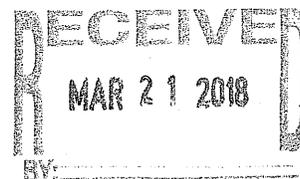




**SPECIAL EVENTS GRANT PROGRAM APPLICATION**

**Submission deadline:  
March 22, 2018**



- 1. Event Title: Spring Student Horse Show
- 2. Date/Place of Event: June 23, 2018, at the Vegso Family Arena at Equine-Assisted Therapies of South Florida, Inc. on the north side of Tradewinds Park
- 3. Has the site been reserved?  Yes  No
- 4. Name of Organization: Equine-Assisted Therapies of South Florida, Inc.  
 Contact Person: David Plath Title: Development Director  
 Phone: 954-974-2007 E-mail: david@equineatsf.org  
 Mailing Address: P.O. Box 273542, Boca Raton, FL 33427
- 5. Chief Administrative Officer/President: Molly Murphy  
 Phone: 954-974-2007 E-mail: molly@equineatsf.org
- 6. Brief Description of Event/Approximate Number of Attendees:  
 Each Spring, Equine-Assisted Therapies holds a horse show that features any of our 86 therapeutic riding students with special needs. The show highlights many of the accomplishments our riders have achieved throughout the course of the most recent 10-week session. This is an opportunity for our students to show off the skills they have learned and the accomplishments they have made to their parents, family members and friends. The event is usually attended by 100 to 150 children and adults. At the end of their demonstration, each rider is presented with a medal of achievement. In addition to the riding demonstration, there are games and crafts available for the children. This event is free for all.
- 7. Attach non-profit certification (tax-exempt status) and Certificate of Incorporation as a business in the State of Florida.  
 Attached:  Yes  No
- 8. Bank affiliations: Wells Fargo Bank
- 9. What is the date of your organizations' original non-profit status? July 26, 1982
- 10. How much is the total cost of your event? \$1,905.00
- 11. Is your event open to the public?  Yes  No
- 12. Percentage of Creek residents attending events: 30%
- 13. What is the total monetary amount requested from the City of Coconut Creek? **(An itemized list showing exact dollar figures is required.)** \$1,000.00

14. How will the funds be used?

We are requesting a grant of \$1,000, which will be administered as a restricted grant for the Horse Show. The \$1,000 will be applied to the purchase of participation medals, T-Shirts, craft supplies, games, snacks and drinks that are needed for this event.

15. What are the in-kind requests from the City of Coconut Creek? We will be receiving an in-kind donation for the food from a local food truck.

16. List other funding/grants that will go toward the event (i.e., Cash, in-kind services, donations, grants, etc.). Our board will be asked to make contributions to assist with the event. If more funds are required, we will use funds from our operating account.

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

This event will increase exposure to the City of Coconut Creek, through notification to our students and volunteers that the City of Coconut Creek is one of the sponsors of this event. We would also invite representatives from the City to join us that day and help pass out medals to our student riders. In addition, the City of Coconut Creek logo will be included on our website with a link to the municipal website.

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

100% of the grant of \$1,000 will go towards offsetting hard costs associated with the Horse Show for Special Needs Individuals. No salaries or administrative costs will be applied to this grant.

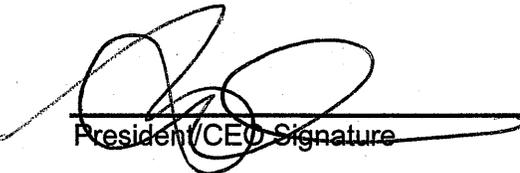
19.  I am duly authorized to speak on behalf of my organization.

20.  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.

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

22.  In consideration of participating in the Special Events Grant Program, my organization agrees to indemnify, defend, save and hold the City of Coconut Creek, its officers, agents, and employees, harmless from any and all claims, damages, liability, losses, causes of action of any nature whatsoever, 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 the City 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 ASSISTANCE PROGRAM**

Name of Organization: Equine-Assisted Therapies of South Florida, Inc.

Name/Date of Event: Spring Horse Show, June 23, 2018

**ANTICIPATED REVENUES**

Your Organization's Contribution:	\$	105
<u>Additional Revenue Sources:</u>		
Ticket Sales:		0
Donations, Sponsorships & Contributions:		800 (In-Kind Food provided by food truck)
Other - (List):		1,000(City of Coconut Creek)
Total Anticipated Revenue:	\$	1,905

**ANTICIPATED EXPENDITURES**

Advertising and Publicity:	\$	0
Equipment Rentals:		0
Facility Rental:		0
Insurance:		0
Lodging:		0
Security/Police:		0
Printing:		0
Postage:		0
Supplies & Materials: students)		1,105 (crafts, T-Shirts, and prizes for
Professional Fees:		0
Technical Equipment Expenses:		0
Travel and Transportation:		0
Other:		800 (food for 100-150 people)
Total Anticipated Event Expenditures:	\$	\$1,905

**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 our knowledge.

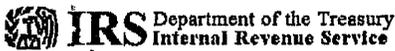
Chief Administrative Officer/President: Signature: \_\_\_\_\_  
Date: March 20, 2018

 Molly Murphy, Executive Director

Chief Financial Officer/Treasurer: Signature: \_\_\_\_\_  
Date: March 20, 2018

 DAVID PLATH  
DIRECTOR OF DEVELOPMENT

**Attachments:** 501(c)(3) IRS Determination Letter  
State of Florida Certificate of Incorporation



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248367569  
Apr. 16, 2014 LTR 4168C 0  
59-2211126 000000 00

00045624  
BODC: TE

EQUINE-ASSISTED THERAPIES OF SOUTH  
FLORIDA INC  
PO BOX 273542  
BOCA RATON FL 33427



005383

Employer Identification Number: 59-2211126  
Person to Contact: Mrs. Black  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 07, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in OCTOBER 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764323

**Entity Name:** EQUINE-ASSISTED THERAPIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

3600 W SAMPLE ROAD  
EATSF BARN  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

P.O BOX 273542  
BOCA RATON, FL 33427-3542 US

**FEI Number:** 59-2211126

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MURPHY, MOLLY C  
3600 W SAMPLE RD  
COCONUT CREKK, FL 33073 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MOLLY MURPHY

01/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name VEGSO, ANNE  
Address 3608 CARLTON PLACE  
City-State-Zip: BOCA RATON FL 33496

Title T  
Name SCHEINMAN, STEPHANIE  
Address 3107 PEACHTREE CIRCLE  
City-State-Zip: DAVIE FL 33328

Title S  
Name RUBIN, MICHELLE  
Address 3900 NW 23RD TERRACE  
City-State-Zip: BOCA RATON FL 33431

Title VICE CHAIR  
Name DAVELL, CHRIS  
Address 3847 PINE HAVEN CIRCLE  
City-State-Zip: BOCA RATON FL 33431

Title EXECUTIVE DIRECTOR  
Name MURPHY, MOLLY C  
Address P.O BOX 273542  
City-State-Zip: BOCA RATON FL 33427-3542

Title OFFICE MANAGER  
Name NICHOLLS, CLIFFETTE R  
Address P.O BOX 273542  
City-State-Zip: BOCA RATON FL 33427-3542

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLIFFETTE NICHOLLS

OFFICE MANAGER

01/08/2018

Electronic Signature of Signing Officer/Director Detail

Date