AUG 3 0 2018



SPECIAL EVENTS GRANT PROGRAM APPLICATION Submission deadline: August 30, 2018

1. Event Title: Craft fair 2018
2. Date/Place of Event: Fall Harvest Festival - Sabal Pines Pari
3. Has the event site been reserved? ☐ Yes ☐ No
4. Name of Organization: The Women'S Club of Coconut Creek Contact Person: Janeli Bantz Title: Phone: 954-448-6598 E-meil: Manual Fair Coconut Geet @ gmail.com Mailing Address: 3840 NW 11th St Coconut CE R 33066
5. Chief Administrative Officer/President Mary Kinzrons Phone: 954-952-6255 E-mail: Schuchmis @gmail.com
6. Brief Description of Event/Approximate Number of Attendees: Van Mars Selling 14 on 105/0 sets. 25-40 vendors at Fall Harvest Festivel
7. Attach non-profit certification (tax-exempt status) and Certificate of Incorporation as a registered entity in the State of Florida. Attached: Di Yes No 8. Bank affiliations:
9. What is the date of your organization's original non-profit status? 1970
10. How much is total cost of your event?
11. Is your event open to the public? A Yes D No
12. Percentage of Creek residents attending events:
13. What is the total monetary amount requested from the City of Coconut Creek? (An itemized list showing exact dollar figures is required.)
14. How will the funds be used? Adventisement toward wonders +0, get then to Book a sport and Fixers to Event as
well as set up
15. What are the in-kind requests from the City of Coconut Creek? 600000 8 ABS

PROPOSED EVENT BUDGET CITY OF COCONUT CREEK SPECIAL EVENTS GRANT PROGRAM

Name of Organization: The Women	's Club of Coconit Creek
Name/Date of Event: 11-10-2018	Craft Fair 2018
	ANTICIPATED REVENUES
Your Organization's Contribution:	
Additional Revenue Sources: Ticket Sales: Vendor Sects Donations, Sponsorships & Contributions: Other - (List): Total Anticipated Revenue:	\$ 50° × 25 = 1250° Swey Bup / Bradge time Framenbers 1100 - 1500 -
	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: Total Anticipated Event Expenditures:	\$ 80°2 8 tables - 6 Chairs in Kind 74 - NA NA 50°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA 150°0 NA NA 150°0 NA NA NA NA NA NA NA NA NA NA
<u>Disallowed Expenses:</u> Salaries, Benefits & Permanent Equipme	nt
We hereby certify that all figures, facts, and correct to the best of my knowledge.	representations made in this statement are true and
Chief Administrative Officer/President Signal Date: 8/29/2018	O OR R. A.
Chief Financial Officer/T/easurer Signature:	June dring

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entas Bourch table	
14/ford formality and market a filter with the collection of	Comment County manker # a county in manufact?
What benefits and positive effects will the City of	COCCUME CLOCK LOCKING IN S AND IN THE COCCU
e will provide am acray	& Hendors for
Hendoes of The Fell MACH	est restinal and
uido information on uel	roads overts for
or paul aux Roaden 5	0
What percentage of the profits will go towards o	therity? What perceptage will go towards.
administrative costs? 4570 founce	(notity, 5 to Howald augustion
	· · · · · · · · · · · · · · · · · · ·
🔀 I am duly authorized to speek on behalf of m	y organization.
i understand that I must timely submit all the	required reimbursement documentation prior
receiving reimbursement for any authorized expen	nse under the Special Events Grant
mmittee's award letter.	
. ^	
I hereby certify that my organization does no	t and will not engage in any form of
crimination and prohibits discriminatory activity.	
In consideration of perticipating in the Spi	ecial Events Grant Program, my organization
and an experimental for the acts of pacifics	ince or its employees' acts of neoligence when
ing within the course of econe of their employme	BML Which may arise out of, in connection with,
Service of the Conciel Fuents Grant Program.	Nothing herein is intended to serve as a werver
and the second section in a military resolution of the section of	n 768.28. Fla. Stat., nor shall anvitning included
win be construed as consent to be sued by an	y third parties in any matter arising out of the
ecial Events Grant Program.	
le: You may attach additional pages, if needed.	
Mary Kinisons	

0032471 07/10/17



Consumer's Certificate of Exemption

leaved Pursuant to Chapter 212, Floride Statutes

Per remed 8. 10/18

85-8012593372C-1

09/30/2017

00/30/2022

501(C)(3) ORGANIZATION

Cartificate Number

Effective Onto

Expiration Date

mangalan Category

This certifies that

THE WOMENS CLUB OF COCONUT CREEK INC 4140 NW 9TH CT COCONUT CREEK FL 33086-1645

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, transient rental property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DF-14 R. 10/15

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
 See Rule 12A-1.038, Florida Administrative Code (FA.C.).
- Your Consumer's Certificate of Examption is to be used solely by your organization for your organization's
 customery nonprofit activities.
- 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 lesse 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, FA.C.).
- 5. It is a criminal offeree 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 finelly "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallehassee, FL 32314-6480.