



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: Judy L. Davis

Legal Name of Organization: City of Riviera Beach

Program/ Activity Name: City of Riviera Beach College Scholarship Program

Requested Amount: \$ 1,000.00

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: City of Riviera Beach Scholarships are offered to qualified entering freshmen, sophomores, juniors and seniors at a college, university, or trade/technical school.

Mailing Address: 600 West Blue Heron Blvd.

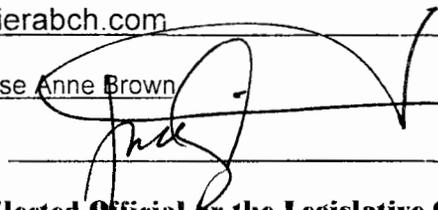
City: Riviera Beach State: Florida Zip: 33404

Contact Person(s): Rose Anne Brown

Phone: (561) 845-4018 Fax: (561) 863-3236

Email Address: rabrown@rivierabch.com

Name of Authorized Official: Rose Anne Brown

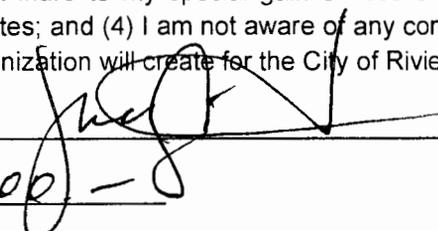
Signature of Authorized Official: 

Date: 11/28/11

****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, Judy L. Davis hereby certify that the donation to City of Riviera Beach College Scholarship Program 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: 11/28/21

Amount Approved: \$ 1,000 - 0

City Council Action

Approved

Disapproved

Chairperson's Signature: _____ Date: _____

To: The City of Riviera
Beach Scholarship Committee

From: Lacetia R. Flint

RE: Isaiah Stewart III
Permanent Residence:

2011 NOV 14 PM 12 48
leg. office

I, Lacetia R. Flint
Compose and submit this
letter on behalf on my
son Isaiah, stating that
his permanent address is
1233 w 24th street, Riviera
Beach, Fla, 33404. I've
included copies of documents
for your review. The address
that appears on Isaiah's
transcript is the residence of
his father which is where
Hampton University's tuition bills
go directly. I sincerely hope

that this will answer
any further questions
as to Isaiah's permanent
Residence, however if there
is anything further required
please contact me anytime
@ 561-758-7382, lacetia@aol.
com.

2011 NOV 14 PM 12 48
Leg City

2011 NOV 14 PM 12 48
Leg City

Thank You,
Lacetia R. Flint
lacetia R. Flint

November 10, 2011

To Whom It May Concern:

Please be advised that 2011 Scholarship applicant Isaiah Stewart, III was initially disqualified as an award recipient because it did not appear that he was a permanent city resident. However, he would have been a qualified applicant based upon all other requirements. Subsequent to the review committee's decision, Mr. Stewart and his mother submitted documentation proving that he is a City of Riviera Beach resident. The documentation included a copy of Mr. Stewart's current Florida Driver's License and a copy of his mother's current Florida Driver's License. All documentation included the same city address.

The review committee is convinced that Mr. Stewart is a city resident and, therefore, eligible to receive a scholarship award. Please advise if additional information is required.

Sincerely,

Rose Anne Brown
Scholarship Program Facilitator

/rab

cc: Hyacinthia Becton, Committee Chair



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Name of Elected Official Sponsoring Donation: Judy Davis

Legal Name of Organization: Youth Recreation Association

Program/ Activity Name: Christmas @ Villa Franciscan Sr. Complex 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:

This event is put on by the Youth Recreation Association for the senior citizens of Villa Franciscan and there will be entertainment, food and fun in celebration of the holiday season.

Mailing Address: 3005 Bernardo Lane

City: Riviera Beach State: FL Zip: 33404

Contact Person(s): Dan Callaway

Phone: 848-4991 Fax: _____

Email Address: _____

Name of Authorized Official: Dan Callaway

Signature of Authorized Official: Dan Callaway Date: 11/28/11

***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, Judy Davis, hereby certify that the donation to Youth Retreaction Assn. 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: [Signature] Date: 11/28/11

Amount Approved by Elected Official: \$ 500.-

City Council Action

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Chairperson's Signature: _____

Date: _____



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Name of Elected Official Sponsoring Donation: CHAIRPERSON JUDY L. DAVIS

Legal Name of Organization: FAITH*HOPE*LOVE*CHARITY, INC (FHLC, INC.)

Program/ Activity Name: HOMELESS VETERANS Requested Amount: \$ 500.00

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:

SEE ATTACHED INFORMATION.

Mailing Address: 3175 S. CONGRESS AVE., SUITE 310

City: PALM SPRINGS State: FL Zip: 33461

Contact Person(s): ROY FOSTER, EXECUTIVE DIRECTOR / CASIMIRO HAMPTON-CROCKETT, PH.D

Phone: (561) 968-1612 Fax: (561) 968-0112

Email Address: CCROCKETT@STANDOWN.ORG

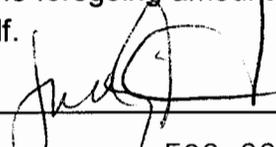
Name of Authorized Official: Casimiro Hampton-Crockett

Signature of Authorized Official: Casimiro Hampton-Crockett Date: _____

***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, JUDY L. DAVIS, hereby certify that the donation to FAITH*HOPE*LOVE*CHARITY, 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: 12/1/11

Amount Approved by Elected Official: \$ 500.00

City Council Action

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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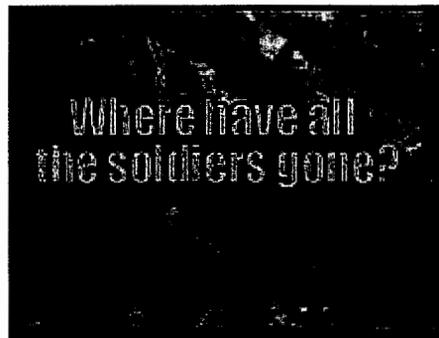
Chairperson's Signature: _____

Date: _____

Stand Down's Information Page about Homeless Veterans

Roy Foster, Executive Director & Founder FHLC, Inc.

For many reasons it is difficult to fully account for the actual number of homeless (including veterans) in the US. Many sleep in their cars, in the woods, or other hard to locate areas, and many veterans do not use VA / VA affiliated services. The difficulty in accurately counting the homeless is compounded by the fact that the numbers do not include those living with others due to economic need or in motels due to lack of adequate housing. Furthermore, the definition of homeless is in itself problematic. For example, some definitions, & therefore statistics, exclude those who are in prison or jail and those residing in housing for the homeless. Many of our incarcerated veterans are homeless. There is not a national database to help track our homeless vet. Most available statistics don't include the many that are at risk of becoming homeless.



Approximately 1/3 of homeless adults (one out of every three) in this country are veterans, yet veterans represent only 11% of the civilian population. On any given night 107,000 - 300,000 veterans are homeless. Based on various estimates, 500,000 - 840,000 veterans are homeless at some time during the year. It has been estimated that Iraq & Afghanistan veterans represent 1.8% of the homeless veteran population. In 2008, 44% of those surveyed reported being homeless for the first time. This number was 37% in 2007. According to the Department of Veterans Affairs the number of homeless Vietnam era veterans exceeds the number of fatalities that occurred during the war.

Recent studies revealed that almost one-half of all homeless veterans were located in Florida, California, Texas & New York, while only 28% of all veterans were located in those same states. According to some studies, Florida ranks third in the nation in the number of homeless people, yet has one of the highest numbers of homeless veterans. The Florida Dept. of Children & Families has estimated that 17.3-18.4% of Florida's homeless are veterans. In 2008, the number of homeless veterans in Florida on any given night was 19,000 .

Homeless Veterans

- Males account for 97-98% of the homeless veteran population
- 56% are African American or Hispanic
- 76% experience alcohol, drug, or mental health problems (inc PTSD)
- 45% suffer from mental illness
- 50% have substance abuse problems
- More than 67% served our country for at least three years
- 33% were stationed in a war zone
- 47% of homeless veterans served during the Vietnam Era
- 17% served after the Vietnam era
- 15% served before Vietnam
- An increasing percentage served in the wars in Iraq & Afghanistan These numbers may not accurately reflect the impact of OIF/OEF and/or OIF/OEF stats.

Many of our homeless veterans served in WW II, Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Operation Iraqi Freedom, Operation Enduring Freedom, Desert Storm & the military's anti-drug cultivation efforts in South America.

Females

Females make up 14-15 % of the US active-duty force & 14% of veterans & the percentage of women in the military has doubled in the last 30 years. In Sept. 2010 the number of female veterans in the US & PR was more than 1,840,380. Florida, with 140,256 women veterans, was one of five states with the highest numbers. As the female veteran population grows, so will the number that will be at high risk of becoming homeless.

Since 2001 ~ one-half of all active duty & reserve females have deployed to the current conflicts. 41,000 women were deployed during the Gulf War & more than 230,000 women were deployed to Iraq and Afghanistan. Females make up ~11% of OIF/OEF veterans & 15% of returning troops. According to Swords to Plowshares "the total number of women who have served in the Iraq and Afghanistan theaters is more than double Operation Desert Storm and Vietnam combined."

Approx. 40% of active duty women have children & 11% are single mothers. More than 100 female service members have died & ~ 600 have been wounded.

Homeless Female Veterans

- 6,500 - 7,000 female war veterans in the US are homeless - double the number of a decade ago
- Women are four times more likely to become homeless than their male counterparts
- One in 10 (~ 9%) of homeless vets under the age of 45 is female
- There are twice as many homeless female vets under 45 years old than over 45

- **Approximately 21% of homeless OIF & OEF veterans are women**

Relevant Information

- **Studies indicate that women were more likely than men to meet the criteria for PTSD after returning home**
- **One in three females reported being raped or sexually assaulted while serving**
- **In 2010, 12% were unemployed, compared to 8.6% in their civilian counterparts**
- **They are younger than their male peers**

Welcome to Stand Down

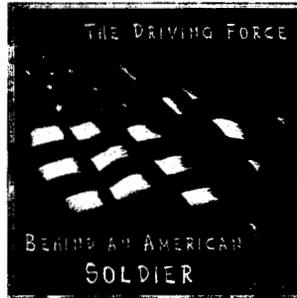
Providing support for homeless veterans since May 2000



Stand Down, owned & operated by Faith*Hope*Love*Charity, Inc. (FHLC, Inc.), assists male veterans who are struggling due to mental and/or physical wounds & illness, addictions, homelessness and/or other issues regain their lives through a multi tiered program, transitional living, & collaborative efforts. FHLC, Inc. addresses the needs & unseen wounds of our veterans & military members.

Your contribution would help our non-profit organization to continue to provide services to our Nation's veterans through Stand Down House, and to all veterans, active duty members, & their families through other programs and initiatives. An increasing number are in need. We can't do it alone. We need you to "help us help them!"

Contact Information



Stand Down
4309 Davis Road
Lake Worth, FL 33461
Phone: (561) 649-9920 / 649-9919
Fax: (561) 721-9229

Faith*Hope*Love*Charity, Inc.
3175 S. Congress Ave., Suite 310
Palm Springs, FL 33461
Phone: (561) 968-1612
Fax: (561) 968-0112

Stand Down / FHLC, Inc. Staff



Roy Foster
Founder and Executive Director, FHLC, Inc.
2009 Top 10 CNN Hero

Casimiro Hampton-Crockett, Ph.D.
Administrative Director, FHLC, Inc.
Email: ccrockett@standown.org



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Name of Elected Official Sponsoring Donation: Councilman Shelby L. Lowe

Legal Name of Organization: City of Riviera Beach Municipal Library

Program/ Activity Name: JAM event Requested Amount: \$ \$5,000

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:

Councilman Lowe is partnering with the Municipal Library to host a concert/s in celebration of American Library Association's Jazz Appreciation Month in April 2012 for the benefit of City residents.

Mailing Address: 600 W. Blue Heron Boulevard

City: Riviera Beach State: FL Zip: 33404

Contact Person(s): Marian Dozier

Phone: 561-845-4032 Fax: 561-845-3041

Email Address: mdozier@rivierabch.com

Name of Authorized Official: Cynthia Cobb/Shelby Lowe

Signature of Authorized Official: *Shelby L. Lowe* Date: 11.29.11

***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, Shelby L. Lowe, hereby certify that the donation to CRB Municipal Library 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: Shelby L. Lowe Date: 11-29-11

Amount Approved by Elected Official: \$ 5,000

City Council Action

Approved Disapproved

Chairperson's Signature: _____ Date: _____



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Name of Elected Official Sponsoring Donation: Judy L. Davis

Legal Name of Organization: Boys & Girls Clubs of Palm Beach County

Program/ Activity Name: Max M. Fisher Boys & Girls Club

Requested Amount: \$ 2,500

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: The Boys & Girls Club provides programs for youth ages 6-18 in six core areas: character and leadership development; education and career development; health and life skills; cultural arts; sports, fitness and recreation; and technology. The Club is opened after school and when school is not in session on teacher planning days, winter, spring and summer breaks.

Mailing Address: 800 Northpoint Parkway, Suite 204

City: West Palm Beach State: FL Zip: 33407-1978

Contact Person(s): Mary T. O'Connor

Phone: (561) 683-3287 Fax: (561) 683-3392

Email Address: oconnor@bgcpbc.org

Name of Authorized Official: Mary T. O'Connor

Signature of Authorized Official: *Mary T. O'Connor* Date: November 28, 2011

****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, Judy Davis hereby certify that the donation to Boys & Girls Club of Palm Beach County 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: [Signature] Date: 12/1/11

Amount Approved: \$ 500.00

City Council Action

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Chairperson's Signature: _____ Date: _____

The Boys & Girls Clubs of Palm Beach County responds to the needs of children through both small and large group programming within six core areas. These program areas are as follows:

Character and Leadership Development - Nurturing and guiding youthful potential and developing a moral compass through leadership, volunteerism and community service.

Education and Career Development – Acquiring knowledge and developing a positive attitude toward learning while encouraging educational competence through daily homework help, tutoring, literacy programs, computer training, and employability skills training.

Health and Life Skills - Developing healthy lifestyles and making positive choices through programs in nutrition, fitness and personal hygiene. Focusing on conflict resolution and substance abuse prevention as part of a healthy lifestyle.

Cultural Arts – Developing and nurturing untapped artistic talent through fine arts instruction, photography workshops, and the performing arts.

Sports, Fitness and Recreation – Building sportsmanship, encouraging teamwork and promoting constructive use of leisure time through athletic leagues, individual sports and social competence.

Technology – Education that will give members basic computer skills; introduce them to digital movie making, music making, photography, graphic design and Web development, homework help and educational software.

Boys And Girls Clubs Of Palm Beach County, Inc.
23-7060561

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

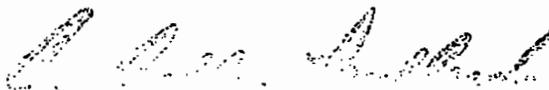
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

Internal Revenue Service
District Director

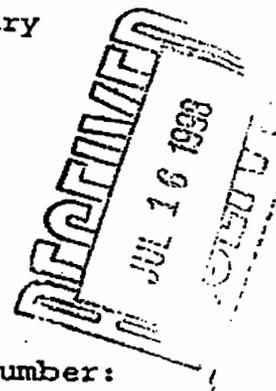
Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: JUL 10 1998

Boys And Girls Clubs Of
Palm Beach County, Inc.
600 Northpoint Parkway Ste. 204
W. Palm Beach, FL 33407-1971

Person to Contact:
Ruth Ohmer
Telephone Number:
513-241-5199
Fax Number:
513-684-5936
Federal Identification Number:
23-7060561



Dear Sir or Madam:

This is in response to your letter dated April 24, 1998, requesting an address change to your organization. We have updated our records to reflect this change.

Our records indicate that a determination letter issued in April 1970, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.



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Name of Elected Official Sponsoring Donation: Councilman Shelby Lowe

Legal Name of Organization: Housing Partnership, Inc

Program/ Activity Name: Bridges at Riviera Beach Requested Amount: \$ 500⁰⁰

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:

BEE BRILLIANT BOOK CLUB PANCAKE BREAKFAST XMAS PARTY. DONATION WILL PAY FOR CHRISTMAS GIFTS, DECORATIONS AND XMAS TREE

Mailing Address: 2831 Avenue S

City: Riviera Beach State: Florida Zip: 33404

Contact Person(s): LaShonda McHome-Ross

Phone: 561-899-1644 Fax: 561-598-5672

Email Address: lmchome-ross@gocpg.org

Name of Authorized Official: Terri Ferguson

Signature of Authorized Official: Terri Ferguson Date: 11/30/2011

***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, Shelby L. Lowe, hereby certify that the donation to
City of Riviera Beach Municipal Library 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: Shelby L. Lowe Date: 11/29/11

Amount Approved by Elected Official: \$ 500

City Council Action

Approved Disapproved

Chairperson's Signature: _____

Date: _____



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: Councilwoman Billie Brooks

Legal Name of Organization: Revival Community Outreach Ministries

Program/ Activity Name: Community Christmas Project Requested Amount: \$ ~~2,000.00~~ Increased to \$3,000

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:

The goal of this project is to serve a minimum of 100 families from the West Riviera Elementary school - providing a hot holiday meal, a \$20 gift card, a food basket and a family game.

Mailing Address: P.O. Box 10823

City: Riviera Beach State: FL Zip: 33404

Contact Person(s): Barbara Pambumoto

Phone: 561-951-6626 Fax: _____

Email Address: bpambumoto@gmail.com

Name of Authorized Official: Barbara Pambumoto

Signature of Authorized Official: [Signature] Date: 11-29-11

***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, Billie E. Brooks, hereby certify that the donation to Revival Community Outreach Ministries 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: Billie E. Brooks Date: 11-29-11

Amount Approved by Elected Official: \$ 2,000

City Council Action

Approved Disapproved

Chairperson's Signature: _____ Date: _____