



# SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

**Please attach pertinent background information to this application. You may attach additional pages, if needed.**

## ORGANIZATION PROFILE

Organization Name: Discover The Beauty Women Empowerment INC		Today's Date: sep 16	
Organization Leader: Dr. Maslande Frederic		Title: President	
Mailing Address: 4846 N Universty Drive	City: Lauderhill	State: fl	Zip: 33351
Phone Number: 9549099656		Email Address: dtbwempowmailment@gmail.com	
Website: dtbwempowerment.org		Tax ID: 475297486	
Total number served by organization in last calendar year: <u>300-500</u> . Of which, <u>30%</u> were Margate residents.			
Total number of Margate residents projected to be served in next calendar year: <u>up to 100</u>			
FDACS Charity Registration No.: CH <u>55050</u>		Organization Information (Please indicate which of the following criteria your organization meets): <input checked="" type="checkbox"/> Tax Exempt status under Internal Revenue Code 501(c)3, 501(c)4, or 501(c)6. Please include copy of your notification letter and most current Form 990 if your organization is required to file this document. <input checked="" type="checkbox"/> Not a private Foundation as defined under Internal Revenue Code 509.4. <input checked="" type="checkbox"/> Volunteer Board of Directors is the governing body. <input type="checkbox"/> Independent audit is performed each year. If so, please include last completed audit. <input checked="" type="checkbox"/> Annual budget is approved by the Board of Directors. Please include. <input type="checkbox"/> Registered with Charity Navigator.	
Organization Description: Our sponsorship should be considered because we as an organization address issues that are fundamental to economic progression, and social development. We target low- and moderate-stipend communities. Our focal point is to make better the lives of individuals and families by investing in basic needs, workforce development, and education. We do this through the virtual center, mentorship program, community seminars, and workshops education, that focuses on strengthening broader community vitality by addressing needs related to affordable			

## ABOUT THE FUNDING REQUEST

Funding Request: \$1000-\$3500	Total Budget/Cost for Special Event: \$100,000
% of funding request used to provide services: 100	% of funding request for administration:
Please describe the intended use of requested funds and indicate the time period you are requesting these funds for (please attach letters of community support if applicable): We intend to use this funds to provide manuals, handouts, pens, paper and snakes for our attendees. It will also help with some operation cost for the event expenses. This event will be from september 15-17. Locattion Broward County Convention Center.	



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Please provide a needs statement (Why do you need the requested funds?):  
Due to us being a non profit that thrives in seeing are community flourish. Most of our programs and expenses are out of pocket. Because we want to make the best of the experiance with out attendees. This fund will help us fufil our purpose.

Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received:

This will benifit the city of margate because of our intention. We believe if you empower the people by assisting them Mentally, Financally and educationally. The city will flourish because of the people. You need peoole in order for a city to survive.

in addiotion, Besides the intrinsic value of being educated, education is associated with a wide range of benefits to both individuals and society. Education contributes to greater productivity and economic growth. Moreover, education has spillover effects: human capital is at the heart of innovation, and a more educated workforce fosters innovative ideas leading to more and better jobs.

Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City:

1. Cost will cover (pamphlets, books, pens handouts)
2. Snacks will be provided for the attendees
2. Operation Cost for speakers will be taken care of

Demonstrate how you will evaluate your results. These measures need to be directly related to the need and expected outcome:

Make observations during the event.

Ask for feedback from our guests on the days (before and after event start time).

Follow up with a feedback survey through email

Look out for media mentions through our hastags .

Analyse social media data.

Calculate how many people attended last year compared to this year event



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Please list other sources and amounts being requested from other agencies:

Broward County Small Business Development \$1000

Bank of America \$3500

TD bank \$3500

City Fort Lauderdale \$3500

Has your organization received funding from the City of Margate in the past? ☐ Yes ☒ No  
If yes, please indicate the amount and the year:

Organization) DISCOVER The Beauty Women Empowerment agrees to ensure compliance with all applicable federal, state, and local laws and regulations.

This application must be signed by the applicant's authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and is able to utilize the funds sought for their stated purpose. Please note that reports of service delivery and expenditures of any funds may be required.

Pursuant to Florida Statute 95.525, a person who knowingly makes a false written declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree. **Under penalties of perjury, I, Maslande Frederic declare that I have read the foregoing Application and to the best of my knowledge and belief, the facts stated in it are true.**

Authorized Representative (Printed):

Maslande Frederic

Date:

08/21/2022

Authorized Representative (Signature):

[Signature]

Date:

08/21/2022

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 2 day of August 2022 by Maslande Frederic, who is ☒ personally known to me or ☐ produced identification and did not take an oath.

(seal)



Print Name: MATTATHIAS JOHNSON  
Notary Public, State of Florida at Large

☐ Tax exempt notification letter  
☐ Approved annual budget  
☐ Broward County Records Review

☐ Most current Form 990  
☐ Last completed audit  
☐ Court records review

☐ FDAC Registration  
☐ Charity Navigator Report  
☐ Local Business Tax Receipt

Date Received:

Application Reviewed By:

Amount Approved by City Commission:

Date Approved:

Account #