



### Waste Management Community Benefits Request for Donations

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OCT 31 2011

CITY ATTORNEY'S OFFICE

The City of Riviera Beach, per resolution #63-11, has established a Community Benefits 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 organizations, or City functions or projects, including, for example, contributions to the City's Scholarship Fund or the City's Housing Trust Fund. Payment will be made directly by Waste Management to the entity/agency/organization chosen by the elected official, after Waste Management receives a letter from the City authorizing payment. The turn around time will be approximately thirty (30) days.

**Ineligible uses** include the purchase of tables at events, campaign contributions, or payment for salaries. 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 once adopted and applied to municipalities, 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: Cedrick A. Thomas

Legal Name of Organization: City of Riviera Beach – Legislative Office

Program/ Activity Name: Thanksgiving Turkey give-away Requested Amount: \$7000.00

Briefly describe the Program/Activity below **and** attach a letter of request or a more detailed description of the Program/Activity: City sponsored thanksgiving turkey giveaway for the residents of Riviera Beach only.

Mailing Address: 600 West Blue Heron Boulevard

City: Riviera Beach State: Florida Zip: 33404

Contact Person(s): Janny Lobosky

Phone: 561-845-3687 Fax: 561-863-3236

Email Address: jlobosky@rivierabch.com

Name of Authorized Official: Councilman Cedrick A. Thomas – District 3

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

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