



SPECIAL EVENTS GRANT PROGRAM APPLICATION

Submission deadline:
September 15, 2022

- 1. Event Title: Santa Visits North Creek
2. Date/Place of Event: 3 weekday evenings to be determine by the Fire Rescue Department
3. Has the event site been reserved?
4. Name of Organization: The Women's Club of Coconut Creek
5. Chief Administrative Officer/President Laura Matheric
6. Brief Description of Event/Approximate Number of Attendees: We estimate 1500 children total
7. Attach non-profit certification (tax-exempt status) and Certificate of Incorporation as a registered entity in the State of Florida.
8. Bank affiliations: JPMorgan Chase
9. What is the date of your organization's original non-profit status? September 30, 1970
10. How much is total cost of your event? \$3,100
11. Is your event open to the public?
12. Percentage of Creek residents attending events: 100%
13. What is the total monetary amount requested from the City of Coconut Creek? (An Itemized list showing exact dollar figures is required.) \$3,100
14. How will the funds be used?
15. What are the in-kind requests from the City of Coconut Creek?

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16. List other funding/grants that will go toward the event (i.e. cash, in-kind services, donations, grants, etc.).

There is no other funding

17. What benefits and positive effects will the City of Coconut Creek receive if a grant is awarded?

To provide the children who live in the areas of the city (other than South Creek) the opportunity to interact with Santa, accompanied by our fire rescue and police department personnel.

18. What percentage of the profits will go towards charity? What percentage will go towards administrative costs? 100%0%

19. What precautions will be taken against the spread of Covid-19?

This is an outdoor event.

20. I am duly authorized to speak on behalf of my organization.

21. I understand that I must timely submit all the required reimbursement documentation prior to receiving reimbursement for any authorized expense under the Special Events Grant Committee's award letter.

22. I hereby certify that my organization does not and will not engage in any form of discrimination and prohibits discriminatory activity.

23. In consideration of participating in the Special Events Grant Program, my organization agrees to be fully responsible for its acts of negligence or its employees' acts of negligence when acting within the course of scope of their employment, which may arise out of, in connection with, or because of the Special Events Grant Program. Nothing herein is intended to serve as a waiver of sovereign immunity by either party under Section 768.28, Fla. Stat., nor shall anything included herein be construed as consent to be sued by any third parties in any matter arising out of the Special Events Grant Program.

Note: You may attach additional pages, if needed.



President/CEO Signature

**PROPOSED EVENT BUDGET
CITY OF COCONUT CREEK
SPECIAL EVENTS GRANT PROGRAM**

Name of Organization: The Women's Club of Coconut Creek

Name/Date of Event: Santa Visits North Creek

Time/date To be determined: 3 mid week evenings in mid December, stops at 3 locations

ANTICIPATED REVENUES

Your Organization's Contribution: \$ Volunteers at all 3 locations

Additional Revenue Sources:

Ticket Sales: _____

Donations, Sponsorships & Contributions: _____

Other - (List): _____

Total Anticipated Revenue: \$ 0

ANTICIPATED EXPENDITURES

Advertising and Publicity: \$ 500.00

Equipment Rentals: _____

Facility Rental: _____

Insurance: _____

Lodging: _____

Security/Police: _____

Printing: \$500.00

Postage: _____

Supplies & Materials:* \$2,100.00

Professional Fees: _____

Technical Equipment Expenses: _____

Travel and Transportation: _____

Other: _____

Total Anticipated Event Expenditures: \$ \$3,100.00

* Toy giveaway of a fire truck, a santa suit, candy canes

Disallowed Expenses:

Salaries, Benefits & Permanent Equipment

We hereby certify that all figures, facts, and representations made in this statement are true and correct to the best of my knowledge.

Chief Administrative Officer/President Signature: _____

Date: 9/12/2022

Chief Financial Officer/Treasurer Signature: _____

Date: 9/12/2022



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012593372C-1	09/30/2022	09/30/2027	501(C)(9) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE WOMENS CLUB OF COCONUT CREEK INC
3906 NW 56TH ST
COCONUT CREEK FL 33073-4116

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

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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 about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.