



# 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: <u>Sons of American Legion Post 157</u>		Today's Date: <u>10/16/17</u>	
Organization Leader: <u>Bill DeLulla</u>		Title: <u>Commander</u>	
Mailing Address: <u>1791 Mears Pkwy</u>	City: <u>Margate</u>	State: <u>FL</u>	Zip: <u>33063</u>
Phone Number: <u>954-775-6324</u>		Email Address: <u>Billy Swemey 7@Bellsouth.net</u>	
Website: <u>Apost157.org</u>		Tax ID:	
Total number served by organization in last calendar year: <u>650</u> Of which, <u>400</u> were Margate residents.			
Total number of Margate residents projected to be served in next calendar year: <u>425</u>			
Organization Description: <u>The American Legion Post 157 provides services and functions for retired and current Military members.</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 type="checkbox"/> Not a private Foundation as defined under Internal Revenue Code 509.4. <input 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 type="checkbox"/> Annual budget is approved by the Board of Directors. Please include. <input type="checkbox"/> Registered with Charity Navigator.	

ABOUT THE FUNDING REQUEST	
Funding Request: <u>1000 -</u>	Total Budget/Cost for Special Event: <u>5000 -</u>
% of funding request used to provide services: <u>100%</u>	% of funding request for administration: <u>0</u>
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): <u>The funds are being requested to help give back to retired and current military members during the holiday season. We provide meals to those with financial hardship as well as give to their children in order to make sure their families have a great and memorable holiday season.</u>	



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Please provide a needs statement (Why do you need the requested funds?):

The funds are being used to purchase food for our service men and women as well as their families. We also purchase gifts for the children for Christmas and have Santa Clause hand out the gifts.

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

This is a service we provide our military members and their families in the City of Margate which no other Military Service organization offers in the city.

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

The primary impact this will provide is to help those in need as well as their children not feeling the impacts of their family financial hardships.

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

The results will be immediate and will be justified once the families are taken care of and the children see Santa.



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

None. We fundraise throughout the year on our own.

Has your organization received funding from the City of Margate in the past? ☒ Yes ☐ No

If yes, please indicate the amount and the year:

Last year the City Council was kind enough to donate \$2500.00 which was a big help and made a lot of families have holiday they will never forget.

(Agency) American Legion Post 157 agrees to assure compliance with all applicable federal, state, and local laws and regulations, including but not limited to:

Civil Rights Act of 1964  
Section 501 of the Rehabilitation Act of 1973  
Title IX of the Education Amendments of 1975  
Age Discrimination Act of 1975  
Section 654 of OBRA of 1981  
ADA of 1990  
HIPPA of 1996

*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.*

*I certify that the above information is true and accurate*

Authorized Representative (Printed): Bill Delalls Date: 10/18/17

Authorized Representative (Signature): [Signature] Date: 10/18/17

***This application and its content are considered a public record in accordance with Florida Statutes Chapter 119. If you believe any information on this application is exempt from public records in accordance with Florida Statutes Chapter 119, please provide an explanation and attach to this application.***

### OFFICIAL USE ONLY

Date Received:	Application Reviewed By:	
Amount Approved by City Commission:	Date Approved:	Account #

85-8014978106C-3	12/31/2013	12/31/2018	VETERANS ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

JAMES CARL FREDERICK POST 157 INC  
THE AMERICAN LEGION MARGATE FLORIDA  
1791 MEARS PKWY  
MARGATE FL 33063-3748

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 904-3671. From the available options, select "Registration of Taxes," then "Registration Information," at "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32304.