authorized Official:  Date: 10/4/16

***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, Mayor Thomas Masters, hereby certify that the donation to Thrive For A Change, 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: 10/24/16

Amount Approved: \$500.00

City Council Action



Chairperson's Signature: _____ Date: _____

Thrive For A Change Of The Palm Beaches

Pink & Pearls



October 8, 2016 - 6-10PM

Residence Inn, West Palm Beach

455 Hibiscus ST, West Palm Beach FL, 33401

Let's Celebrate LOVE, HOPE, & A CURE





Consumer's Certificate of Exemption

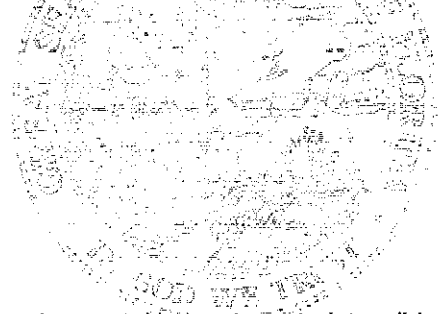
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8016866217C-0	11/12/2015	11/30/2020	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THRIVE FOR A CHACE OF THE PALM BEACHES
INC
1373 FERNLEA DR
WEST PALM BEACH FL 33417-5474



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.

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Tyron Hanna	
2 Business name/disregarded entity name, if different from above Thrive For A Change Of The Palm Beaches, Inc	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 931 Village Blvd Suite 905-451	Requester's name and address (optional)
6 City, state, and ZIP code West Palm Beach, FL 33409	
7 List account number(s) here (optional)	

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 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	7		-	3	1	9	8	0	5	1	

Note. If the account is in more than one name, see the instructions for line 1 and 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. 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 on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

10/20/2016

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- 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. 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Thrive For A Change of the Palm Beaches, Inc.

931 Village Blvd., suite 905

West Palm Beach, FL 33409

thriveforachange@gmail.com

561-506-0073

Thrive For A Change works to re-integrate former inmates into the communities from which they left. We are dedicated to strengthening families and communities by reinforcing healthy behaviors and commitment to positive change. Our goal is to help them become self-sufficient by providing assistance in the areas of housing, job training, life skills and counseling. For more information, visit our website at www.thriveforachangeofthepalmbeaches.org.

The 'Think Pink' Awards event is just one event of many we do each year to raise funds for our work. The event celebrates cancer survivors in the community and will be held from 6 to 9 p.m. on October 8. (see attached flyer). It honors 3 women in particular, including one resident of the City of Riviera Beach, and the organization with which they work, "Sojourners With Healing Hearts."

VENDOR # REQUEST COVER SHEET

Purchasing Fax: 561-842-5105

TO: Glendora Williams cc: Rickey Little

DATE: OCTOBER 26, 2016

VENDOR NUMBER ASSIGNED FOR: THRIVE FOR A CHANGE

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: THRIVE FOR A CHANGE

ATTN: TYRON HANNA
ADDRESS: 931 VILLAGE BLVD. SUITE 905

CITY: WEST PALM BEACH

STATE: FL ZIP 33409

TELEPHONE #: 561-506-0073 FAX # _____

CONTACT PERSON: _____

FEDERAL I.D. # 85-8016866217C-0 (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