



SPECIAL EVENTS ASSISTANCE GRANT APPLICATION Submission deadline: March 1, 2017

| 1. Event Title: | Coconut Creek Football & Cheer Pep Rally & Opening Day Jamboree |
|-----------------------------------|---|
| 2. Date/Place of E | Event: August 11-13th, 2017. Sabal Pines Park, 5005 NW 39 th Avenue. |
| 3. Has the site be | en reserved? □ Yes √ No |
| 4. Name of Organ | ization: Coconut Creek Football Program, Inc |
| Contact Person | : Terry Mohr Title: President 95-1331 E-mail: ccreekeagles@gmail.com |
| Mailing Addres | Road 7, #156, Coconut Creek, Florida 33073 |
| 5. Chief Administ | rative Officer/PresidentTerry Mohr |
| Phone: <u>954-6</u> | E-mail: ccreekeagles@gmail.com |
| with a Pep Rally for our Tackle & | on of Event/Approximate Number of Attendees: We celebrate the start of our 2017 season of for our Tackle & Cheer Program on Friday night and continue with special kickoff events of Flag opening days. We invite representatives from local high schools, College and the total organizations to celebrate "Back to Football" initiatives. |
| the State of Flor | Fit certification (tax-exempt status) and Certificate of Incorporation as a registered entity in rida. $\sqrt{\text{Yes}}$ \square No |
| 8. Bank affiliation | s: Bank of America |
| 9. How long has y | your organization been in existence? 21 years |
| 10. How much is | total cost of your event? \$1,200 |
| 11. Is your event | open to the public? √ Yes □ No Percentage of Creek residents attending events: 75% |
| used? | al monetary amount requested from the City of Coconut Creek? How will the funds be ard will be used for entertainment expenses. DJ, Bounce houses, mascots. |
| | |
| | |

| 13. What are the in-kind requests from the City of Coconut Creek? Small stage, field use and Park staff to collect trash and help manage event. |
|--|
| 14. List other funding/grants that will go toward the event (i.e. cash, in-kind services, donations, grants, etc. Concessions \$200 |
| 15. What benefits and positive effects will the City of Coconut Creek receive if a grant is awarded? Our Program is a partner with NFL flag which is part of the NFL play 60 campaign that promotes an active lifestyle for children. It promotes the city's facilities and highlights its campaign as a "Playful City". |
| 16. What percentage of the profits will go towards charity? What percentage will go towards administrative costs? _100% of the profits will go back to our non-profit, 100% volunteer organization. |
| 17. $$ I agree to submit copies of receipts that prove the award was used in the manner that was specified by the Special Event Grant Committee. |
| 18. $\sqrt{\ }$ I am duly authorized to speak on behalf of my organization. |
| 19. $\sqrt{\ }$ I hereby certify that my organization does not and will not engage in any form of discrimination and prohibits discriminatory activity. |

Note: You may attach additional pages, if needed.

PROPOSED EVENT BUDGET CITY OF COCONUT CREEK SPECIAL EVENTS GRANT PROGRAM

| Name of Organization: Coconut Creek Foo | otball Program, Inc. |
|---|--|
| Name/Date of Event: Coconut Creek Footh | ball & Cheer Pep Rally & Opening Day Jamboree |
| | ANTICIPATED REVENUES |
| Your Organization's Contribution: Additional Revenue Sources: Ticket Sales: Donations, Sponsorships & Contributions: Other - (List): Total Anticipated Revenue: | \$ 500 \$200 Concessions \$ 700 ANTICIPATED EXPENDITURES |
| Advertising and Publicity: Equipment Rentals: Facility Rental: Insurance: Lodging: Security/Police: Printing: Postage: Supplies & Materials: Professional Fees: Technical Equipment Expenses: Travel and Transportation: Other: | \$_50 |
| Total Anticipated Event Expenditures: | \$_1,200 |
| Disallowed Expenses: Salaries, Benefits & Permanent Equipment We hereby certify that all figures, facts, and rep | presentations made in this statement are true and correct to the |
| best of my knowledge. | A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE |
| Chief Administrative Officer (Investdent): | Date: <u>2/27/2017</u> |
| Chief Financial Officer (Treasurer): Alicia Soci Signature: | Ott-Sukhu Date: 2/27/2017 |

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001332

Entity Name: COCONUT CREEK FOOTBALL PROGRAM CORPORATION

FILED Jan 24, 2017 **Secretary of State** CC6084257315

Current Principal Place of Business:

6574 NORTH STATE ROAD 7 #156 COCONUT CREEK, FL 33073

Current Mailing Address:

6574 NORTH STATE ROAD 7 #156 COCONUT CREEK, FL 33073

FEI Number: 52-2037110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOHR, TERRY 6574 NORTH STATE ROAD 7 #156 COCONUT CREEK, 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: TERRY MOHR

01/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Name

Address

Title

Name

PRESIDENT

COLLINS, COREY

5040 NW 44TH AVENUE

City-State-Zip: COCONUT CREEK FL 33073

TREASURER

SCOTT-SUKHU, ALICIA

Address 6607 NW 70TH AVENUE

City-State-Zip: TAMARAC FL 33073

Title **PRESIDENT**

FRIEDMAN, PAUL

Address 4964 NW 62ND COURT

COCONUT CREEK FL 33073 City-State-Zip:

Title **OTHER**

Name

Name MOHR, TERRY

Address 5300 NW 55TH BLVD.

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: TERRY MOHR

MANAGING MEMBER

01/24/2017



Consumer's Certificate of Exemption

DR-14 R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

 85-8012707353C-3
 06/30/2013
 06/30/2018
 501(C)(3) ORGANIZATION

 Certificate Number
 Effective Date
 Expiration Date
 Exemption Category

This certifies that

COCONUT CREEK FOOTBALL PROGRAM CORPORATION 6574 N STATE ROAD 7 # 156 COCONUT CREEK FL 33073-3625

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

- 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.).
- 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.

Form **W-9**

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

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|--|--|--|--------------------|--------------|---------------|---|---|------------|------------|------------------|------------|-----|
| | 1 Name (as shown on your income tax return). Name is required on this line | ; do not leave this line blank. | | | | | | | | | | |
| | Coconut Creek Football Program, Inc. | | | | | | | | | - | | |
| ٧i | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | |
| page | Coconut Creek Football Program Inc Tackle Division | | | | | | | | | | | |
| Print or type Specific Instructions on pa | 3 Check appropriate box for federal tax classification; check only one of the Individual/sole proprietor C Corporation S Corporation S Corporation C Corporation S Corporation Individual/sole proprietor C Corporation S Corporation S Corporation C C Corporation S Corpor | tion Partnership Trust/estate | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) | | | | | | |
| | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) - | | | | . | | | | • | • - | ortino | 1 |
| | Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line abov the tax classification of the single-member owner. | | | | code (if any) | | | | | | | |
| | ✓ Other (see instructions) ► Nonprofit corporation exempt | | | | | (Applies to accounts maintained outside the U.S.) | | | | | | |
| Ç | 5 Address (number, street, and apt. or suite no.) | | | | ne ar | id ad | dress (o | ption | ial) | | | |
|) jpe | 6574 N. State Road 7, #156 | | | | | | | | | | | |
| See (| 6 City, state, and ZIP code | | | | | | | | | | | |
| ഗ് | Coconut Creek, FL 33073 | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | | | | |
| | our TIN in the appropriate box. The TIN provided must match the n | | Sc | cial | secu | ırity ı | number | | | | | |
| | p withholding. For individuals, this is generally your social security n | | | | | | | | | | | |
| | nt alien, sole proprietor, or disregarded entity, see the Part I instruct s, it is your employer identification number (EIN). If you do not have | | | | | - | | - | - | | | |
| | page 3. | a names, esserien to get a | or | | | _ | | _ | | | | |
| Note. If the account is in more than one name, see the instructions for line 1 and the chart on p | | | En | nplo | yer id | dentification number | | | | | | |
| guideli | nes on whose number to enter. | , - | - | | | 2 | <u>, , , , , , , , , , , , , , , , , , , </u> | Ι, | | 1 1 | 0 | |
| | | | 5 | 2 | - | 2 | 0 3 | 7 | | ' ' | 0 | |
| Part | II Certification | | | | | | | | | | | |
| Under | penalties of perjury, I certify that: | | | | | | | | | | | |
| 1. The | number shown on this form is my correct taxpayer identification nu | ımber (or I am waiting for a nui | nber t | o be | issi | ued 1 | to me); | and | | | | |
| Ser | n not subject to backup withholding because: (a) I am exempt from vice (IRS) that I am subject to backup withholding as a result of a falonger subject to backup withholding; and | | | | | | | | | | | |
| 3. Ian | n a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exe | mpt from FATCA reporting is o | orrect | : . | | | | | | | | |
| becaus interes genera | cation instructions. You must cross out item 2 above if you have be you have failed to report all interest and dividends on your tax rest paid, acquisition or abandonment of secured property, cancellationally, payments other than interest and dividends, you are not require tions on page 3. | turn. For real estate transaction in of debt, contributions to an i | ıs, iter ndivid | n 2 ual i | does etire | not emer | apply. it arran | For gem | mc nent | rtgag t (IRA) | e , and | d . |
| Sign Here | Signature of U.S. person Terry Mohr DN: cn=Terry Mohr, o=Coconut Creek Football Program, ou, email=ccreekeagles@gmail.com | Date ► | 2/17 | /201 | 7 | | | | | | | |
| Gen | | | | | | | | | | | | |
| | eral Instructions | Form 1098 (home mortgage | intere | st), 1 | 098- | E (stu | ıdent lo | an in | tere | st), 10 | 98-T | |
| Section | | | | st), 1 | 098- | E (stu | udent lo | an in | tere | st), 10 | 98-T | |

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.