

SPECIAL EVENTS GRANT PROGRAM APPLICATION
Submission deadline:
March 22, 2018

1. Event Title: End of Season Jamboree

2. Date/Place of Event: June 2nd 2018 Sabal Pines Park

3. Has the event site been reserved? [X] Yes [] No

4. Name of Organization: Coconut Creek Little League
Contact Person: Bill Rice Title: President
Phone: 561 400 0900 E-mail: skimmers98@comcast.net
Mailing Address: 5025 Heron Pl Coconut Creek FL 33073

5. Chief Administrative Officer/President: Bill Rice
Phone: 561 400 0900 E-mail: skimmers98@comcast.net

6. Brief Description of Event/Approximate Number of Attendees:
End of season jamboree and trophy ceremony

7. Attach non-profit certification (tax-exempt status) and Certificate of Incorporation as a registered entity in the State of Florida.
Attached: [X] Yes [] No

8. Bank affiliations: Bank of America

9. What is the date of your organization's original non-profit status? 2000

10. How much is total cost of your event? 6,500

11. Is your event open to the public? [X] Yes [] No

12. Percentage of Creek residents attending events: 95%

13. What is the total monetary amount requested from the City of Coconut Creek? (An itemized list showing exact dollar figures is required.) 3,000

14. How will the funds be used? Trophies, catering, equipment rental

15. What are the in-kind requests from the City of Coconut Creek?
We request use of mobile stage/show mobile

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

Cash from league

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

recognizes players and coaches for 2018 season
and provide end of season celebration

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

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 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

President/CEO Signature

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

Name of Organization: Coconut Creek Little League

Name/Date of Event: End of Season Jamboree / Award Ceremony

ANTICIPATED REVENUES

Your Organization's Contribution: \$ ~~6,000~~

Additional Revenue Sources:

Ticket Sales: _____

Donations, Sponsorships & Contributions: _____

Other - (List): _____

Total Anticipated Revenue: \$ ~~6,000~~

ANTICIPATED EXPENDITURES

Advertising and Publicity: \$ _____

Equipment Rentals: catering / tents 4,500

Facility Rental: _____

Insurance: _____

Lodging: _____

Security/Police: _____

Printing: _____

Postage: _____

Supplies & Materials: _____

Professional Fees: _____

Technical Equipment Expenses: _____

Travel and Transportation: _____

Other: Trophies & awards 2,000

Total Anticipated Event Expenditures: \$ 6,500

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: [Signature]

Date: 3/19/18

Chief Financial Officer/Treasurer Signature: [Signature]

Date: 3/21/18



**CITY OF COCONUT CREEK
SPECIAL EVENTS GRANT PROGRAM**

BRIEF GUIDELINES

- 1) Please read the reimbursement application thoroughly before filling it out.
- 2) Groups applying for financial or in-kind assistance must host their event within the City's limits and certify that they are not and will not engage in any discriminatory activity.
- 3) Groups must attach a copy of their non-profit certification (tax-exempt status) and certificate of incorporation as a registered non-profit entity in the State of Florida.
- 4) The Program funds organizations that have a minimum of two (2) years of verifiable non-profit status.
- 5) Once the Special Events Grant Committee has made a decision regarding your assistance request, the City will notify you of the outcome via an official City grant award letter.
- 6) If your organization is granted financial assistance and timely provides the City with all the requested reimbursement documentation after the event, the City will mail a check directly to the organization no later than thirty (30) days from receipt of such verifiable documentation.
- 7) The deadline to submit applications for this round of assistance is March 22, 2018.
- 8) In addition to the reimbursement documentation, the City must receive a copy of your organization's Board of Directors Meeting Minutes, or the equivalent, that acknowledges the fact that the event occurred consistent with your application.

IMPORTANT: 9) The City must receive copies of receipts and corresponding invoices that show the purchase of what the grant award went towards, i.e. reimbursement documentation. Reimbursement is contingent on valid proof of purchase documentation, as determined by the City. **Monies that were not used for the purpose designated by the Special Events Grants Committee will not be reimbursed.**

Mail or bring the completed application to:

Coconut Creek City Hall
Attention: Yvonne Lopez
Community Relations Director
4800 West Copans Road
Coconut Creek, FL 33063

If you have any questions, please call Yvonne Lopez at 954.973.6722.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001949

Entity Name: COCONUT CREEK LITTLE LEAGUE BASEBALL CLUB, INC.

Current Principal Place of Business:

5025 HERON PL
C/O BILL RICE
COCONUT CREEK, FL 33073

Current Mailing Address:

5025 HERON PL
C/O BILL RICE
COCONUT CREEK, FL 33073 US

FEI Number: 65-0853279

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMEL, EDWARD S ESQ.
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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: EDWARD S. HAMMEL

03/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HAMMEL, EDWARD S
Address 4532 NW 50 ST
City-State-Zip: COCONUT CREEK FL 33073

Title PRESIDENT
Name RICE, BILL
Address 5025 HERON PLACE
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name MADSON, MARK
Address 3783 NW 63RD CT
City-State-Zip: COCONUT CREEK FL 33073

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.

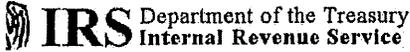
SIGNATURE: BILL RICE

PRESIDENT

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date



P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550281
May 28, 2009 LTR 4168C 0
65-0853279 000000 00 000
00035178
BODC: TE

COCONUT CREEK LITTLE LEAGUE
BASEBALL CLUB INC
% RANDY JOHNSON
4460 NW 6TH CT
COCONUT CREEK FL 33066

Employer Identification Number: 65-0853279
Person to Contact: Sally Froehle
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Apr. 22, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in February 2000, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate 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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations



Consumer's Certificate of Exemption

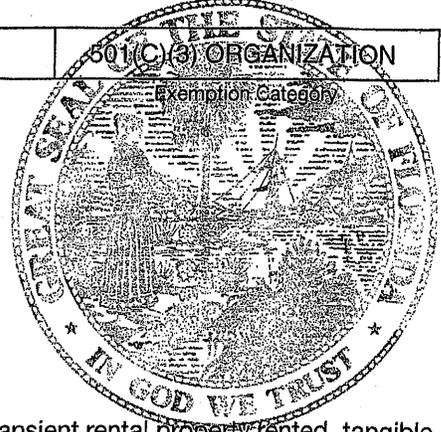
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8013096841C-5	02/28/2014	02/28/2019	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

COCONUT CREEK LITTLE LEAGUE
BASEBALL CLUB INC
4532 NW 50TH ST
COCONUT CREEK FL 33073-2919



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.



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-06-2017

Employer Identification Number:
82-1089640

Form: SS-4

Number of this notice: CP 575 E

EGLISE DE PAIX INC
CHURCH OF PEACE
2515 N STATE ROAD 7 STE 210
MARGATE, FL 33063

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1089640. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is EGLI. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 04-06-2017
EMPLOYER IDENTIFICATION NUMBER: 82-1089640
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
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EGLISE DE PAIX INC
CHURCH OF PEACE
2515 N STATE ROAD 7 STE 210
MARGATE, FL 33063