Areawide Council on Aging of Broward County, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Areawide Council on Aging of Broward County, Inc.

Address: 5300 Hiatus Road

City: Sunrise State: FL Zip: 33351

Telephone: 954-745-9567

Website: www.adrcbroward.org

Executive Director: Charlotte Mather-Taylor

Executive Director's Email: mathertaylorc@adrcbroward.org

Contact: Shahnaaz Yasin

Contact's Email: yasins@adrcbroward.org

Donation Request Amount: $ 81,587.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☑ No ☐ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☐ No ☑ Yes

If answered YES to the previous question, please specify which Advisory Board: N/A

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☐ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☑ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Charlotte Mather-Taylor, Chief Executive Officer

Signature: Charlotte C. Mather-Taylor Date: 4-23-2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

The Areawide Council on Aging of Broward County Inc. exists to improve the quality of life for all seniors living in Broward. We do this by collaborating with other organizations and providing exceptional compassionate leadership to offer a broad array of programs and services dedicated to allowing senior Sunrise residents and their caregivers to live life to their fullest potential. Services include meals, in-home assistance, minor home repairs, technology, information & referral services, legal assistance, senior center services and caregiver support services.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The focus area we are applying under is Senior and Social Services. Funds requested will be used to provide the 10% mandated required match dollars for the Federal Older Americans Act (OAA) and the State Community Care for the Elderly Grant (CCE). These funds will allow us to address the needs of low income elders to remain in their homes receiving services and avoid costly premature institutionalization. In 2025, our network of 40+ providers served 925 senior residents of Sunrise. Services provided are dependent upon the seniors needs as determined at intake.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

In FY24-25, we addressed senior hunger by providing 50,450 home delivered meals for homebound elders and 6,947 congregate meals; home repairs for seniors totaled $45K; provided frail seniors with a supportive environment in adult day care and in-facility respite services totaling $338,592; addressed senior self neglect by providing care in the home - personal care, homemaking & respite care services totaling $757,681. In addition we provide caregiver training & support services, health & wellness classes, and legal assistance.

To combat isolation and prevent falls, we provided technology services to seniors with solutions such as the ElliQ iRobot companion, Ring Doorbells, Uniper devices, IN2L tablets, Tranquility fall alert devices, and emergency alert responses. Our Elder Abuse Education program reached seniors to raise awareness about identifying and reporting abuse, while the SHINE program volunteers supported Sunrise seniors in navigating their Medicare options.

In the last 365 days, we launched Trualta, a caregiver support platform, to further strengthen our services. We also launched a new technology, Claris tablets, to provide connection and communication for our seniors.

In total, we provided $1.9 Million of vital services to Sunrise older adults.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

We anticipate serving at least 15,000 residents of Broward County, including an estimated 925+ senior residents from the City of Sunrise.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

We measure the success of programs using an outcome evaluation model established by the Florida Department of Elder Affairs (DOEA). All services provided by our network of 40+ service providers are tracked monthly through the Enterprise Client Information and Registration Tracking System (eCIRTS). This system allows us to monitor essential data, including assessments, service delivery, hours of service, units provided, and the cost associated with each service. We provide this data in Quarterly Reporting to the City of Sunrise.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

We work closely with our 40+ providers to ensure the provision of high quality programs and essential services. We partner with FPL to ensure that qualified low-income seniors can maintain their energy needs through the Emergency Home Energy Assistance for the Elderly Program (EHEAP). We work with City of Sunrise staff and social service agencies to assist seniors identified as in need, to assess and help them receive the services needed. We conduct an annual Empowering Caregivers Conference to assist families & caregivers. Letters of Support are attached.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

The most heavily utilized services we provide include home-delivered and congregate meals, personal care, homemaker services, home modifications, technology assistance, in-home respite, and in-facility respite care. We address the issue of food insecurity by serving meals at 28 different congregate sites and/or delivery to their homes. This need increased over the last three years due to the rising cost of living. We provide unbiased Medicare counseling to assist elders in choosing the most appropriate Medicare coverage and helping them to navigate care under Medicare. We provide assistance to low-income elders to pay their electric bills. We provide legal assistance to elders and their caregivers.

Long-Term Benefits: By supporting these essential services, the grant will help ensure that seniors in Sunrise continue to live independently, safely, and with dignity. The direct benefits of these services contribute to a more vibrant, engaged, and healthy senior community in Sunrise, allowing older adults and their caregivers to remain active participants in their community. Ultimately, the requested funds will create a sustainable and impactful solution to address the needs of Sunrise's aging population, improving both the quality of life and the well-being of residents, while reducing the potential costs of long-term institutional care.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

Funding for this program is critical to addressing the needs of the 25,983 residents of the City of Sunrise who are aged 60 and older, as well as adults with dementia and their caregivers. As the senior population in Sunrise continues to grow, the demand for supportive services increases, making this program essential in meeting those needs. Funds received through this grant will be used to secure the 10% mandated matching Federal (OAA) and State (CCE) funds to aid City of Sunrise seniors.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Total Matching Funds Needed	$ 2,301,506.00		**$ 2,301,506.00**
Fair Share from other Cities & County		$ 2,219,919.00	**-$ 2,219,919.00**
Fair Share Sunrise			**$ 0.00**
			$ 0.00
			$ 0.00
			$ 0.00
TOTALS	**$ 2,301,506.00**	**$ 2,219,919.00**	**$ 81,587.00**

IRS Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0256554941
Apr. 23, 2019 LTR 4168C 0
59-1529419 000000 00
00016791
BODC: TE

AREAWIDE COUNCIL ON AGING OF
BROWARD COUNTY INC
5300 N HIATUS RD
SUNRISE FL 33351

022882

Employer ID number: 59-1529419
Form 990 required: Y

Dear Taxpayer:

We're responding to your request dated Apr. 16, 2019, about your tax-exempt status.

We issued you a determination letter in March 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0256554941
Apr. 23, 2019 LTR 4168C 0
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AREAWIDE COUNCIL ON AGING OF
BROWARD COUNTY INC
5300 N HIATUS RD
SUNRISE FL 33351

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Kim A. Billups, Operations Manager
Accounts Management Operations 1

Area Agency on Aging of Broward County

Charlotte Mather-Taylor, Chief Executive Officer

AREAWIDE COUNCIL ON AGING BOARD OF DIRECTORS

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March 10, 2026

The Honorable Michael J. Ryan
City of Sunrise
10770 W. Oakland Park Boulevard
Sunrise, Florida 33351

Dear Mayor Ryan,

The Areawide Council on Aging of Broward County, Inc., which administers the Aging and Disability Resource Center, is the prime planning, coordinating, funding and advocacy body for projects and services benefitting the needs of over 488,352 year round Broward residents, 60 years of age and over.

Since our incorporation, as a nonprofit 501(c)(3) organization, in 1974, we have utilized a Fair Share Methodology to secure the required match monies from local municipalities and the County Commission.

Each year, the Areawide Council on Aging determines the required match and then develops separate reports for each city or town. The reports include records noting numbers of participants, services rendered, the associated financial costs, and the amount sought to reach the total mandated match.

Since the Federal Older Americans Act and State Community Care for the Elderly Appropriations require a local match, we utilize the base budget and any increases in these funds are reflected in the following year's Fair Share Report. These factors, plus changes in Broward's population, over 60 years of age, are demonstrated in the Fair Share computations.

We do not employ Alzheimer's Disease Initiative, Home Care for the Elderly, and Respite for Elders Living in Everyday Families figures for compiling the Fair Share Request since the Fair Share figures are developed only to meet mandated Federal and State appropriations. Alzheimer's Disease Initiative, Home Care for the Elderly, and Respite for Elders Living in Everyday Families data are informational only.

For the 2027 Fair Share request, we are employing the latest population figures using U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates.

Our request for 2027 is $81,587. In Fiscal Year 2024-2025, we provided your residents with $1,889,327 in services.

For each dollar we are seeking, in match, the Areawide Council on Aging supplied $23.16 in assistance to your constituents.

We are available to discuss Fair Share and other elder related matters with you at your earliest convenience. Please call our office, at 954-745-9603, to calendar a meeting.

The Areawide Council is well aware of the economic challenges being faced by our municipalities and the County. That is a prime reason for expressing both our gratitude and admiration to our elected officials. Because of your ongoing advocacy, on behalf of your senior constituency and their caregivers, we can, and will continue to partner in order to ensure the rights of older Browardians to live their retirement years with merited dignity.

Sincerely,

Charlotte C. Mather-Taylor

Charlotte Mather-Taylor
Chief Executive Officer

cc: City Commission of Sunrise
Mark S. Lubelski, P.E., City Manager
Susan Nabors, Finance & Administrative Services Director
Felicia M. Bravo, City Clerk

EXPLANATION OF FAIR SHARE

Federal Dollars are provided to the Areawide Council on Aging through Older Americans Act Legislation. State Dollars are allocated by the Community Care for the Elderly Act. Both the Federal and State Dollars must be matched locally on a 90-10% ratio. This means that for every nine dollars provided by the Federal and State Governments, we must raise one dollar in Broward County.

FUNDS REQUIRING LOCAL MATCH FOR 2027

Federal Older Americans Act Dollars	$9,716,727
General Revenue	681,080
State Community Care for the Elderly	9,415,750
	$19,813,557
Local Matching Dollars Required	$2,201,506
Elder Abuse Prevention Program	100,000
Total Matching Funds Requested	$2,301,506

THE FAIR SHARE FORMULA

Since 1974, the Areawide Council on Aging has utilized a Fair Share Formula to request and receive Matching Funds from Broward's Cities and the County Commission. We divide the required Matching Funds by the number of elderly in Broward County to achieve a figure representing each Broward resident 60 years of age and older.

Projected 2027 Broward Total Population 60 and Over	488,352
Representative Fair Share Dollar Amount per Senior Resident 60 or Over: $2,301,506 divided by 488,352	$ 4.71

We request each City to pay 2/3 of the Fair Share Dollars for their senior constituency and the County to pay 1/3. We further ask the County to pay the Full Fair Share for each senior resident of the unincorporated areas.

Fair Share Request per Senior Resident:			$ 4.71
City Share Request per Senior Resident:	$4.71 x (2/3)	=	$ 3.14
County Share Request per Senior Resident:	$4.71 x (1/3)	=	$ 1.57
			$ 4.71

FAIR SHARE REQUEST FROM SUNRISE

Number of Residents over 60 in Your City	25,983
Fair Share Request per Senior Resident in Your City	x 3.14
TOTAL FAIR SHARE REQUEST	**$81,587**

In Fiscal Year 2024-2025, the Areawide Council on Aging provided Your City with Services Totaling Over: $1,889,327

Areawide Council on Aging of Broward County

Area Agency on Aging of Broward County

Fiscal Year 2024-2025

Services Provided to Senior Citizens

in the

City of Sunrise

Program	Service Provided	Clients	Units Provided	Avg Unit Cost	Total Cost
OLDER AMERICANS ACT					
	ADULT DAY CARE	4	542.50	64.80	35,154.00
	ARTHRITIS FOUNDATION TAI CHI	*	5.00	4192.87	20,964.35
	ASSURANCE (TELEPHONE & IN-PERSON)	*	1.00	9.36	9.36
	CAREGIVER TRNG & SUP - GROUP	*	91.50	80.29	7,346.91
	CAREGIVER TRNG & SUP - IND	2	13.00	90.30	1,173.90
	CHILD DAY CARE	2	1,040.00	4.15	4,316.00
	CHORE	29	334.50	65.92	22,051.11
	CONGREGATE HOLIDAY/EMERGENCY	37	740.00	4.58	3,389.20
	CONGREGATE MEALS	67	6,042.00	9.31	56,222.12
	CONGREGATE MEALS - SCREENING	40	36.00	60.35	2,172.60
	COUNSELING - INDIVIDUAL	2	2.50	84.48	211.19
	EDUCATION/TRAINING - GROUP	*	7.00	108.99	762.93
	EMERGENCY HOME DELIVERED MEALS	77	1,580.00	4.58	7,236.40
	HOME DELIVERED MEALS	88	31,880.00	6.34	202,205.00
	HOME DELIVERED MEALS - FROZEN	7	1,530.00	6.87	10,511.10
	HOUSING IMPROVEMENT	5	9.25	57.50	531.88
	INFORMATION	*	1,510.00	13.85	20,920.30
	LEGAL ASSISTANCE	*	268.00	74.06	19,848.08
	MATERIAL AID	20	20.00	840.92	16,818.40
	NUTRITION EDUCATION	139	952.00	3.31	3,153.63
	OUTREACH	2	2.00	38.73	77.46
	REFERRAL	*	255.00	81.89	20,881.10
	RESPITE IN-FACILITY	1	697.00	10.70	7,457.90
	SCREENING & ASSESSMENT	82	312.25	80.56	25,153.51
	TAILORED CAREGIVER ASSESSMENT	47	115.00	0.00	0.00
	TECHNOLOGY	14	30.50	0.00	0.00
	TECHNOLOGY - EQUIPMENT	29	117.00	135.15	15,811.97
	TECHNOLOGY - INSTALL	12	20.00	210.25	4,205.00
	TECHNOLOGY (STAFF SUPPORT)	1	3.00	0.00	0.00
	TRANSPORTATION	1	96.00	10.97	1,053.12
	Program Totals:		48,252.00		$509,638.52

*** Client specific information is not captured for these services.**

Program	Service Provided	Clients	Units Provided	Avg Unit Cost	Total Cost
COMMUNITY CARE FOR THE ELDERLY					
	ADULT DAY CARE	1	6.25	115.05	719.06
	CASE AIDE	86	230.75	36.60	8,445.27
	CASE MANAGEMENT	115	985.75	64.56	63,637.95
	EMERGENCY ALERT RESPONSE	21	3,868.00	1.18	4,562.72
	EMERGENCY HOME DELIVERED MEALS	33	990.00	4.58	4,534.20
	HOME DELIVERED MEALS	13	9,710.00	2.37	23,027.50
	HOME DELIVERED MEALS - FROZEN	1	120.00	7.15	858.40
	HOMEMAKER	70	12,878.50	26.73	344,191.81
	INFORMATION	*	1,054.00	13.51	14,239.54
	INTAKE	620	788.25	89.31	70,398.34
	MEDICATION MANAGEMENT - IND	1	7.00	43.24	302.68
	MENTAL HEALTH COUNSELING - IND	2	10.75	66.86	718.70
	OTHER SERVICES	54	54.00	135.13	7,297.02
	PERSONAL CARE	60	7,435.50	26.82	199,443.60
	REFERRAL	*	105.00	79.24	8,320.20
	RESPITE IN-HOME	3	1,225.00	26.66	32,662.11
	SPECIALIZED MEDICAL EQUIPMENT	10	70.00	128.70	9,008.72
	Program Totals:		39,538.75		$792,367.82
ALZHEIMER'S DISEASE INITIATIVE					
	CASE AIDE	19	54.50	36.65	1,997.22
	CASE MANAGEMENT	43	334.75	55.88	18,707.11
	EMERGENCY HOME DELIVERED MEALS	13	690.00	4.58	3,160.20
	RESPITE IN-FACILITY	16	12,890.50	9.48	122,239.40
	RESPITE IN-HOME	20	6,919.50	24.39	168,785.09
	SPECIALIZED MEDICAL EQUIPMENT	27	82.00	288.05	23,620.32
	Program Totals:		20,971.25		$338,509.34
HOME CARE FOR THE ELDERLY					
	BASIC SUBSIDY	27	221.00	160.00	35,360.00
	CASE AIDE - VENDOR PAYMENT	27	244.50	64.53	15,778.80
	CASE AIDE -VENDOR	12	39.25	36.51	1,433.14
	Program Totals:		504.75		$52,571.94
LOCAL SERVICE PROGRAM					
	CONGREGATE MEALS	7	899.00	8.91	8,008.51
	CONGREGATE MEALS - GUEST	1	1.00	9.79	9.79
	MATERIAL AID	25	48.00	73.39	3,522.78
	TRANSPORTATION	2	12.00	7.99	95.90

*** Client specific information is not captured for these services.**

Program	Service Provided	Clients	Units Provided	Avg Unit Cost	Total Cost
	Program Totals:		960.00		$11,636.98
NON-DOEA PROGRAM					
	ADULT DAY CARE	7	503.00	109.57	55,113.71
	CASE MANAGEMENT	11	85.00	63.85	5,427.25
	CHORE	2	20.00	73.50	1,470.00
	HOME DELIVERED MEALS	47	12,580.00	5.84	73,467.20
	MATERIAL AID	2	2.00	147.72	295.43
	SCREENING & ASSESSMENT	1	5.00	60.00	300.00
	TECHNOLOGY - EQUIPMENT	10	10.00	69.99	699.90
	Program Totals:		13,205.00		$136,773.49
EHEAP					
	EHEAP	35	109.00	347.57	37,885.09
	Program Totals:		109.00		$37,885.09
SHINE					
	SHINE	125	301.35	33.00	9,944.45
	Program Totals:		301.35		$9,944.45
	Totals:		123,842.10		$1,889,327.63

In Fiscal Year 2024-2025, our Project Family provided Sunrise's seniors with $1,889,327 in services.

The Areawide Council on Aging's 2027 Match Request for Sunrise is $81,587.

For every $1 we are seeking, the Areawide Council on Aging (Area Agency on Aging) provided Sunrise with $23.16 in services.

Our figures are secured from the annual service cost reports obtained from our Projects.

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CITY OF SUNRISE
FLORIDA

Autism Speaks LLC


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Autism Speaks Inc

Address: 50 F St NW Ste 360

City: Washington DC State: DC Zip: 20001

Telephone: 561-538-0823

Website: www.autismspeaks.org

Executive Director: Candi Spitz

Executive Director's Email: Candi.spitz@autismspeaks.org

Contact: Cathy Briz

Contact's Email: cathy.briz@autismspeaks.org

Donation Request Amount: $ 10,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

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☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

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- ☐ STEM-focused Education
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Name & Title (Print): Candi Spitz

Signature:  Date: 4-29-2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives.
   Include information about the organization's board and number of employees and/or volunteers.

Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the life span, for the needs of individuals with autism and their families. We do this through advocacy and support; increasing understanding and acceptance of people with autism; and advancing research into causes and better interventions for autism spectrum disorder and related conditions. Through partnerships and collaboration, we are committed to : Increasing global understanding & acceptance of people with autism - Being a catalyst for life-enhancing research and more.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The Autism Speaks South Florida Walk & 5K Run focus on Health, Wellness and Nutrition

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Autism Speaks has had the South Florida Walk on May 17th and the Summit on May 17th that provides information, community and options for everyone who attends these events. We also have free information toolkits that help families with loved ones on the spectrum throughout their life span and a free 1800 number or email where anyone who needs help to locate local services can reach out. All of Sunrise residents attending the events, using the toolkits or reaching out to our Autism Response Team benefit from accesing valuable information for their family members and finding out ways to help them.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

We anticipate over 5,000 participants consisting of schools, families, therapists and companies that are enthusiastic about fundraising for Autism Speaks as well as engaging with each other to learn about resources
for people with autism and their friends, family and caregivers in our communities. This includes residents from all over both Miami Dade and Broward Counties such as from the City of Sunrise.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

The metrics we will use to evaluate and report on the Autism Speaks 5K Run and Walk performance include number of registered volunteers, walk participants and walk teams for the event, including tracking areas and industries where are teams are coming from. Through robust virtual and social media reach and grassroots promotional efforts, as well as partnering with community leaders, like the City of Sunrise, we anticipate considerably expanding the reach of the event.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

We partner with many South Florida organizations including: Chuck E Cheese, Gunster Law, BDO International, Fedex Cares, Butterfly effects, ABA Centers of South Florida, ABC testing services, Magic Behavioral Health, St. Ignacio University, Nesca-Newton, Atlantic Pacific Foundation, Littler Law, and Community Medical group. Partner organizations include South Florida based corporations, autism service providers,healthcare providers, and more. We are excited to engage with more communities, including Sunrise, to better serve the residents, share Autism Speaks resources and invite community members to participate in our events where they can make meaningful connections

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

The Autism Speaks South Florida events are essential because they give the Sunrise Community the opportunity to get researched-backed and trusted information that can help them navigate all the difficult moments throughout the lifespan of their loved ones with Autism. It also helps to build community since the work many care givers do makes them feel isolated and alone. Brigding the community is very helpful for the mental health and even physical health of caregivers with loved ones on the spectrum.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

The requested funds will benefit the residents of Sunrise by increasing awareness, acceptance, and understanding of autism through the Autism Speaks 5K Run and Walk resources and volunteer opportunities available for residents. As a resource to Broward County, we will also provide a sponsored booth/tent at the event as well as any other agreed upon virtual opportunities for the City of Sunrise to share its own resources with event participants. Residents are encouraged to assist with autism outreach, awareness and advocacy efforts.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Sponsors		$ 17,500.00	**-$ 17,500.00**
Team Fundraising		$ 5,000.00	**-$ 5,000.00**
			$ 0.00
Event Logistics	$ 25,000.00		**$ 25,000.00**
Promotion	$ 5,000.00		**$ 5,000.00**
Awareness Activities	$ 2,500.00		**$ 2,500.00**
TOTALS	**$ 32,500.00**	**$ 22,500.00**	**$ 10,000.00**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 21 2005

AUTISM SPEAKS INC
C/O PETER F OLBERG
MANATT PHELPS & PHILLIPS LLP
7 TIMES SQUARE
NEW YORK, NY 10036-0000

Employer Identification Number:
20-2329938
DLN:
17053049011005
Contact Person:
JOHN J KOESTER ID# 31364
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
FEBRUARY 11, 2005
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

AUTISM SPEAKS INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Letter 1045 (DO/CG)


CITY OF SUNRISE
FLORIDA

Early Learning Coalition of Broward County, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: The Early Learning Coalition of Broward County, Inc.

Address: 1475 W Cypress Creek Rd, Suite 301

City: Ft. Lauderdale State: FL Zip: 33309

Telephone: 954-377-2188

Website: www.elcbroward.org

Executive Director: Renee Jaffe, Chief Executive Officer

Executive Director's Email: rjaffe@elcbroward.org

Contact: Ancel Pratt III, Senior Director of Communications and Outreach

Contact's Email: contracts@elcbroward.org

Donation Request Amount: 66598

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☑ Early Childhood Education
- ☐ STEM-focused Education
- ☐ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Renee Jaffe, Chief Executive Officer

Signature: Renee Jaffe Date: 04/22/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

The Early Learning Coalition (ELC) of Broward County's mission is to provide high-quality early learning programs that support children's development and prepare them for school and lifelong success. Our goal is to increase access to affordable quality childcare through the School Readiness program, supporting families. We partner with local providers and community organizations to strengthen early education, empower working parents, and promote school readiness across all neighborhoods in Broward County. Governed by volunteer Board of Directors and supported by dedicated staff, ELC Broward serves as the state administrator of School Readiness program funds for the county.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

This initiative aligns directly with the City's Early Childhood Education and Local Business Support priority areas. By providing School Readiness support, we benefit the Sunrise community in a dual-capacity: First, we ensure Sunrise children have access to high-quality early education that prepares them for lifelong academic success. Second, we provide critical economic stabilization to Sunrise-based childcare businesses and the workforce by infusing state and local funding directly into the local economy.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

ELC Broward has proudly served the City of Sunrise and the broader Broward County community for over 20 years. As the designated state administrator of the Florida School Readiness program (Childcare Subsidy), we have continuously provided direct financial assistance to Sunrise families. Additionally, our education team actively monitors, coaches, and trains Sunrise childcare providers year-round to ensure the highest standards of early learning are maintained within the municipality.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

Based on our 2024-2025 fiscal year data, we anticipate directly serving at least 1,132 Sunrise children across 647 Sunrise households. Additionally, the program will directly support 23 Sunrise-based childcare providers, stabilizing their business operations and sustaining the employment of approximately 200 early learning educators working within the city limits.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

The School Readiness program uses enrollment, attendance, and provider compliance metrics to assess impact and success. Additionally, the state utilizes the Classroom Assessment Scoring System (CLASS) to measure teacher-child interactions, a critical factor in early childhood education quality. CLASS scores range from 1 to 7, with scores above 5.0 indicating "good teaching practices" that qualify providers for performance-based financial incentives. Currently, the average CLASS score for Sunrise School Readiness classrooms is a 5.4, demonstrating a consistently high standard of teaching quality.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

ELC Broward collaborates extensively with key local partners to maximize family support. ChildNet and the Department of Children and Families (DCF) assist with child welfare initiatives. The Children's Services Council of Broward County and United Way of Broward provide critical funding to expand childcare access. Furthermore, Broward County Family Success Centers offer supplementary childcare subsidies, and the Early Steps Program provides vital early intervention for children with developmental concerns.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

This program is essential because it simultaneously addresses educational opportunity and economic stability. The primary need addressed is providing children access to high-quality early learning environments during their most critical developmental years. Concurrently, it serves as a vital workforce support mechanism, enabling Sunrise parents to remain in the workforce or pursue higher education with the peace of mind that their children are in safe, nurturing, and educational settings.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

Requested funds will serve a profound public purpose by driving economic mobility and maximizing the City's financial footprint. The funds received will be used to draw down additional federal match dollars, effectively doubling the impact of the City's investment. For example, in FY 24-25, the City of Sunrise contributed $60,000 to the School Readiness Match Program, which successfully drew down an additional $60,000 in federal dollars, doubling the direct financial relief provided to Sunrise families.

Most importantly, 100% of the contributed funds go directly into securing childcare slots for local children. With zero administrative fees or costs deducted from the City's contribution, every single dollar is injected straight into the community to support Sunrise residents, enable parents to remain in the workforce, and sustain local early learning businesses.

By turning a $66,598 FY 2027 municipal contribution into a $133,196 community investment, the City is not only preparing children for school but directly stabilizing the revenue of Sunrise-based childcare small businesses.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Local Funding School Readiness Childcare Pool	5888044	5821446	**66598**
State of Florida School Readiness Childcare Match	5888044	5888044	**0**
All funds applied to childcare reimbursement only			**0**
			0
			0
			0
TOTALS	**11776088**	**11709490**	**66598**

Docusign Envelope ID: B3E0555C-3E8A-8F1C-8188-1848475805A4

Children's Services Council
of Broward County
Our Focus is Our Children.

BOARD MEMBERS

Jeffrey S. Wood
Chair
Governor Appointee

Dr. Christine Thompson
Vice Chair
Governor Appointee

Senator Nan Rich
Secretary
Broward County Commission

Honorable Lauren M. Alperstein
Judicial Member

Alyssa Foganholi
Governor Appointee

Dr. Howard Hepburn
Superintendent
Broward County Public Schools

Debra Hixon
Board Member
Broward County Public Schools

Julia Musella
Governor Appointee

Robert Shea
Child Protection Director, Southeast & Southern Regions
Department of Children & Families

Dr. Paula Thaqi
Director
Broward County Health Department

Vacant
Governor Appointee

STAFF
Cindy Arenberg Seltzer
President /CEO

LEGAL COUNSEL
John Milledge
Garry Johnsonz

April 9, 2026

Mayor Michael Ryan, City of Sunrise
10770 West Oakland Park Blvd
Sunrise, FL 33351

Re: Letter of Support for ELC Broward County – School Readiness Program

Dear Mayor Ryan,

On behalf of the Children's Services Council of Broward County (CSC), I am writing to enthusiastically endorse the Early Learning Coalition (ELC) of Broward County's application for the City of Sunrise Nonprofit Grant Program.

As a collaborative partner in Broward's early childhood ecosystem, CSC intimately understands the dual impact of the School Readiness program. It is much more than a childcare subsidy; it is a critical piece of economic infrastructure. For Sunrise families, ELC Broward removes one of the most significant barriers to workforce participation, allowing parents to remain employed or further their education. For the children, it guarantees access to safe, high-quality learning environments during their most formative developmental years.

Furthermore, ELC Broward's administration of these funds serves as a direct stabilization mechanism for Sunrise's local childcare businesses. The subsidies injected into these facilities ensure that small businesses thrive and early learning educators remain employed within the city limits.

When municipalities like Sunrise step up to invest alongside organizations like ELC Broward and CSC, it amplifies the impact of every dollar, creating a profound, compounding benefit for the community.

Thank you for your consideration and continued dedication to Sunrise families. If I can provide any additional information, please do not hesitate to reach out at 954-377-1675.

Sincerely,

Signed by:
Cindy Arenberg Seltzer
42AC4212A26543A...

Cindy Arenberg Seltzer
President/CEO
Children's Services Council of Broward County

healthy mothers, healthy babies®
coalition of broward county

Board Officers

Sarah Goldberg, Chair
Managing Director,
Audit & ARA Deloitte & Touche LLP

Joann McDaniel-Chinn
Medicaid Compliance Officer
Anthem, Inc.

Renee Podolsky
Past Chair
Director,
Community Health Director,
Florida Department of Health in Broward County

Ethel Edwards
Secretary
Community Volunteer Advocate

Theresa Sebastian
Treasurer
Retail Market Manager
Synovus

Board of Directors

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Frank Florio, Esq.
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Elizabeth Gassew
Director,
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Joann McDaniel-Chinn
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Anthem, Inc.

Marisa Pacitti
Community Volunteer Advocate

Tammy Scott Reese
Executive Director
Broward Health Point

Holly Tobin
Community Volunteer Advocate

Rachel Roberts
Risk Management Specialist
Broward Health

Date: April 3, 2026
Mayor Michael Ryan, City of Sunrise
10770 West Oakland Park Blvd
Sunrise, FL 33351

RE: Letter of Support for ELC Broward County – School Readiness Program

Dear Mayor Ryan,

On behalf of Healthy Mothers, Healthy Babies Coalition of Broward County, I am honored to strongly endorse the Early Learning Coalition (ELC) of Broward County's grant application to the City of Sunrise.

At Healthy Mothers and Healthy Babies, we know that family stability is deeply tied to economic security. The School Readiness program is a critical lifeline for new parents in Sunrise. By providing access to affordable, high-quality infant and toddler care, ELC Broward removes a massive source of financial and emotional stress. This program allows parents to return to the workforce or continue their education with the peace of mind that their youngest children are in safe, nurturing environments.

What sets ELC Broward apart is their dedication to wrap-around family support. They do not operate in a silo; they actively build safety nets for our most vulnerable residents. This exact dedication to community partnership is why they recently earned the **2-1-1 Broward Nonprofit of the Year Award for Collaboration**.

By funding ELC Broward, the City of Sunrise is investing in an award-winning network that provides immediate financial relief and workforce support to families when they need it most. I strongly urge the city to continue supporting this essential program.

Thank you for your time, leadership, and continued dedication to Sunrise families.
Sincerely,

Dawn Liberta
Executive Director
Healthy Mothers, Healthy Babies Coalition of Broward County

Healthy Mothers, Healthy Babies Coalition of Broward County, Inc., is a not-for-profit, community-based 501(c)3 organization whose mission is strengthening families and improving birth outcomes in the underserved community within Broward County through comprehensive programs, education, and access to

BROWARD COLLEGE | COMMUNICATION

Judson A. Samuels South Campus
7200 Pines Boulevard
Pembroke Pines, FL 33024
954-201-8723

April 2, 2026

Mayor Michael Ryan
City of Sunrise
10770 West Oakland Park Blvd
Sunrise, FL 33351

RE: Letter of Support for Early Learning Coalition of Broward County – School Readiness Program

Please accept this letter as my strong and enthusiastic endorsement of the Early Learning Coalition (ELC) of Broward County's grant application to the City of Sunrise. At Broward College, we witness firsthand the life-changing impact of the School Readiness program. For many of our student-parents, access to affordable, high-quality childcare is not merely a support service, it is the deciding factor in whether they can persist, complete their degrees, and transition successfully into the workforce. By alleviating this critical financial burden, ELC Broward empowers parents with stability and peace of mind, enabling them to fully invest in their education and career advancement.

The City of Sunrise's investment in this initiative yields far-reaching benefits beyond individual families. It strengthens the local economy by supporting small childcare businesses and sustaining the educators who serve our youngest learners. At the same time, it ensures that children enter school socially and academically prepared laying the foundation for long-term success that benefits the entire community. ELC Broward is a cornerstone of economic mobility and educational equity in our region. I strongly urge the City of Sunrise to continue and deepen its partnership with this essential organization to maximize its positive impact for Sunrise families and the broader community.

Thank you for your continued leadership and commitment to initiatives that strengthen education, families, and economic vitality.

Sincerely,

Dr. Amoy Reid
Dean of Academic Affairs, Broward College

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0255863245
Mar. 04, 2020 LTR 4168C 0
65-1060848 000000 00
00020741
BODC: TE

EARLY LEARNING COALITION OF
BROWARD COUNTY INC
% CHARLES M HOOD III
1475 W CYPRESS CREEK RD STE 301
FT LAUDERDALE FL 33309-1931

028212

Employer ID number: 65-1060848
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Feb. 26, 2020, about your tax-exempt status.

We issued you a determination letter in JULY 2001, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0255863245
Mar. 04, 2020 LTR 4168C 0
65-1060848 000000 00
00020742

EARLY LEARNING COALITION OF
BROWARD COUNTY INC
% CHARLES M HOOD III
1475 W CYPRESS CREEK RD STE 301
FT LAUDERDALE FL 33309-1931

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Steve M. Brown, Operations Manager
Operations 3-CIN

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

028212.228636.312465.12069 1 AB 0.419 530

EARLY LEARNING COALITION OF
BROWARD COUNTY INC
% CHARLES M HOOD III
1475 W CYPRESS CREEK RD STE 301
FT LAUDERDALE FL 33309-1931

028212

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0255863245

BODCD-TE

INTERNAL REVENUE SERVICE

CINCINNATI OH 45999-0038

Use for inquiries only

Letter Number: LTR4168C
Letter Date : 2020-03-04
Tax Period : 000000

651060848

EARLY LEARNING COALITION OF
BROWARD COUNTY INC
% CHARLES M HOOD III
1475 W CYPRESS CREEK RD STE 301
FT LAUDERDALE FL 33309-1931

651060848 SY EARL 00 2 000000 670 00000000000

The IRS address must appear in the window.

0255863245

BODCD-TE

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0102

Use for payments

Letter Number: LTR4168C
Letter Date : 2020-03-04
Tax Period : 000000

651060848

EARLY LEARNING COALITION OF
BROWARD COUNTY INC
% CHARLES M HOOD III
1475 W CYPRESS CREEK RD STE 301
FT LAUDERDALE FL 33309-1931

651060848 SY EARL 00 2 000000 670 00000000000


CITY OF SUNRISE
FLORIDA

Family Central, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Family Central, Inc.

Address: 819 NE 6th Ave.

City: Wilton Manors State: FL Zip: 33305

Telephone: 954-390-7654

Website: www.familycentral.org

Executive Director: Mark Dhooge

Executive Director's Email: MarkDhooge@familycentral.org

Contact: Janene Bussell

Contact's Email: JaneneBussell@familycentral.org

Donation Request Amount: $ 5,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

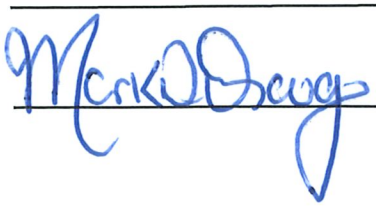
Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so far through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Mark Dhooge, CEO

Signature:  Date: 4/23/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

Family Central's vision is that all children have the capacity to realize their dreams. Its mission is to strengthen relationships and create nurturing communities where children and families flourish. Founded in 1971, Family Central serves more than 18,000 children and families annually across Miami-Dade, Broward, and Palm Beach counties through programs focused on family support, early childhood education, parenting, nutrition, and benefits access. The organization's goals are to strengthen families, promote child well-being, and improve access to services and opportunities that help children and families thrive. Family Central is governed by a five-member Board of Directors and employs 96 staff. Family Central is affiliated with Kids In Distress, Inc. (KID), which provides shared organizational support and expanded operational capacity.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

This project aligns with the Priority Area of Health, Wellness or Nutrition. Through Family Central's Child Care Food Program, the proposed Sunrise Garden to Table Nutrition Project will provide nutrition education, container gardening materials, and hands-on learning activities for children attending four participating child care sites in the City of Sunrise. The project is expected to benefit approximately 163 children by helping them build healthy eating habits, learn where food comes from, and participate in age-appropriate activities that promote nutrition and wellness. Educational materials provided through the project, including take-home handouts for families, will help reinforce healthy habits and increase exposure to healthy foods, nutrition, and wellness concepts for children in the Sunrise community.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Family Central has provided services in the City of Sunrise through its Child Care Food Program since 2008. The program currently supports four participating child care sites in Sunrise, including two child care centers and two family child care homes, serving approximately 163 children. Through ongoing monitoring, training, technical assistance, and nutrition support, Family Central has maintained an active presence in the Sunrise community. In addition to the Child Care Food Program, Family Central has also served Sunrise residents through other family support and early childhood programs, reflecting the organization's broader and ongoing commitment to the community.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

The proposed project is expected to directly impact approximately 163 children at four participating child care sites in Sunrise. Of that total, 95 children are currently confirmed to reside in the City of Sunrise and represent the anticipated number of Sunrise residents to be served with the requested funding.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

Performance will be measured by: (1) the number of participating Sunrise child care sites implementing the project, (2) the number of children engaged in project activities, (3) the number of nutrition education and container gardening materials distributed to participating sites and made available to families through take-home educational materials, and (4) provider reports documenting implementation, participation, and observed child engagement. Success will be demonstrated by completion of project activities at participating Sunrise sites and by direct delivery of nutrition and wellness education resources that benefit Sunrise children in the Priority Area of Health, Wellness or Nutrition.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

The primary collaborators for this project will be the participating child care sites in Sunrise, including two child care centers and two family child care homes enrolled in Family Central's Child Care Food Program. These sites will help implement container gardening and nutrition activities, engage children in hands-on learning, and provide take-home educational materials to families. This collaboration will extend nutrition education beyond the classroom and into Sunrise households. Ancillary benefits may include provider feedback, project photos, and potential opportunities to highlight the City's support for child wellness and nutrition through presentations or related outreach activities, such as Department of Health conference participation.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

This project is essential because early childhood is a critical period for developing healthy eating habits, building awareness of nutrition, and shaping behaviors that support long-term wellness. Young children learn best through hands-on, age-appropriate experiences, and this project will provide meaningful opportunities for children in Sunrise to participate in container gardening activities, learn about healthy foods, and better understand the connection between food, health, and daily habits.

The project will address the need within the Sunrise community for practical nutrition and wellness education that directly benefits local children and supports family engagement. Through Family Central's Child Care Food Program, participating Sunrise child care sites will receive materials and resources to implement nutrition-focused learning activities, while families will receive take-home educational materials that reinforce nutrition and healthy habits beyond the classroom. By promoting early exposure to healthy foods and wellness concepts, the project will provide a direct public benefit to Sunrise residents and support the City's Priority Area of Health, Wellness or Nutrition.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

The requested funds will be used to provide container gardening supplies, seeds and plant materials, nutrition education resources, and related project support materials for children at participating Sunrise child care sites. These materials will support hands-on learning activities that help children explore healthy foods, container gardening, and wellness in an age-appropriate way, while reinforcing nutrition concepts through classroom-based education.

This use of funds serves a public purpose by delivering educational and wellness resources that directly benefit Sunrise children in community-based settings. By increasing access to nutrition-focused activities and materials, the project will promote healthy habits and provide a clear benefit to Sunrise residents within the Priority Area of Health, Wellness or Nutrition.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Gardening supplies	$ 1,600.00		**$ 1,600.00**
Seeds and plant materials	$ 500.00		**$ 500.00**
Classroom nutrition education materials	$ 1,300.00		**$ 1,300.00**
Family nutrition education handouts	$ 1,000.00		**$ 1,000.00**
Project support materials	$ 600.00		**$ 600.00**
			$ 0.00
TOTALS	**$ 5,000.00**	**$ 0.00**	**$ 5,000.00**

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248188029
Feb. 20, 2018 LTR 4168C 0
59-1487190 000000 00
00018414
BODC: TE

FAMILY CENTRAL INC
1415 W CYPRESS CREEK RD
FORT LAUDERDALE FL 33309

021496

Employer ID Number: 59-1487190
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Feb. 09, 2018, regarding your tax-exempt status.

We issued you a determination letter in September 1978, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248188029
Feb. 20, 2018 LTR 4168C 0
59-1487190 000000 00
00018415

FAMILY CENTRAL INC
1415 W CYPRESS CREEK RD
FORT LAUDERDALE FL 33309

Sincerely yours,

Kim A. Billups, Operations Manager
Accounts Management Operations 1


CITY OF SUNRISE
FLORIDA

Farm Share, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Farm Share

Address: 14125 sw 320th St

City: Homestead State: Fl Zip: 33033

Telephone: 786.447.8674

Website: farmshare.org

Executive Director: Stephen Shelley

Executive Director's Email: stephen@farmshare.org

Contact: Mario Lopez

Contact's Email: mario@farmshare.org

Donation Request Amount: $ 60,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
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- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Mario Lopez

Signature: 

Date: 4/16/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

Farm Share is a 501(c)(3) nonprofit food bank dedicated to eliminating food insecurity across Florida by distributing fresh produce, proteins, and staple goods directly to households in need. Our mission is to provide nutritious food to underserved communities while reducing food waste and strengthening local partnerships.

Our goals include: (1) maximizing the volume of food distributed to low-income households; (2) expanding direct-to-resident distribution programs in municipalities such as Sunrise; (3) recovering surplus agricultural products from Florida farmers for community benefit; and (4) reducing the economic barrier to food access through cost-covered distributions.

Farm Share operates under a Board of Directors that provides governance and strategic oversight. Our organization employs dedicated operations staff and route coordinators, supported by a network of partner agencies and volunteers across Broward County and Florida.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

This program aligns with Priority Area 3: Health, Wellness, or Nutrition.

Farm Share proposes to conduct direct 10-lb produce and food box distributions to 500 Sunrise households per distribution event. Each box is sourced from Florida farmers including growers in Immokalee. The all-in cost per box is $15.00 per household. This cost-recovery model makes fresh, nutritious food accessible to low-income residents who could not otherwise afford comparable quantities at retail.

In 2025, Farm Share conducted 137 distribution events in Sunrise, reaching 632,448 cumulative household visits and distributing 332,688 pounds of food.

A $60,000 City of Sunrise donation would fund 7 complete 500-household distributions, delivering 35,000 pounds of food to 3,500 Sunrise households.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Farm Share has served the City of Sunrise and surrounding Broward County communities for well over 365 days prior to this application deadline. In calendar year 2025 alone, Farm Share conducted 137 documented distribution events in Sunrise, Florida, serving Sunrise-based partner agencies and their affiliated households throughout every quarter of the year.

Farm Share's distribution operations in Sunrise are coordinated through longstanding partner agencies including Jubilee of Praise, Sunrise SDA Church, Sunrise COG of Prophecy, Full Gospel Church, First Baptist Church of Sunrise, and LifePoint Church. These relationships have been built over multiple years and represent an established, trusted infrastructure for food delivery within the Sunrise community.

Farm Share's Broward County operations have been active for multiple years and our local warehouse has been serving as the regional hub. Our documented service history in Sunrise is verifiable.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

Program Goal:
With a $60,000 City of Sunrise donation, Farm Share will conduct 7 complete 500-household distribution events in Sunrise during the FY 2026/2027 grant period, serving a total of 3,500 Sunrise households and distributing 35,000 pounds of fresh food.

Each distribution event serves exactly 500 Sunrise households, 100% Sunrise residents.
Each household receives one 10 lb box containing fresh produce, proteins, and staple items.

Cost breakdown:
Box procurement and delivery: 3,500 boxes x $15.00 = $52,500.00
Fuel for 7 distribution events = $6,961.56
Driver labor for 7 events, 4 hrs x $19.23 per hour = $538.44
Total program cost: $60,000.00
Farm Share will maintain distribution records for all events.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

Farm Share will use the following quantifiable metrics to evaluate program success:

Number of distribution events completed:
- Target, 7 events over the grant period, one per reporting period.
- Number of Sunrise households served per event: Target, 500 households.
- Total pounds of food distributed to Sunrise residents: Target, 5,000 lbs per event, 500 boxes x 10 lbs, 35,000 lbs over 7 events.
- Total 10 lb boxes distributed: Target, 500 per event, 3,500 total, serving Sunrise residents.
- Food value per household served: Target, $15.00 per 10 lb box provided to each working family struggling to put food on the table.
- Percentage of participants verified as Sunrise residents: Target, 100%.

All metrics will be reported in quarterly status reports submitted to the City of Sunrise Budget Office by the required due dates.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

Farm Share has established longstanding distribution partnerships with the following Sunrise-based organizations:

- Jubilee of Praise (Sunrise, FL): Long-term distribution partner.
- Sunrise SDA Church (Sunrise, FL): Active distribution partner.
- Sunrise COG of Prophecy (Sunrise, FL): Distribution partner.
- Full Gospel Church (Sunrise, FL): Distribution partner.
- First Baptist Church of Sunrise (Sunrise, FL): Distribution partner.
- LifePoint Church (Sunrise, FL): Distribution partner.

These partner agencies provide distribution space, volunteer support, and community outreach to identify households in need. They have an established presence in Sunrise and serve as trusted contacts for food-insecure residents.

Farm Share also maintains partnerships with Florida farmers including growers in Immokalee who supply the 10-lb produce boxes distributed through this program, reducing food waste at the farm level while providing nutritious food to urban communities. These produce boxes contain fresh fruits and vegetables which vary based on the harvest season.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

Food insecurity is a persistent challenge in South Florida. Many Sunrise residents, including working families and seniors on fixed incomes, face consistent difficulty affording adequate nutritious food, particularly fresh food.
Farm Share's direct 500 household distribution program addresses this need in three essential ways.

- First, it removes the cost barrier. Each 10 lb box provides fresh produce and proteins at a value of $15.00 per household, making nutritious food accessible to working families who are struggling to put food on the table.
- Second, it ensures nutritional quality. Farm Share's boxes contain fresh produce sourced directly from Florida farmers, supporting better health and nutrition outcomes for recipients.
- Third, it delivers scale and reach. Farm Share's logistics infrastructure, including refrigerated trucks, trained drivers, and an established Sunrise partner network, allows high volume distributions reaching 500 households in a single four hour event.

Without City support, Farm Share's ability to conduct structured 500 household events in Sunrise is limited by the full cost of distribution operations. A City of Sunrise investment would directly enable 7 complete events, delivering 35,000 pounds of food to 3,500 Sunrise households.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

All $60,000 in City of Sunrise funds will be used exclusively for direct food distributions to Sunrise residents. No funds will be transferred to any other organization.

Funds will support the delivered cost of 10 lb food boxes, including procurement, logistics, and distribution operations for each event.

Farm Share will conduct 7 complete 500 household distribution events, serving 3,500 Sunrise households and distributing 35,000 pounds of fresh, nutritious food.

Farm Share will provide complete expenditure documentation, distribution records, and household verification in each quarterly report to certify full compliance with the City of Sunrise Nonprofit Donation Program requirements.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Cost of Food Boxes (3,500 boxes @ $15.00)	$ 52,500.00	$ 0.00	**$ 52,500.00**
Fuel for Distribution Events	$ 6,961.56	$ 0.00	**$ 6,961.56**
Labor	$ 538.44		**$ 538.44**
			$ 0.00
			$ 0.00
			$ 0.00
TOTALS	**$ 60,000.00**	**$ 0.00**	**$ 60,000.00**

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 03 1997

FARM SHARE INC
C/O PATRICIA ROBBINS
300 N KROME AVE
FLORIDA CITY, FL 33034-3414

Employer Identification Number:
65-0342192
DLN:
17053271800007
Contact Person:
D. A. DOWNING
Contact Telephone Number:
(513) 241-5199
Our Letter Dated:
October 1993
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

C. Ashley Bullard

District Director

Letter 1050 (DO/CG)

40+

Double Dutch Club


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: 40+ Double Dutch

Address: 7631 S. Yates Blvd 1st Fl Unit Three

City: Chicago State: IL Zip: 60649

Telephone: 708-612-4267

Website: www.40plusdoubledutchclub.org

Executive Director: Pamela Robinson

Executive Director's Email: 40plusdoubledutch@gmail.com

Contact: Adrienee Philpart & Felisha Davis (South Florida Contacts)

Contact's Email: marlise1908@yahoo.com & adfd731@gmail.com

Donation Request Amount: $ 4,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Pamela Robinson

Signature: Pamela Robinson Date: 4/21/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

The 40+ Double Dutch Club is a unified Sisterhood that exists to empower women in mental health and physical fitness, all while inspiring them in friendship, fitness, fun and fellowship. We envision a world where aging is celebrated through prioritizing health, serving communities, and empowering women.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The 40+ DDC will focus on both mental and physical well-being. Our play date activities are designed to provide the information and physical activities needed to promote better health and minimize chronic illness so often found in many communities. there is also a mental health component called the Sister Circle where women are encouraged to discuss things that are affecting then, both the good and the bad. Sister Circle is regarding as a transformational connection for women to bond and realize that they are not alone in life's journey.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Over the past year, the organization has actively supported Sunrise residents through the following community-based initiatives and events, all conducted within the City of Sunrise:4th of July Parade – July 4, 2025 (Sunrise):Participation and community engagement in a citywide celebration serving families and residents of all ages. Back-to-School Event – August 2025 (Sunrise):Distribution of essential school supplies to Sunrise students and families, supporting educational readiness and reducing financial burden. Cultural Festival – November 8, 2025 (Sunrise):Celebration of cultural diversity, community unity, and resident engagement through inclusive programming and outreach;Holiday Dinner (Volunteer Support) – December 2025 (Sunrise):Volunteer-led food service and community support for residents during the holiday season, focusing on families with children.5th Annual Heart Health in Style Fashion Show – February 6, 2026 (Sunrise):A signature wellness event promoting heart-health awareness, preventive care, and healthy lifestyle education for adults and seniors. Sunrise Farmers Market – February 14, 2026 (Sunrise):Support for food access and nutrition through healthy food by provide $10 voucher to the Sunrise residents, Farmers Market – March 14, 2026 (Sunrise):Support for food access and nutrition through healthy food by provide $10 voucher to the Sunrise; Community Resource Fair – March 7, 2026 (Sunrise):Direct distribution of resources, health supplies

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

The program/project is expected to directly impact more than 500 - 1000 individuals through a combination of community wellness initiatives, food access support, recreational programming, and educational resources delivered throughout the fiscal year.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

The success of the 40+ Double Dutch Program/Project will be evaluated and reported using clearly defined, measurable performance metrics that demonstrate direct and substantial benefits to Sunrise residents within the identified Priority Areas.
Program Engagement and Retention...
*Attendance tracking to measure consistency and retention of participants over time
*Percentage of participants who reside within the designated

Health and Wellness Outcomes:
*Self-reported improvements in physical activity levels, energy, balance, and overall wellness, collected through pre- and post-program surveys
*Participant feedback on stress reduction, social connectedness, and mental well-being
*Percentage of participants reporting increased confidence in physical activity

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

The 40+ South Florida ladies has collaborated with several organizations in Sunrise and Ft. Lauderdale areas. We have been vendors at several of the city's events: Farmers Market (Sunrise), Family Resources Center (Sunrise) Earth Day (Sunrise) July 4th Parade (Sunrise), 40+have also donated food to the Sunrise pantry and holiday toys to Sunrise families 2025 along with providing $10 vouchers for Sunrise residents to use at the Farmers market. .

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

The 40+ Double Dutch program is essential because it addresses critical health, wellness, and social-connection needs within the Sunrise community, particularly for adults and seniors who may have limited access to engaging, age-appropriate physical activity programs. As many residents age, opportunities for fun, low-cost, and culturally relevant exercise decrease, contributing to higher risks of chronic conditions such as heart disease, diabetes, obesity, and social isolation.
The 40+ Double Dutch program offers a safe, inclusive, and enjoyable form of physical activity that improves cardiovascular health, balance, coordination, and mental well-being while minimizing the intimidation often associated with traditional fitness programs.
The 40+ Double Dutch program addresses the Sunrise community's needs for:
*Increased physical activity opportunities for adults and seniors
*Improved cardiovascular and mental health
*Reduced social isolation and strengthened community connections
*Accessible, culturally engaging wellness programming
The program also supports community engagement and wellness equity by providing an accessible activity that requires minimal equipment and can be adapted for varying ability levels. It encourages consistent participation, promotes healthy lifestyle habits, and creates a welcoming space for individuals who may not otherwise participate in organized fitness programs.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

Funds will be used to bring together women over 40 together and during this time together individual will learn about and engage in activities that will enhance the mental and physical well-being of women. These active will benefit the City of Sunrise resident because most of the events will be held during city events as as Family Resource Center, Farmers Market , July 4th parade, Back to School. We look forward to participating in future existing and new events.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Equipment Purchase	$ 2,000.00	$ 0.00	**$ 2,000.00**
Engagement and Entertainment	$ 1,500.00	$ 0.00	**$ 1,500.00**
Brochure and Literature	$ 500.00	$ 0.00	**$ 500.00**
			$ 0.00
			$ 0.00
			$ 0.00
TOTALS	**$ 4,000.00**	**$ 0.00**	**$ 4,000.00**

40+ **DOUBLE DUTCH CLUB**

40+ Double Dutch
7631 Yates Blvd
Chicago, IL 60649
pamrobinson@gmail.com
(708) 612-4267

June 1, 2026

City of Sunrise
10770 W. Oakland Park Blvd
Sunrise, FL 33351

To whom it may concern,

On behalf of 40+ Double Dutch, I am writing to express our gratitude for your generous donation to our organization. Your support means the world to us, and it plays a crucial role in helping us fulfill our mission of empowering women in mental health and physical fitness through fitness, fun, and fellowship.

With your support of $4000.00, we were able to obtain the following items below.

$566.00 - Hula Hoops & coolers - January 1, 2026
$413.67 - Water & hygiene kits March 7, 2026
$500 for Farmer's Market -January 10, 2026. Distributed to Sunrise residents via $10 voucher
$100 for Farmer's Market - February 14, 2026 -Distributed to Sunrise residents via $10 voucher
$100 for Farmer's Market in March 14, 2026 - Distributed to Sunrise residents via $10 voucher
$100 for Farmer's Market in April 11, 2026 -Distributed to Sunrise residents via $10 voucher
$100 for Farmer's Market in May 9, 2026 - Distributed to Sunrise residents via $10 voucher

With warm regards,

Pamela Robinson

Pamela Robinson

CEO/Founder

40+ Double Dutch Club

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

40 DOUBLE DUTCH CLUB
7631 YATES BLVD
CHICAGO, IL 60649

Date:
09/01/2022
Employer ID number:
84-3202033
Person to contact:
Name: Benjamin L Davis
ID number: 31465
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
September 19, 2019
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053747004531

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

You formed September 19, 2019, and filed your Form 1023, *Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code*, on December 9, 2021. You failed to file a required annual return or notice (Form 990, Form 990-EZ, Form 990-PF, or Form 990-N) for three consecutive years after you formed and while your application was pending. As a result, your tax-exempt status was automatically revoked on May 15, 2022, the due date of your third year return or notice. We're treating your Form 1023 as an application for reinstatement and are recognizing your exemption as reinstated on the same day it was automatically revoked. As a result, you are recognized as tax exempt continuously from the effective date of exemption as listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements


CITY OF SUNRISE
FLORIDA

Goodman Jewish Family Services


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Dr. Stanley and Pearl Goodman JFS of Broward County, Inc.

Address: 5890 S. Pine Island Road, Suite 201

City: Davie State: FL Zip: 33328

Telephone: 954-370-2140

Website: https://www.jfsbroward.org/

Executive Director: Randy Colman

Executive Director's Email: rcolman@jfsbroward.org

Contact: Sandra Ala

Contact's Email: sala@jfsbroward.org

Donation Request Amount: $ 20,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☐ Health, Wellness, or Nutrition
- ☑ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

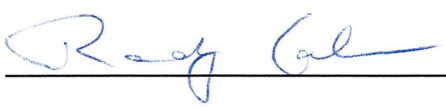
Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Randy Colman, President & CEO

Signature:  Date: 04/07/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

Dr. Stanley and Pearl Goodman JFS of Broward County, Inc. (Goodman JFS) is dedicated to strengthening the well-being and resilience of individuals and families across Broward County. We provide person-centered, comprehensive social services that empower people of all ages, faiths, and backgrounds to achieve stability, dignity, and independence. Goodman JFS delivers wraparound support through three core service areas: Basic Needs Services, Older Adult and Holocaust Survivor Assistance, and Crisis and Trauma Support.

Our organizational goals focus on addressing food insecurity, supporting Broward's aging population, stabilizing individuals and families in crisis, and promoting long-term self-sufficiency through coordinated care and access to critical resources.

Goodman JFS is governed by a committed Board of Directors compromised by community leaders who provide strategic oversight and ensure strong stewardship of resources. The organization is supported by a dedicated team of professional staff and a network of engaged volunteers who play an integral role in service delivery and community outreach.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

Goodman JFS is requesting funding through the Shelter and Housing focus area for the Financial Assistance program. This program will provide a direct and meaningful benefit to the City of Sunrise community by preventing housing instability and reducing the risk of homelessness among vulnerable residents. By offering targeted support for rent, mortgage, and utility payments, the program enables individuals and families to remain safely housed during periods of financial hardship.

This proactive approach not only stabilizies households but also reduces the strain on emergency services, shelters, and other community resources. By intervening early, the program helps prevent short-term financial challenges from escalating into long-term crises that are more difficult and costly to address.

Additionally, the program promotes overall economic stability within the community by allowing residents to maintain employment, support their families, and remain connected to essential services. Through a combination of immediate financial relief and connections to supportive services, Goodman JFS' s wraparound service model ensures that clients receive comprehensive, coordinated care that addresses both immediate needs and the underlying causes of financial instability, enhancing quality of life, and contributing to a stronger, more stable Sunrise community.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Goodman JFS has consistently served Sunrise residents by providing a comprehensive continuum of social services designed to meet both immediate and long-term needs. Since July 2025, Goodman JFS has supported more than 250 Sunrise residents, demonstrating both the dept of need within the community and our capacity to respond effectively. All agency programs are accessible to Sunrise community members, ensuring equitable access to critical supports across the lifespan.
Services include assistance for survivors of domestic violence, a food pantry addressing food insecurity, emergency financial assistance, home care, and intensive care coordination and case management for older adults and Holocaust survivors. Goodman JFS also provides rapid response support for individuals who are unhoused or at risk of imminent homelessness, as well as mental health counseling and social skills development for neurodivergent adults. Additional programs support veterans and their families through housing and financial assistance, alongside workforce development services that promote economic self-sufficiency.
Importantly, Goodman JFS operates our RAK PAK Clothing Closet located in Sunrise, offering residents direct, local access to essential items and further strengthening the agency's on-the-ground presence within the community.
Beyond direct services, Goodman JFS actively engages with the Sunrise community by participating in local events and resource fairs, helping to connect residents with available support and increase awareness of critical services.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

With a $20,000 allocation, Goodman JFS anticipates directly assisting approximately 30 Sunrise residents through the Financial Assistance Program. This projection is based on the program's average cost per client and reflects the ability to provide meaningful, stabilizing support to individuals and families in need.

Last fiscal year (July 2024 - June 2025), Goodman JFS received 262 inquiries from Sunrise residents seeking assistance; however, due to limited designated funding, the program has only been able to support 10 individuals. To meet this urgent need, the agency has already distributed over $15,000 in financial assistance to Sunrise residents and has had to leverage and reallocate funds from other sources to do so.

This gap between demand and available resources highlights the critical need for additional investment. Increased funding would significantly expand the program's capacity to serve more Sunrise residents, ensuring timely assistance and preventing financial crises from escalating.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

The Financial Assistance program will track key performance metrics monthly to ensure accountability, effectiveness, and impact. These metrics include the number of calls received, online applications submitted, clients served, and the total number of individuals impacted per household.

In addition, the program will monitor the total dollar amount of assistance distributed, as well as the types of support provided, including rent or mortgage and utility assistance. Comprehensive demographic data such as age, gender identity, race, ethnicity, religion, and city of residence will also be collected and analyzed.

Together, these measures will inform strategic decision-making, support equitable resource allocation, and enable ongoing evaluation of the program's impact across Sunrise and the broader Broward County community.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

Goodman JFS's Financial Assistance program is supported through funding from the Cities of Hollywood, Plantation, and Pompano Beach, as well as the United Way of Broward County and Holman Automotive. These investments, combined with a robust network of 140 community partner organizations, enable the program to more fully meet clients' financial assistance needs through coordinated and comprehensive support.

In addition, Goodman JFS partners with the Knowledge of Financial Education (KOFE) program through Consolidated Credit to provide clients with access to financial literacy resources. This collaboration equips individuals with the tools and knowledge needed to build sustainable financial habits and work toward long-term financial stability.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

The Financial Assistance Program is essential to addressing the growing economic challenges faced by residents in the Sunrise community. Rising housing costs, inflation, and stagnant wages have placed increased strain on low- and moderate-income households, leaving many individuals and families with one unexpected expense away from financial crisis. For vulnerable populations including older adults, individuals with disabilities, and working families, these pressures can quickly lead to housing instability, utility disconnections, and, in some cases, homelessness.

This program directly addresses these urgent needs by providing timely financial assistance for rent, mortgage, and utility payments, helping residents maintain stable housing and avoid crisis situations. In addition to immediate relief, the program connects clients to supportive services and financial education resources, addressing the root causes of financial instability, and promoting long-term self-sufficiency.

By serving as both a safety net and a pathway to stability, the Financial Assistance Program fills a critical gap in the Sunrise community. It not only prevents emergencies from escalating but also strengthens overall community well-being by ensuring residents can remain safely housed, financially secure, and connected to essential resources.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

If awarded, the requested funds will strengthen the Financial Assistance Program' s capacity to deliver critical support to Sunrise residents experiencing financial hardship. This investment will help prevent housing instability, utility disconnections, and other urgent crises by expanding access to timely and flexible assistance.

By prioritizing the city's most vulnerable populations, the program will promote economic stability, enhance quality of life, and ensure access to essential services. Ultimately, this funding will support long-term financial resilience and contribute to the overall well-being of the community.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Rent/Mortgage/HOA Assistance	$ 33,500.00	$ 17,500.00	**$ 16,000.00**
Utilities	$ 42,000.00	$ 40,000.00	**$ 2,000.00**
Program Support	$ 46,375.00	$ 44,375.00	**$ 2,000.00**
Administrative Support	$ 10,000.00	$ 10,000.00	**$ 0.00**
			$ 0.00
			$ 0.00
TOTALS	**$ 131,875.00**	**$ 111,875.00**	**$ 20,000.00**

IRS Department of the Treasury
Internal Revenue Service
Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0256410411
Oct. 13, 2020 LTR 4168C 0
59-0995106 000000 00
00015272
BODC: TE

DR STANLEY AND PEARL GOODMAN JFS OF
BROWARD COUNTY INC
5890 S PINE ISLAND RD KATZ BUILDING
DAVIE FL 33328-5937

044399

Employer ID number: 59-0995106
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Oct. 05, 2020, about your tax-exempt status.

We issued you a determination letter in January 1963, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0256410411
Oct. 13, 2020 LTR 4168C 0
59-0995106 000000 00
00015273

DR STANLEY AND PEARL GOODMAN JFS OF
BROWARD COUNTY INC
5890 S PINE ISLAND RD KATZ BUILDING
DAVIE FL 33328-5937

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Steve M. Brown, Operations Manager
Operations 3-CIN


CITY OF SUNRISE
FLORIDA

Hope Unite International, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Hope Unite International, Inc.

Address: 7922 Sienna Springs Drive

City: Lake Worth State: FL Zip: 33463

Telephone: 561-989-4811

Website: www.HopeUnite.org

Executive Director: Crystal Adams-Scott

Executive Director's Email: Crystal@HopeUnite.org

Contact: Cheri Doten

Contact's Email: CheriD@HopeUnite.org

Donation Request Amount: $ 5,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☑ Early Childhood Education
- ☐ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Crystal Adams-Scott

Signature: /s/ Crystal Adams-Scott Date: 4/24/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

Hope Unite International envisions a Sunrise community where every life is valued, every person feels connected, and mental wellness is openly supported. The organization vision centers on reducing stigma ensuring residents have timely access to 24/7 early intervention support and community based resources. Its mission is to reduce suicide and promote lifelong mental wellness through prevention focused education, kindness based outreach, meaningful connection, trauma informed support, and resource navigation. Programs are designed to equip individuals and families with coping skills and awareness before challenges escalate into crisis.

Program goals include increasing awareness of suicide warning signs, improving access to supportive resources, strengthening emotional resilience, and fostering a culture of compassion and early intervention within the community. Core initiatives include the You Matter Movement and the Kids for Kindness program, which use structured, neuroscience informed practices to support empathy, emotional regulation, and help seeking behavior across age groups.

Hope Unite International is governed by a volunteer board that provides oversight, fiscal stewardship, compliance, and strategic direction. Programming is delivered through trained volunteers, ambassadors, and community partners, supported by a growing support network. This structure allows the organization to operate efficiently, scale outreach when needed, and maintain accountability and responsible use of resources while responding to community needs.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

This request aligns with the City of Sunrise Priority Area of Health and Wellness. Hope Unite' s proposed mental wellness and suicide prevention initiative benefits Sunrise residents through education, outreach, and prevention focused programming that supports emotional well being and reduces barriers to accessing help.

Activities are designed to help residents recognize early warning signs, understand how and where to seek support, and engage with stigma free resources. Community based outreach at City events, distribution of educational materials, and connection to appropriate referral networks ensure services are accessible and relevant to Sunrise residents.

Key initiatives include the You Matter Movement, which promotes connection and awareness of support resources through community outreach, and Kids for Kindness, a structured program for children ages 7 – 11 that builds emotional regulation, empathy, and positive coping skills during an important developmental stage. Together, these efforts contribute to healthier individuals, families, and neighborhoods throughout Sunrise.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Hope Unite has served Sunrise residents continuously for more than 365 days prior to the application deadline through community outreach, mental health awareness activities, suicide prevention education, and support access. Services have included distribution of resource connected materials, engagement in prevention focused discussions, and direct support to individuals and families through the organization's support network.

The organization has engaged residents through City of Sunrise events, participated in community vigils honoring lives lost to suicide, and received recognition during Mental Health Awareness initiatives. These sustained efforts have increased awareness of available support services and provided early intervention for individuals experiencing distress, demonstrating ongoing service and commitment to the Sunrise community.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

During the one year pilot period, Hope Unite anticipates directly serving approximately 75 - 100 individuals through education, outreach events, prevention activities, and support access. Services may include participation in workshops, community engagement activities, and connection to appropriate resources. At least 50 of the individuals served are expected to be Sunrise residents who will directly benefit from services supported by the City of Sunrise donation. A significant portion of program activities will be delivered within Sunrise through City supported events and outreach, ensuring the primary benefit accrues to local residents.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

Program effectiveness will be measured using objective, quantifiable metrics including the number of Sunrise residents served, outreach materials distributed, hotline interactions, and resource referrals provided. Outcome indicators will also include continued engagement with support services and self-reported improvement in mental wellness, demonstrating meaningful behavioral impact.

Additional indicators include attendance at educational sessions, community engagement metrics, and participant feedback. Outcomes will focus on increased awareness of suicide prevention resources, improved understanding of warning signs, and increased willingness to seek help.

All metrics will be tracked and reported through required quarterly reports.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

Hope Unite collaborates with volunteers, community members, ambassadors, sponsors, and informal partners to expand outreach and ensure services are accessible and responsive to the needs of Sunrise residents. Where applicable, collaborations may include individuals, advocacy groups, schools, or service providers that support mental health awareness and suicide prevention efforts.
These partnerships enhance outreach, increase program visibility, and expand reach within the Sunrise community without increasing costs to the City. Shared outreach opportunities and community engagement activities strengthen program effectiveness, and letters of support or additional partnership information can be provided upon request.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

Mental health challenges and suicide risk affect residents of all ages in Sunrise and are often exacerbated by stigma, isolation, and limited awareness of early support options. Many individuals delay seeking help due to uncertainty about where to turn or concerns about judgment.
This program is important because it emphasizes prevention—providing education, connection, kindness based outreach, and accessible support before challenges escalate into crisis situations. By addressing gaps in preventive care through early intervention and community based engagement, the program strengthens overall community well being and supports healthier outcomes for Sunrise residents.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

The requested funds will serve a clear public purpose by supporting prevention based mental wellness activities that directly and substantially benefit Sunrise residents. The program focuses on improving mental wellness awareness, reducing crisis risk, and increasing access to supportive resources within the Sunrise community.
The program complements existing public health and safety services by providing accessible entry points to support, strengthening local referral pathways, and encouraging early intervention before challenges escalate into crises. By promoting healthier outcomes and reducing the long term community impact of preventable mental health emergencies, the program provides a direct and measurable public benefit.
All City funds, if awarded, will be used exclusively for program delivery and outreach activities that benefit Sunrise residents.

The total annual cost of the proposed pilot program includes educational materials, community outreach resources, Kids for Kindness program supplies, and basic program coordination necessary to deliver prevention focused services.

Volunteer support, donated materials, and other in kind contributions will supplement program delivery. If awarded partial funding at a lower amount, funds will be applied proportionately to program activities to ensure continued service delivery and maximize community impact

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	**Expense (A)**	**Other Funding Sources (B)**	**Total Amount Requested (A-B)**
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Printing / Sharing Awareness (1,500 seeded cards)	$ 1,500.00		**$ 1,500.00**
Training 10 Volunteers / 5 Program Coordinators	$ 500.00		**$ 500.00**
Kids for Kindness Supplies (60 kids)	$ 3,000.00		**$ 3,000.00**
			$ 0.00
			$ 0.00
			$ 0.00
TOTALS	**$ 5,000.00**	**$ 0.00**	**$ 5,000.00**

HOPE UNITE INTERNATIONAL

One You. One World. One Big Change.

Info@hopeunite.org (855) 571-HOPE (4673) www.HopeUnite.org

City of Sunrise Commission

20 April 2026

Dear Honorable Members of the Commission,

On behalf of Hope Unite International, we respectfully submit this request for $5,000 in support of mental wellness, suicide prevention and youth development programming benefiting Sunrise residents. Our programs directly address rising youth mental health challenges through accessible, evidence-informed solutions.

The need for accessible, preventative mental wellness resources has reached a critical level. Youth and families are increasingly facing emotional and social challenges without adequate support systems.

In 2025 alone, Hope Unite delivered over 23,000 outreach touchpoints and directly supported 43 individuals, including successful rehabilitation outcomes and reduced suicide ideation.

This funding represents a timely opportunity to intervene early, prevent escalation, and provide meaningful support to Sunrise residents. This initiative delivers measurable outcomes, aligns with City priority areas, and fulfills a clear public purpose.

Respectfully,
Crystal Adams
Executive Director

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

HOPE UNITE INTERNATIONAL
10141 DARA COURT
BOCA RATON, FL 33428

Date:
12/17/2021
Employer ID number:
87-1997616
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (877)829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 15, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053660002211

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P


CITY OF SUNRISE
FLORIDA

JAFCO (Jewish Adoption and Family Care Options)


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: JAFCO

Address: 4200 N University Dr

City: Sunrise State: FL Zip: 33351

Telephone: 954-749-7230

Website: www.jafco.org

Executive Director: Justin Kohlhagen

Executive Director's Email: justin@jafco.org

Contact: Rebecca Salus Hodge

Contact's Email: rebecca@jafco.org

Donation Request Amount: $ 10,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☐ Health, Wellness, or Nutrition
- ☑ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Justin Kohlhagen, CEO

Signature:  Date: 4/15/26

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

The JAFCO Children's Emergency provides safe, nurturing, and immediate care for children who have experienced abuse, neglect, abandonment, or family crisis. Our vision is that every child grows up in a safe, stable, and loving environment where they can heal and thrive.

JAFCO's mission is to provide care, safety and support to children and their families within the Jewish community and beyond who are impacted by abuse, neglect, trauma, or developmental disabilities. The Emergency Shelter advances this mission by offering 24/7 residential care in a safe, home-like setting that stabilizes children during times of crisis while supporting their emotional, behavioral, and developmental needs. The program works closely with families, caregivers, and child welfare systems to support reunification or appropriate long-term placement.

JAFCO is governed by a dedicated Board of Directors consisting of 22 members with expertise in child welfare, philanthropy, and community leadership. The organization is supported by a team of [#] staff, including trained child care professionals, clinicians, and support personnel, as well as over 100 volunteers who enhance the quality of care and daily programming.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The JAFCO Emergency Shelter aligns with the City of Sunrise's priority area of shelter and housing. The program provides immediate, short-term residential care for children who have been removed from unsafe environments involving abuse, neglect or abandonment.

This service directly benefits the Sunrise community by ensuring the safety and well-being of vulnerable children during times of crisis. By providing immediate, 24/7 access to a stable, supportive environment, the program helps reduce trauma and promotes emotional stabilization. It also supports families and child welfare systems by offering a safe and appropriate placement option, ultimately strengthening the overall health and resilience of the community.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

As a Sunrise based facility with 24/7 operations, the JAFCO Emergency Shelter has provided continuous, 24-hour care to children over the past 365 days. The Shelter services children from the Sunrise community and surrounding areas who have experienced abuse, neglect, or significant family disruption, ensuring they have immediate access to a safe and supportive environment.

During this time, JAFCO has delivered trauma-informed care that addresses each child's emotional and behavioral needs while coordinating closely with child welfare agencies, families, and community providers. These services ensure that children have consistent access to safety, stability, and compassionate care during some of the most vulnerable moments in their lives.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

The JAFCO Emergency Shelter is projected to serve approximately 100 children during the funding period. When residing at the Shelter, all children served will be residents of the City of Sunrise and will directly benefit from the requested funding. Due to the nature of emergency shelter services, the length of stay varies based on each child's situation. However, every child receives individualized care, supervision, and support throughout their placement.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

The JAFCO Emergency Shelter evaluates program success through measurable, child-centered outcomes that reflect safety, stabilization, and successful transitions. All children admitted to the program are provided with immediate placement in a licensed, secure, and nurturing environment, ensuring their safety during times of crisis.

Throughout their stay, children receive consistent care and support designed to promote emotional and behavioral stabilization. Progress is monitored through staff observations and case documentation. The program also tracks successful transitions to appropriate long-term placements, including reunification with family members, foster care, or other supportive living arrangements. These measures ensure accountability and demonstrate the program's effectiveness in providing critical, high-quality care to vulnerable children.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

JAFCO works in close collaboration with a network of community partners to provide comprehensive and coordinated care for children in crisis. These partnerships include child welfare agencies, law enforcement, healthcare providers, mental health professionals, and community-based organizations. Through these collaborations, JAFCO ensures that each child receives appropriate services and support, both during their stay and as they transition to long-term placements. These partnerships also enhance the community's overall capacity to respond to child welfare emergencies and strengthen the safety net for vulnerable children and families.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

Children experiencing abuse, neglect, or family crisis require immediate access to safe and stable environments. Without emergency shelter services, many children would face continued exposure to unsafe conditions or placement in less supportive settings that may not adequately address their needs. Many local Shelters have closed in light of recent government funding cutbacks, so the JAFCO Shelter remains a critical resource in the child welfare community. The JAFCO Emergency Shelter addresses this need by providing immediate protection,safety, reducing trauma through a nurturing and home-like environment, and supporting children's emotional and developmental well-being during times of crisis. This program fills a vital gap in services and serves as an essential bridge to long-term stability for vulnerable children.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

Funding for the JAFCO Emergency Shelter serves a vital public purpose by ensuring that vulnerable children in the City of Sunrise have immediate access to safety, care, and support during times of crisis. he requested funds will directly support program operations, including staffing, daily care, and essential services that ensure a safe and nurturing environment for each child. By investing in this program, the City of Sunrise helps protect its most vulnerable residents, supports family stabilization, and strengthens the community's overall well-being. This investment contributes to a safer, more responsive, and compassionate community for all Sunrise residents.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Salaries and Benefits	$ 1,074,391.84	$ 1,074,391.84	**$ 0.00**
Program Expenses	$ 100,150.00	$ 90,150.00	**$ 10,000.00**
Vehicle Expenses	$ 27,400.00	$ 27,400.00	**$ 0.00**
Office and Facility Expenses	$ 95,100.00	$ 95,100.00	**$ 0.00**
Insurance and Technology	$ 55,950.00	$ 55,950.00	**$ 0.00**
			$ 0.00
TOTALS	**$ 1,352,991.84**	**$ 1,342,991.84**	$ 10,000.00

JEWISH ADOPTION AND FOSTER CARE OPTIONS, INC.
Profit & Loss
January through April 2026

	Jan - Apr 26
Ordinary Income/Expense	
Income	
GOVERNMENT AND RELATED FUNDING	
3005 · OTHER GOVERNMENT GRANTS	10,000.00
3012 · CHILDNET	253,518.58
3011 · CSC - MST	294,316.15
3029 · CSC- EH (MSD)	320,455.76
3028 · CHILDREN'S NETWORK	19,925.70
3011a · BBHC	66,666.68
3013 · CFC-CITRUS FAMILY CARE NETWORK	900.00
3015 · AREA ON AGING -SENIOR CAREGVIER	25,818.33
Total GOVERNMENT AND RELATED FUNDING	991,601.20
PRIVATE REVENUE	1,969,423.20
3036 · OTHER REVENUES	172.36
SUPPORT FROM JAFCO FOUNDATION	150,000.00
Total Income	3,111,196.76
Gross Profit	3,111,196.76
Expense	
5000 · PAYROLL & FRINGES	1,695,809.22
5099 · OPERATING EXPENSES	
OTHER EMPLOYEE COSTS	27,914.20
5300 · PROGRAM EXPENSES	245,799.80
5100 · VEHICLE EXPENSES	44,209.08
5960 · UTILITIES	32,651.85
5905 · TELEPHONE	41,925.12
Total 5099 · OPERATING EXPENSES	392,500.05
5610 · OFFICE EXPENSES	59,213.10
5700 · PROFESSIONAL FEES	41,127.85
5740 · FACILITIES EXPENSES	106,200.12
6000 · OTHER EXPENSES	187,089.80
7000 · FUNDRAISING EXPENSES	57,323.15
Total Expense	2,539,263.29
Net Ordinary Income	571,933.47
Other Income/Expense	
Other Income	18,879.67
Net Other Income	18,879.67
Net Income	**590,813.14**

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164838
Mar. 09, 2009 LTR 4168C E0
20-0898587 000000 00 000
00013758
BODC: TE

JEWISH ADOPTION AND FOSTER CARE
OPTIONS INC
% RONALD D SIMON
4200 N UNIVERSITY DR
SUNRISE FL 33351-6210

015579

Employer Identification Number: 20-0898587
Person to Contact: Mr. Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Feb. 26, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in August 2004, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) 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(s) 509(a)(1) and 170(b)(1)(A)(vi).

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,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I


CITY OF SUNRISE
FLORIDA

JAFCO Children's Ability Center


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: JAFCO Children's Ability Center

Address: 5100 N Nob Hill Rd

City: Sunrise State: FL Zip: 33351

Telephone: 954-315-7033

Website: www.jafco.org

Executive Director: Justin Kohlhagen

Executive Director's Email: justin@jafco.org

Contact: Rebecca Salus Hodge

Contact's Email: rebecca@jafco.org

Donation Request Amount: $ 10,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☐ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☑ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Justin Kohlhagen, CEO

Signature:  Date: 4/26/26

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

JAFCO's mission is to provide care, safety and support to children and their families within the Jewish community and beyond who are impacted by abuse, neglect, trauma, or developmental disabilities. Tthe JAFCO Children's Ability Center provides family enrichment, resources, and respite services to families raising children with autism and other developmental disabilities.

JAFCO Children's Ability Center is dedicated to supporting children and young adults with developmental disabilities and their families through inclusive, community-based programs that promote growth, independence, and connection. Our vision is a community in which individuals of all abilities are empowered to reach their full potential and actively participate in meaningful aspects of daily life, including employment. The Ability@Work program is a key component of this mission, equipping participants with the skills, confidence, and support necessary to pursue employment and greater independence.

JAFCO is governed by a committed Board of Directors consisting of 13 members with diverse professional expertise. The Children's Ability Center is supported by a multidisciplinary team of [#] staff including social workers, therapists, and psychologists. [#] volunteers assist with fundraising, clerical tasks, program delivery, mentoring, and special events.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The Ability@Work program aligns with the City of Sunrise's priority areas related to career training and leadership development. The program provides structured vocational training for young adults with developmental disabilities, focusing on building the skills necessary for meaningful participation in the workforce. Participants engage in job readiness instruction, develop communication and interpersonal skills, and take part in hands-on experiential learning through job simulations and structured activities. For many participants, this is their first opportunity to envision themselves as part of the workforce and to build the confidence needed to take that next step. Participants also run three micro-businesses out of the Center, providing actual work experience with practical application in the community.

These services directly benefit the Sunrise community by expanding access to workforce development opportunities for an underserved population, increasing long-term independence among participants, and strengthening a more inclusive and diverse local workforce. Families also benefit as participants gain skills that support greater independence, easing caregiving demands and fostering long-term stability.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

As a Sunrise-based facility with programs offered 24/7, the JAFCO Children's Ability Center has actively served residents of the Sunrise community daily over the past 365 days. The Center offers a range of programs and services for children with developmental disabilities and their families.

During this time, JAFCO has provided: Emergency and Planned Respite for caregivers of children with developmental disabilities; Enrichment Programming after school and on weekends for children Caregiver Support and Education; Case Management Services, linking families to essential community resources; Camp programs during the summer and days when schools are closed; Job readiness training for young adults.

These services have ensured that Sunrise residents have ongoing access to high-quality, supportive programming that promotes long-term success and community integration.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

This program serves approximately 25 individuals per year. The program targets teenagers and young adults with developmental disabilities, ages 16 to 22 who are seeking employability skill building and job placement opportunities. Program participants must be able to work with a 1:3 staff to client ratio.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

JAFCO Children's Ability Center evaluates the success of the Ability@Work program through clearly defined, measurable outcomes that reflect both skill development and personal growth. Participants are assessed at the beginning and end of the program to measure gains in job readiness skills such as communication, task completion, and workplace behavior.

The program also tracks participant engagement through attendance and active participation, recognizing that consistency is a key indicator of both progress and investment in the program. Skill development is further measured through successful completion of hands-on training activities and job simulations, where participants are able to apply what they have learned in real-world scenarios.

Beyond these metrics, the program monitors participant outcomes, including progression to employment, volunteer roles, or continued skill development opportunities. These outcomes represent meaningful steps toward independence and reflect the program's impact in helping individuals build more self-sufficient and connected lives.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

JAFCO Children's Ability Center collaborates with a range of community partners to enhance the impact and effectiveness of the Ability@Work program. These partnerships include local employers, community organizations, and referral sources such as schools and transition programs. Through these collaborations, participants gain exposure to real-world work environments and opportunities to practice their skills in meaningful ways. These experiences can be transformative, helping individuals see themselves as capable contributors within their community.

Partners also provide valuable insight into workforce needs, ensuring that program content remains relevant and responsive. Together, these collaborations strengthen the program's reach within the Sunrise community and promote a culture of inclusion that benefits both participants and local employers.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

Young adults with developmental disabilities face significant barriers to employment, including limited access to structured training, social skill development, and inclusive work environments. Without targeted support, many young adults with disabilities experience ongoing challenges related to independence, economic stability, and community participation.

For many families, the transition to adulthood can be especially uncertain, as opportunities for structured support often decrease after high school. The Ability@Work program helps fill this gap by providing a consistent, supportive environment where participants can build practical skills and confidence at their own pace. By addressing these needs, the program creates pathways to greater independence and helps individuals move toward a future that includes meaningful work, connection, and a sense of purpose.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

Funding for the Ability@Work program serves a clear public purpose by expanding access to workforce development services for young adults with developmental disabilities. The requested funds will support direct program delivery, including instruction, materials, and hands-on training opportunities that are essential to participant success.

This investment helps remove barriers to access, ensuring that individuals who might otherwise be excluded have the opportunity to participate and succeed. As participants build skills and confidence, they are better prepared to contribute to the workforce and engage more fully in their community. By supporting the Ability@Work program, the City of Sunrise is investing in individuals, families, and a more inclusive community where all residents have the opportunity to thrive.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	**Expense (A)**	**Other Funding Sources (B)**	**Total Amount Requested (A-B)**
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Salaries and Benefits	$ 94,325.00	$ 89,325.00	**$ 5,000.00**
Program Supplies and Equipment	$ 13,000.00	$ 8,000.00	**$ 5,000.00**
Transportation	$ 925.00	$ 925.00	**$ 0.00**
Office and Facility Expenses	$ 5,500.00	$ 5,500.00	**$ 0.00**
Utilities	$ 13,750.00	$ 13,750.00	**$ 0.00**
Professional Fees	$ 3,000.00	$ 3,000.00	**$ 0.00**
TOTALS	**$ 130,500.00**	**$ 120,500.00**	**$ 10,000.00**

JAFCO CHILDREN'S ABILITY CENTER
Profit & Loss
January through April 2026

	Jan - Apr 26
Ordinary Income/Expense	
Income	
GOVERNMENT CONTRACT AND GRANTS	
3005 · OTHER GOVERNMENT GRANTS	10,000.00
3012 · CHILDNET	535,756.00
3019 · CFC -Citrus Family Care	420,180.00
3022 · BROWARD COUNTY	373,523.96
3026 · FIRST CALL	266,566.30
3028 · CDC+	1,206.00
3029 · CHILDREN'S NETWORK	17,880.00
3032 · APD- State Appropriation	257,142.88
3033 · Northwest Florida Health - Shel	214,560.00
Total GOVERNMENT CONTRACT AND GRANTS	2,096,815.14
PRIVATE REVENUE	393,957.45
REVENUE OTHERS	28,898.65
Total Income	2,519,671.24
Gross Profit	2,519,671.24
Expense	
5000 · PAYROLL & RELATED EXPENSES	2,008,473.21
5099 · OPERATING EXPENSES	
Other Employee Costs	21,788.73
5100 · VEHICLE EXPENSES	15,451.04
5610 · OFFICE EXPENSES	11,626.73
5700 · PROFESSIONAL FEES	8,741.59
5740 · FACILITIES EXPENSES	149,713.87
5905 · TELEPHONE	19,766.98
5960 · UTILITIES	41,999.02
Total 5099 · OPERATING EXPENSES	269,087.96
5300 · SUPPORT SERVICES CHILD & FAMILY	82,955.22
6000 · OTHER EXPENSES	111,811.35
7000 · FUNDRAISING EXPENSES	17,850.38
Total Expense	2,490,178.12
Net Ordinary Income	29,493.12
Other Income/Expense	
Other Income	8,997.06
Net Other Income	8,997.06
Net Income	**38,490.18**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 29 2012

JAFCO RESPITE & FAMILY RESOURCE FOR
CHILDREN WITH DEVELOPMENTAL
4200 N UNIVERSITY DRIVE
SUNRISE, FL 33351

Employer Identification Number:
45-4903635
DLN:
17053137338012
Contact Person:
JOHN J KOESTER ID# 31364
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
March 27, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

JAFCO RESPITE & FAMILY RESOURCE FOR

Sincerely,

Holly O. Paz

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

National Scholastic Chess Foundation, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: National Scholastic Chess Foundation Inc.

Address: 333 Mamaroneck Ave., #480

City: White Plains State: NY Zip: 10605

Telephone: 818-469-2063

Website: NSCFchess.org

Executive Director: Matan Prilleltensky

Executive Director's Email: matan@nscfchess.org

Contact: Robert Mclellan

Contact's Email: robert@sunrisechesscenter.org

Donation Request Amount: $ 35,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☑ Early Childhood Education
- ☑ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☑ Senior Services
- ☑ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

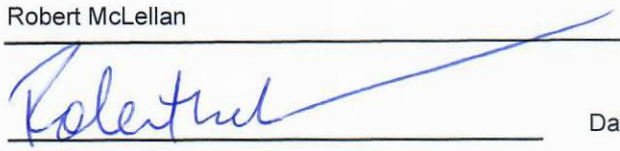
Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Robert McLellan

Signature: 

Date: 04/29/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

The National Scholastic Chess Foundation (NSCF) is a 501 (c)(3) non-profit educational organization founded in 1990 to provide the benefits of a chess education to students of all ages. For over 11 years, the NSCF has partnered with the City of Sunrise, Florida to bring chess instruction and recreational programs to the city. The NSCF/Center staff works with Sunrise Leisure Services Department to offer chess as a scholastic, community and social engagement tool. In addition, we work with select schools in Sunrise to present chess as an academic enrichment activity.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The Sunrise Center for Excellence in Chess focuses first on education with its support of local schools and providing scholastic chess tournaments. Our most recent events have attracted many new schools and students so we expect the number of Sunrise schools directly supported by this donation will continue to increase. Weekly open play events and the chess tent at many of the city's community events involve players of all ages and abilities promoting cross-cultural outreach, senior services, and general wellness.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

The Sunrise Center for Excellence in Chess has worked to:
• improve academic performance in Sunrise Schools;
• increase family engagement in schools and the community in Sunrise;
• contribute to a reduction in juvenile crime by providing alternative activities to reduce risky and negative behaviors among at-risk youth;
• create stronger community social and cultural bonding in Sunrise

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

Over 500 Sunrise students are being served, the majority on multiple occasions, over the course of each year. This includes children we reach through after school clubs, classes, community events, tournaments and at open-play events. Over 450 students from all over South Florida (mostly Broward County) will have been able to compete once we produce the final tournament on May 2. We also serve over 150 adults, mostly from Sunrise, who come to play in our open events.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

We count tournament participants by registration, open play participants by weekly counts by Leisure Services staff at SAC, number of students in the chess club at Sandpiper where we send a paid instructor, and at Bair Middle School and Franklin Academy where we provide additional resources.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

We partner with IKEA Sunrise to present a Family Chess Night every-second month throughout the year. We have been contracted by the City of Coral Springs to provide a monthly open play and a free chess tournament that Coral Springs pays for; this relationship was formed directly from introductions provided by the City of Sunrise. We partner with the City of Miami Beach on open play, summer camps and chess tournaments that they pay for; this relationship was formed because they saw what was happening in Sunrise as a model to implement in their communities. These cities have followed Sunrise's example in opening chess activities to players from across the region, not just their own residents. We also partner with the Dan Marino Foundation and send a paid instructor to work with the autism community DMF serves; these services are paid for by grants raised in separate fundraising. Recently, The City of Sunrise chess program earning regional media attention when a crew from WPLG television came out to film our tournament for a feature segment that aired on April 15.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

For over 12 years, we have shown our commitment to serving the residents of the City of Sunrise with services that have engaged a broad cross-section of the community. Twice each year we provide the city with reports on the services provided and our accomplishments that were made possible because of the support from the City. We welcome you to see our report for the most recent 6-month period and also to follow our social media where every week we share our successes.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

Again, we refer you to our reports twice each year, our social media and regular mailings that promote our programs and the successes we enjoy. We believe we have made Sunrise a model city for community chess and contributes to the perception of the City as a great place to raise children.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**~~$500.00~~**	**$4,500.00**
Direct Instruction (Open Play, Events, Schools)	$ 17,500.00	$ 2,500.00	**$ 15,000.00**
4 Tournaments (Staff, trophies, food, etc.)	$ 16,000.00	$ 6,000.00	**$ 10,000.00**
Materials, books, supplies	$ 3,500.00	$ 1,500.00	**$ 2,000.00**
Storage unit and PO box rental	$ 6,000.00	$ 1,000.00	**$ 5,000.00**
Admin Support, incl Travel	$ 12,000.00	$ 9,000.00	**$ 3,000.00**
			$ 0.00
TOTALS	**$ 55,000.00**	**$ 20,000.00**	**$ 35,000.00**

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222025
Aug. 26, 2010 LTR 4168C E0
06-1301676 000000 00
00013238
BODC: TE

NATIONAL SCHOLASTIC CHESS
FOUNDATION INC
171 E POST RD STE 206
WHITE PLAINS NY 10601-4924

008562

Employer Identification Number: 06-1301676
Person to Contact: Ronnie Clemons
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 17, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1991.

Our records also indicate that 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

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

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Mid-Year Report to the City of Sunrise Commission from The Sunrise Center for Excellence in Chess Support for Sunrise Chess Initiatives (October 2025 through March 2026)

Prepared: April 28, 2026

To: Mayor, Commission, and City Staff
The City of Sunrise, Florida

On October 1, 2025, The Sunrise Center for Excellence in Chess — a community program of the **National Scholastic Chess Foundation (NSCF)** — launched a new fiscal year of programming, made possible by the continued generosity of the City of Sunrise. What followed was six months of high-energy chess activity: packed tournaments, community events, our lead instructor, Robert McKenzie, on a conference stage in New York City, and a television crew at the chessboard. Here is the story of Quarters 1 and 2.

ACCOMPLISHMENTS



OPEN PLAY CHESS:
Every Saturday morning from 10:00 am to 12:00 noon, the Sunrise Athletic Complex opens its doors to chess players of all ages and skill levels. Week after week, families, beginners, and seasoned competitors show up — and the boards are always full.

From October through March, Open Play ran **every Saturday** without interruption. Whether it was a school holiday weekend or a quiet winter morning, the games went on. This consistency is a cornerstone of the program and a testament to the dedication of our coaching staff.

***SCHOLASTIC CHESS TOURNAMENTS**:*



This period featured **three competitive events** that together drew **over 265 players** to the chessboards.

October Sunrise Chess Tournament: More than **90 students** competed across two sections — Elementary and Middle/High School. Trophies were awarded to the top 10 finishers in each section, with additional recognition for Top Team and Top Girl–24 trophies in all. It was a strong start to the season!

Winter Scholastic — January 24, 2026: Our mid-year tournament drew a competitive field and continued the program's tradition of free game analysis between rounds — a feature parents consistently single out as exceptional added value for their children.

Sondra Lieber Memorial — March 28, 2026: The final tournament of the period, and a meaningful one as we pay tribute to a teacher who was an instrumental ally at the very beginning of the Sunrise chess initiative. At the March 28 event, a crew from **WPLG television** came out to film a feature segment that aired on **April 15**. The City of Sunrise chess program is earning regional media attention — and it's well deserved.

***SUPPORT FOR SUNRISE SCHOOL CHILDREN**:*

Funded directly by the City of Sunrise donation, the Center's weekly after-school chess program at **Sandpiper Elementary School** ran every Tuesday throughout the period.

In Q1 alone — before the Winter recess — instructors delivered 11 weeks of consecutive classes. Students arrived each week to a structured, engaging learning environment where chess is the vehicle for building critical thinking, patience, and focus.

The program continued without interruption through Q2, carrying students through the winter and into spring. The consistency of this in-school program is a direct result of the City's investment.

Black History Month Presentation: As part of the celebration of Black History Month at Sandpiper, National Master Jacorey Bynum, the strongest African-American chess player in Florida history, made a visit in February and played a simul against the strongest players in their chess club.

CHESS IN THE COMMUNITY: TUNES 'N' TRUCKS



The chess tent at Tunes 'n' Trucks has become one of the program's most visible community touchpoints — and one of its most energetic. All ages stop by to challenge Coach McKenzie and the team. The tent is typically the first to draw a crowd and the last to close.

This period, the Center represented at six Tunes 'n' Trucks events:

- **Q1:** October 10 and November 21
- **Q2:** January 16, January 23, February 20, and March 20

For a full look at our public community events, visit the Sunrise Chess Center Facebook page: https://www.facebook.com/SunriseChessCenter

CHESS IN THE COMMUNITY: IKEA FAMILY CHESS NIGHT



While not funded by the City donation, IKEA Family Chess Night is part of the original vision that chess would take root all across Sunrise — and it continues to deliver.

The program runs bi-monthly at the IKEA Sunrise location. Held on the second Wednesday, we had events on November 12, 2025, and on February 11 and April 8, 2026. Led by National Master Nicholas Rosenthal, IKEA management consistently ranks it among their most popular and consistent store programs, with steady attendance each month.

NATIONAL RECOGNITION: CHESS IN EDUCATION CONFERENCE, NEW YORK CITY



In December 2025, the Center's lead instructor, **Robert McKenzie**, traveled to New York City to participate in the **Mindsets: Chess in Education Conference**, produced in partnership with the **Kasparov Chess Foundation**. The conference, held December 5–7 in Rockefeller Center, brought together educators, coaches, and researchers from across the country.

Mr. McKenzie was invited to participate in an **educators panel**, sharing insights drawn directly from the work the Center does right here in Sunrise. A video of his presentation has been shared on the Center's Facebook page and distributed via email to the NSCF community. When a Sunrise chess coach stands on a national stage to represent best practices in chess education, it reflects the depth of what has been built here — and the City of Sunrise is a big part of that story.

Travel to New York was made possible through matching funds raised from donors outside of the City donation.

SUMMARY:
The first half of fiscal year 2025–26 has been busy, productive, and impactful. Students at Sandpiper Elementary are developing real chess skills week by week. Players across the region are competing at SAC and taking home trophies. Families are showing up at Tunes 'n' Trucks and IKEA to play. A Sunrise chess coach appeared on a national education panel alongside the Kasparov Chess Foundation. And a regional television crew came to see what all the activity is about.

None of this happens without the **City of Sunrise**. The support of Leisure Services staff remains essential — we thank them for their partnership. We look forward to finishing the year strong and invite the Commission and staff to join us at any Open Play Saturday or future tournament.

Attachment:

THE SUNRISE CENTER FOR EXCELLENCE IN CHESS

MISSION & BACKGROUND:

The National Scholastic Chess Foundation, in partnership with The City of Sunrise, created **The Sunrise Center for Excellence in Chess** (hereinafter referred to as "the Center") to provide a sustained and institutional commitment to chess with a focus on providing community-based chess programs and initiatives in the City of Sunrise, Florida.

Begun in November 2016 with an initial donation of $25,000 from the City of Sunrise, programming began in January 2017. Funded each year by a generous donation from the City, along with matching contributions from other agencies throughout Broward County, chess has become a major part of the social and educational fabric of Sunrise.

The Center's goals include:

- Improving student academic performance in Sunrise Schools by facilitating the critical thinking skills associated with chess and "thinking before you move" principles so important to the students;
- Increasing familial engagement in schools and the community in Sunrise;
- Creating stronger community social and cultural bonding in Sunrise through exposure to chess;
- Developing best practices for mentoring and teaching chess in the community;
- Promoting new methods to introduce chess to all ages, including seniors and veterans, in Sunrise;
- Contributing to a reduction in juvenile interventions by providing alternative activities in Sunrise that reduce risky and negative behaviors among at-risk youth.

ABOUT THE NATIONAL SCHOLASTIC CHESS FOUNDATION

The National Scholastic Chess Foundation (NSCF) is a 501(c)(3) non-profit educational organization founded in 1990 to provide the benefits of a chess education to students of all ages. For over 30 years, the NSCF has worked with diverse populations in schools and communities. Most programs are either parent-pay or offered under contract with city parks & recreation departments, schools, and similar youth services organizations. For the 2023-24 school year, the NSCF had over 100 programs operating in South Florida, New York, and Connecticut.


CITY OF SUNRISE
FLORIDA

Special Olympics Florida, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Special Olympics Florida, Inc.

Address: 1915 Don Wickham Drive

City: Clermont State: FL Zip: 34711-1915

Telephone: 352-243-9536

Website: https://www.specialolympicsflorida.org

Executive Director: Meghan McLean

Executive Director's Email: meghanmclean@sofl.org

Contact: Sarah Campbell

Contact's Email: soflgrant@sofl.org

Donation Request Amount: $ 20,000.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: N/A

Which Priority Area does your proposal align with? (Check all that apply)

- ☑ Early Childhood Education
- ☐ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☑ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Meghan McLean, President & CEO

Signature: Meghan McLean Date: 04/28/26

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

The mission of Special Olympics Florida is to provide year-round sports training and competition in a variety of Olympic-type sports for people with intellectual disabilities who wish to participate, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in the sharing of gifts, skills, and friendship with their families, other Special Olympics athletes, and the community.

The ultimate objective of Special Olympics Florida is to help people with intellectual disabilities participate as productive and respected members of society at large, by offering them a fair opportunity to develop and demonstrate their skills and talents through sports training and competition, and by increasing the public's awareness of their capabilities and needs.

Many of the individuals we serve face limited access to healthcare, educational supports, and meaningful social connections, and our programs are designed to address these gaps holistically.

There are currently 25 board members guiding 106 employees across the state, assisted by 52 Class A volunteers and 5 coaches local to the City of Sunrise area.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

The proposed programming directly aligns with these priority areas:

Early Childhood Education: Through Young Athletes (210 participants) and Little ELITES (222 participants), we deliver play-based learning within Sunrise schools as part of a broader effort to create inclusive environments. These programs build motor, social, and cognitive skills while improving school readiness, confidence, and inclusion among students of all abilities.

Health, Wellness, or Nutrition: Participants engage in year-round physical activity that improves fitness, coordination, and overall health. In addition, athletes benefit from health education and access to screenings and follow-up resources, addressing a critical gap in healthcare access for individuals with intellectual and developmental disabilities.

Leadership Development: Special Olympics Florida empowers participants to become leaders both on and off the field. Through Unified programming (18 local Unified Partners) and ongoing leadership opportunities, athletes develop communication, teamwork, and self-advocacy skills. These experiences prepare individuals for future employment, community involvement, and greater independence. Our programs also cultivate leadership among students, coaches, and volunteers, strengthening the broader community.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Special Olympics Florida has continuously served the City of Sunrise through year-round sports training, competitions, and developmental programming for individuals with intellectual and developmental disabilities. This consistent engagement has supported 611 Sunrise residents, reflecting both sustained service delivery and growing community demand.
127 athletes participated in competitive sports across a wide range of disciplines, while 18 Unified Partners engaged alongside them to promote inclusion and teamwork. In addition, 466 children and students were served through early childhood and school-based programs, including Young Athletes, Little ELITES, and Rising Stars, which focus on building foundational motor, social, and leadership skills.
A soccer skills event was hosted by Piper High School through the Special Olympics Rising Stars program. It brought together students from Banyan, Discovery, Horizon, Nob Hill, Sandpiper, Sawgrass, and Village Elementary Schools, along with Westpine Middle School. The event engaged 296 athletes, 151 school personnel, and 45 volunteers, and featured warm-ups led by a guest fitness trainer, skill stations supported by Piper JROTC, a sun safety education station, and a community-building lunch. Events like this foster inclusion, promote physical activity, and strengthen partnerships across Sunrise schools.
Funding from the City of Sunrise was fully utilized to enhance these efforts by providing adaptive sports equipment, supporting safe and accessible training environments, and strengthening overall program quality. Athletes and families benefited from consistent coaching, structured practices, and community-based competitions that promote social connections.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

We estimate that more than 3,000 residents will benefit from Special Olympics Florida's programs, services, and resources in the City of Sunrise. With the support of this funding, we anticipate directly impacting 561 Sunrise residents currently enrolled in our programs. This includes 133 athletes ages 8 and up participating in competitive sports, 22 Unified Partners, 168 children in our Young Athletes program, 198 in Little ELITES, and 40 in our Rising Stars program. We expect overall enrollment to increase by approximately 7% as we continue expanding access to inclusive sports, early childhood development, and wellness programming throughout the city.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

Special Olympics Florida utilizes its centralized Games Management System (GMS) to track, measure, and report program outcomes for Sunrise residents. This system allows us to monitor participation, health indicators, and program engagement in real time.

Performance Metrics:
-Participation & Growth: Residents engaged in programming will see 7%+ growth
-Program Retention: Percentage of athletes who return will be 70%+
-Health Outcomes: Health screenings completed, including BMI assessments, with follow-up education and resources provided to support improved outcomes
-Program Access & Delivery: Sports offered, competitions held, and training opportunities provided
-Leadership & Inclusion Outcomes: Unified Partners and athlete leaders remain engaged, demonstrating increased inclusion and peer interaction

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

Special Olympics Florida partners with a wide range of community stakeholders to deliver high-quality, inclusive programming in the City of Sunrise. Key collaborators include local public schools, recreation departments, group homes, community centers, and organizations such as ARC and Easterseals, as well as colleges and universities that support volunteerism and health initiatives.

We are especially grateful for our partnership with the City of Sunrise, including access to the Sunrise Civic Center Aquatics Complex and other community facilities, which allows us to host swim, pickleball, and additional seasonal sports programming for local athletes. These public-private partnerships are essential to ensuring accessibility and consistency in programming.

Educational partners play a critical role by implementing school-based programs such as Young Athletes, Little ELITES, and Rising Stars, helping to build inclusive school environments and expand early childhood and youth engagement. Colleges and universities contribute through volunteer support and collaboration on health-related services, bringing valuable expertise and resources to our athletes.

These partnerships significantly extend the reach and impact of our programs. With an average cost of $350–$500 per athlete annually, shared resources help us maximize funding, increase participation, and maintain no-cost access for families.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

This program is essential to addressing critical gaps in access to health services, inclusive recreation, and social connection for individuals with intellectual and developmental disabilities in the City of Sunrise. Many of the individuals we serve face barriers to affordable healthcare, structured physical activity, and opportunities to build relationships outside of their immediate families.

Through free Special Olympics Florida programming, 611 Sunrise residents are currently engaged in year-round sports, health, and developmental programs that promote physical fitness, confidence, and inclusion. Health access remains a significant need. Individuals with IDD are often underserved in traditional healthcare settings, making our health screenings, education, and follow-up resources critical to improving overall wellbeing and early detection of health concerns. Beyond health, this program addresses social isolation and lack of inclusive opportunities by creating environments where individuals of all abilities can connect, compete, and thrive. Our school-based and early childhood programs further ensure that inclusion begins early, helping to shape more accepting and supportive communities.

As participation continues to grow in Sunrise, this program remains vital to meeting increasing demand while improving quality of life, expanding access, and fostering a more inclusive community for all residents.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

If awarded, the requested funding will directly support year-round sports training, developmental programming, and health-focused initiatives for over 600 residents of the City of Sunrise with intellectual and developmental disabilities (IDD). These services are provided at no cost to participants, ensuring equitable access for families regardless of financial circumstances.

Funding will be used to provide adaptive sports equipment, support safe and accessible training environments, and offset costs related to transportation, facilities, and competition—removing key barriers to participation. As a result, residents will experience improved physical health, increased confidence, and stronger social connections.

This investment serves a clear public purpose by promoting health and wellness, expanding inclusive recreational opportunities, and fostering leadership and life skills that support long-term independence. In addition, the program engages local schools, volunteers, and community partners, strengthening civic involvement and creating a more inclusive and connected Sunrise community.

By supporting this program, the City of Sunrise is investing in a healthier, more inclusive community where individuals of all abilities have the opportunity to participate, contribute, and thrive.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	**Expense (A)**	**Other Funding Sources (B)**	**Total Amount Requested (A-B)**
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Adaptive Sports Equipment	$ 3,500.00		**$ 3,500.00**
Transportation (bus, driver, fuel, tolls)	$ 6,500.00		**$ 6,500.00**
EMT Services and Referees	$ 4,000.00		**$ 4,000.00**
Competition/Event Rentals (tents, chairs, etc.)	$ 6,000.00		**$ 6,000.00**
			$ 0.00
			$ 0.00
TOTALS	**$ 20,000.00**	**$ 0.00**	**$ 20,000.00**

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248167147
Oct. 01, 2012 LTR 4168C E0
23-7181560 000000 00
00016138
BODC: TE

SPECIAL OLYMPICS FLORIDA INC
1915 DON WICKHAM DR
CLERMONT FL 34711-1915

36628

Employer Identification Number: 23-7181560
Person to Contact: Ms Wittwer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 20, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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Oct. 01, 2012 LTR 4168C E0
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00016139

SPECIAL OLYMPICS FLORIDA INC
1915 DON WICKHAM DR
CLERMONT FL 34711-1915

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

Sincerely yours,

Richard McKee, Department Manager
Accounts Management Operations


CITY OF SUNRISE
FLORIDA

The Greater Sunrise Chamber of Commerce


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: The Greater Sunrise Chamber of Commerce

Address: 6800 Sunset Strip

City: Sunrise State: FL Zip: 33313

Telephone: 954-835-2428

Website: www.sunrisechamber.org

Executive Director: Brian Feuer

Executive Director's Email: Executivedirector@sunrisechamber.org

Contact: Brian Feuer

Contact's Email: Executivedirector@sunrisechamber.org

Donation Request Amount: $ 9,750.00

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

☐ Early Childhood Education
☐ STEM-focused Education
☐ Health, Wellness, or Nutrition
☐ Shelter and Housing
☐ Senior Services
☐ Cultural Arts
☐ Career Training and Leadership Development
☑ Local Business Support
☐ Veteran Services
☑ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

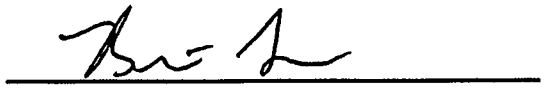
Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Brian Feuer President

Signature:  Date: 3/30/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives.
   Include information about the organization's board and number of employees and/or volunteers.

The Greater Sunrise Chamber of Commerce is dedicated to the mission of helping businesses grow, thrive and survive in a competitive business environment. Our purpose is to provide business networking opportunities, education and information for growing businesses, involvement in charitable work for our community and creating valuable businesses in our community.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

Our major focus is related to continuing to develop and create new programs and events in the business community in the Sunrise area. We also look to build and grow our current events and opportunities for our local businesses. We work to provide growth opportunities, local support, expand business networking, business educational opportunities and support for close to 270 businesses in our area.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

We are the only business networking and development program in our City dedicated to meeting the needs of existing and new companies in our area. For many companies we find the Chamber of Commerce is their major networking and source for new customers and connection with the City of Sunrise. The Chamber provides between 10 to 15 networking events per month. More than 6 business leads groups are offered without any additional charges to our members. As we grow more events are planned and schedule increased the value of Chamber membership. We participate in all Grand Openings and Ribbon Cuttings in Sunrise when called upon.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

Our membership includes close to 270 Chamber companies providing services and products to residents in our area. Our events impact not only businesses in our area but many of the local charities serving thousands of people in our region and in the City of Sunrise. Most all of our members work and shop in the Sunrise community.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

All of our chamber events, members, financials are all recorded in nationally recognized and well-respected software management program (Chamber Master) used by our Chamber to assist in managing our operation. We are able to track event attendance, donations and support, costs, dues and finances that impact all of our programs and assists us in making planning decisions based upon membership needs, resources and funding. We have an accounting firm that monitors our financial records and is reviewed by the Board of Directors on a monthly basis.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

The Greater Sunrise Chamber of Commerce works closely with a long list of community associations and organizations including a variety of Veterans associations, large corporations in Sunrise such as IKEA, Sawgrass Mills Mall, large corporations coming to Sunrise such as Baptist Health and Broward Health, Arc Broward, City of Sunrise Food and Closet Pantry, Thanksgiving baskets, and Back to School Drive, Piper High School, as well as member participation with other local schools within our community.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

We are a central support system for businesses in our community. We continue to bring companies together, represent their interest and create an engaging environment. We provide resources, networking and partnerships for businesses to connect, collaborate and form partnerships. These often lead to new opportunities and growth. We promote the City of Sunrise as a great place to do business. We connect businesses with community events and educational programs.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

These requests are in support of a community based organization which is in totally committed to the businesses, not for profit organizations and the residents of the City of Sunrise. Through our committees we also continue to grow and enhance business visibility and impact students, teachers and employees in our community. On a daily basis residents are impacted by the work of our members and their employees. We value of the services our members and program seek to enhance the rewards that will be experienced by their customers and our community.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Event Sponsorships - Sunrise Business Heroes	$ 2,500.00		**$ 2,500.00**
Sunrise Business Decals with City & Chamber Logo	$ 1,500.00		**$ 1,500.00**
Platinum & Executive Trustee Plaques	$ 1,000.00		**$ 1,000.00**
Geneal Member Frames & Certificates	$ 2,500.00		**$ 2,500.00**
Zoom Plan, Canva, Chamber Software	$ 1,750.00		**$ 1,750.00**
Member Name Badges	$ 500.00		**$ 500.00**
TOTALS	**$ 9,750.00**	**$ 0.00**	**$ 9,750.00**

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164841
May 20, 2013 LTR 4168C E0
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00021586
BODC: TE

GREATER SUNRISE CHAMBER OF
COMMERCE INC
% BRHPC
200 OAKWOOD LN STE 100
HOLLYWOOD FL 33020

032764

Employer Identification Number: 59-6602657
Person to Contact: B. HALL
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your May 09, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(6) of the Internal Revenue Code in a determination letter issued in AUGUST 1983.

Because you are not an organization described in section 170(c) of the Code, donors may not deduct contributions made to you. You should advise your contributors to that effect.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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

Sincerely yours,

Richard McKee

Richard McKee, Department Manager
Accounts Management Operations

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Voices for Children of Broward County


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Voices for Children of Broward County

Address: 2903 NW 28th Street

City: Lauderdale Lakes State: FL Zip: 33311

Telephone: (954) 367-9185

Website: www.voicesbroward.org

Executive Director: Erica Herman

Executive Director's Email: erica@voicesbroward.org

Contact: Erica Herman

Contact's Email: erica@voicesbroward.org

Donation Request Amount: 6000

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☑ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☐ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

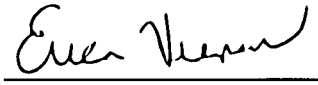
Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

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- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Erica Herman, President & CEO

Signature:  Date: 4/29/26

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives. Include information about the organization's board and number of employees and/or volunteers.

Voices for Children of Broward County is a nonprofit organization dedicated to ensuring that children in foster care have access to the resources and support needed for their health, education, and social well-being. Since 2011, Voices has served as a vital safety net within the child welfare system, working to fill critical gaps and ensure children have what they need to experience stability, normalcy, and long-term success. Our vision is a community where all children impacted by abuse, neglect, or abandonment are empowered to reach their full potential and experience a sense of belonging.

To carry out this mission, Voices provides advocacy, resource coordination, and essential supports that address each child's unique needs, including access to basic necessities, food assistance, educational support, and enriching experiences that promote healthy development. Through our core programs, Voices serves more than 1,300 children annually, delivering individualized support during critical moments, including times of transition, crisis, or disruption.

Voices is governed by a committed Board of Directors and operated by a team of three full-time staff. Our work is strengthened by more than 100 volunteers annually who support program delivery, including organizing and distributing essential items, assisting with food distributions, and supporting activities that help children feel supported, included, and cared for.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

Voices respectfully requests support from the City of Sunrise to continue the School Break Food & Wellness Program, which aligns directly with the City's Health, Wellness, and Nutrition priority area by promoting healthy lifestyles, supporting overall well-being, and helping meet the basic needs of vulnerable youth in the Sunrise community. Building on the success of prior years, this program addresses critical gaps children in foster care experience during school breaks, when they are most vulnerable to food insecurity, disrupted routines, limited structure, and reduced access to school-based supports, physical activity, and social connection. Through this program, Voices will serve 25 children residing in the City of Sunrise by providing nutritious meals, food assistance, wellness-based supports, and essential items that promote stability, daily functioning, and a sense of normalcy. The program will directly benefit the Sunrise community by helping vulnerable children maintain their physical health, emotional well-being, and connection to caring support systems, while also strengthening caregivers and promoting more stable home environments.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Voices has consistently served the City of Sunrise community over the past several years through the School Break Food & Wellness Program, including the most recent 365-day period. Annually, Voices serves more than 20 children in foster care within the City of Sunrise through this program. In the past year alone, Voices provided 24 children residing in the City of Sunrise with food assistance, wellness-based supports, and essential items that promote stability and well-being. Since the beginning of this partnership, Voices has supported more than 80 children in Sunrise through this program.

Children in foster care often experience frequent transitions, instability, and unmet needs, requiring a higher level of coordination and direct support. By addressing both immediate and ongoing needs, Voices helps ensure children and caregivers have the resources necessary to maintain stability, support safety, and reduce the likelihood of placement disruptions.

This continued service is essential, as there are on average approximately 52 children placed in foster care in the City of Sunrise at any given time. Through this funding, Voices is able to provide meaningful, consistent support that strengthens caregivers, stabilizes placements, and promotes healthier outcomes for children and families in the community.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

The School Break Food & Wellness Program anticipates serving approximately 120 children in foster care across Broward County annually. The program focuses on children who may face barriers to accessing consistent meals, wellness opportunities, and essential supports during school breaks.

With the requested funding, Voices anticipates directly serving 25 children residing in the City of Sunrise. These children will receive access to nutritious meals, food assistance, wellness-based supports that promote normalcy, and essential items that support stability and daily functioning during school breaks.

This targeted support helps ensure that children are able to maintain stability, engage in healthy activities, and experience a sense of routine during times when school-based supports are not available. By addressing both immediate and ongoing needs, the program promotes overall well-being and strengthens support for vulnerable children and families within the Sunrise community.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

Voices will evaluate the success of the School Break Food & Wellness Program by measuring both direct service delivery and participant outcomes.

Key performance metrics will include:
· Number of children served: 25 Sunrise-residing children supported during school breaks.
· Food assistance provided: Each child receives access to nutritious meals or food support during identified school break periods.
· Essential items distributed: Children receive basic needs support, including clothing, baby items, or other essentials that promote stability and daily functioning.
· Wellness and normalcy engagement: 100% of children are provided opportunities to participate in wellness-based supports that promote physical activity, routine, and a sense of normalcy.
· Caregiver feedback: Surveys and direct feedback collected to assess impact on children's well-being, stability, and overall support within the home.

Program outcomes will be tracked through internal documentation, program participation logs, and caregiver feedback. Voices will use this data to assess effectiveness, identify areas for improvement, and ensure that services continue to directly and meaningfully benefit children and families in the City of Sunrise.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

Voices collaborates closely with key partners across Broward County to ensure that children in foster care receive coordinated, timely, and comprehensive support. Core partnerships include the Broward County Dependency Courts and Problem-Solving Courts, the Statewide Guardian ad Litem Office, ChildNet, the Office of Regional Counsel, and other legal and child welfare partners that help identify needs and provide referrals for children and caregivers who require immediate support. Through this collaboration, Voices is able to respond quickly with essential resources, food assistance, wellness supports, and other services that promote stability and well-being for children residing in the City of Sunrise.

Voices also partners with community-based organizations, including Women in Distress and other local providers, to connect families to additional services such as counseling, crisis support, and community-based resources. These partnerships help reduce service gaps, streamline access to resources, and ensure children and caregivers receive consistent, coordinated care. Ancillary benefits to the City of Sunrise include participation in community events, increased awareness of available resources, and strengthened connections between service providers working to support vulnerable children and families.

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

The School Break Food & Wellness Program supports a clear public purpose by addressing food insecurity, wellness, and stability for children in foster care residing in the City of Sunrise. During school breaks, children often lose access to consistent meals, structure, and school-based supports, increasing their risk of isolation, instability, and unmet basic needs.

With continued support from the City of Sunrise, Voices will provide individualized assistance that includes nutritious meals, food assistance, wellness-based supports, and essential items that promote daily functioning and normalcy. These services help children maintain consistency, remain connected to caring support systems, and receive the resources they need during times when routines are disrupted.

The requested funding directly benefits Sunrise residents by strengthening support for vulnerable children and caregivers, reducing the risk of placement disruptions, and contributing to healthier, more stable families. Continued investment in this program helps ensure children in foster care are supported in the moment and better positioned for long-term stability, success, and well-being within the community.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

The requested funds will support a public purpose by addressing food insecurity, wellness, and stability for children in foster care residing in the City of Sunrise. Funding will continue the School Break Food & Wellness Program and provide direct services during school breaks, including nutritious meals, food assistance, wellness supports, and essential items that support daily functioning and normalcy.

These services help children maintain routine, remain connected to caring support systems, and receive individualized assistance when school-based resources are limited. For children in foster care, these supports help prevent gaps in care that can negatively impact health, well-being, and placement stability.

The program also benefits the broader Sunrise community by strengthening caregivers and reducing financial and emotional strain within the home. By helping children and caregivers access needed resources, the program promotes stable home environments and reduces the likelihood of placement disruptions or reliance on emergency services.

Overall, the requested funding directly benefits Sunrise residents by improving health and wellness outcomes, supporting family stability, and contributing to a safer, more resilient community. This investment ensures vulnerable children are supported in ways that lead to stronger outcomes for the child and the community as a whole.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B)** – indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Salaries & Benefits	14000	9500	**4500**
Program Supplies: Meals	15000	14500	**500**
Program Supplies: Sport/wellness activity	10000	9500	**500**
Program Supplies: Essentials	25000	24500	**500**
Program Supplies: Packaging/Other Supplies	2000	2000	**0**
			0
TOTALS	**66000**	**60000**	**6000**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 28 2011

VOICES FOR CHILDREN OF BROWARD
COUNTY INC
C/O AMY GOLDIN
10097 CLEARY BLVD STE 70
PLANTATION, FL 33324

Employer Identification Number:
45-1964037
DLN:
17053157308041
Contact Person:
RENEE RAILEY NORTON ID# 31172
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
April 4, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

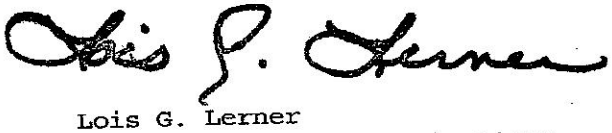
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

VOICES FOR CHILDREN OF BROWARD

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)


CITY OF SUNRISE
FLORIDA

Youth Empowerment Village, Inc.


CITY OF SUNRISE
FLORIDA

CITY OF SUNRISE
FY 2026/2027 Nonprofit Donation Program Application

Organization: Youth Empowerment Village Inc

Address: 9471 Plum Harbor Cir

City: Tamarac State: FL Zip: 33321

Telephone: 954-800-3682

Website: https://youthempowermentvillage.org/

Executive Director: Jeanadell Vernon-Thompson

Executive Director's Email: youthempowermentvillage@gmail.com

Contact: Jeanadell Vernon-Thompson

Contact's Email: youthempowermentvillage@gmail.com

Donation Request Amount: $10,000

Is your organization a nonprofit organization with tax exempt status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?

☐ No ☑ Yes (If yes, attach current IRS affirmation letter)

Is any organization member currently affiliated with or serving on an Advisory Board for the City of Sunrise?

☑ No ☐ Yes

If answered YES to the previous question, please specify which Advisory Board: _____

Which Priority Area does your proposal align with? (Check all that apply)

- ☐ Early Childhood Education
- ☐ STEM-focused Education
- ☐ Health, Wellness, or Nutrition
- ☐ Shelter and Housing
- ☐ Senior Services
- ☐ Cultural Arts
- ☑ Career Training and Leadership Development
- ☐ Local Business Support
- ☐ Veteran Services
- ☐ Chamber of Commerce

Sign.com Document ID: b67155cd5c - Page 3/8

Applicants eligible to receive City charitable donations must demonstrate that they have the organizational strength and capacity (including the organization's board and employees) to provide the services for which City support is requested.

Funding provided by the City to a nonprofit organization shall not be used by the receiving organization for donation to other nonprofit or charitable organizations, or other entities.

Recipient nonprofit organizations will be requested to certify the use of funds donated by the City of Sunrise, and the full value of any ineligible use or any unused funds must be promptly returned to the City.

If the funding is requested in support of an event, program, or purpose which is not held, offered, or completed in the fiscal year funded, the applicant shall promptly return all of the donated funds to the City.

Application must be signed by the applicant's Executive Director, President, or Chief Executive Officer. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the donation request and is able to utilize the funds sought for their stated purpose within the current fiscal year. By signing this application, you are agreeing to submit four Quarterly Status Reports to the City, emailed to **Budget@sunrisefl.gov**. All Quarterly Status Reports must be received by the City no later than the 10th of each month after the quarter ends. The schedule is as follows:

- 1st report due January 10, 2027 by 5 pm
- 2nd report due April 10, 2027 by 5 pm
- 3rd report due July 10, 2027 by 5 pm
- 4th report due October 10, 2027 by 5 pm

All Quarterly Status Reports must include the following information, at a minimum:

- How much of the donation award has been spent to date
- Detailed description of how the funds have been spent
- Indicate the total number of Sunrise residents supported so through the reporting quarter, and in what ways they have been assisted
- Additional important information related to the donation and anticipated timing of spending (if no funding used yet, describe the plan on how and when it will be used)

Name & Title (Print): Jeanadell Vernon-Thompson / CEO

Signature: Jeanadell Vernon-Thompson Date: 04/10/2026

CITY OF SUNRISE
Nonprofit Donation Program Supplemental Questionnaire

1. Provide a brief statement of the organization's vision, mission, goals, and objectives.
   Include information about the organization's board and number of employees and/or volunteers.

Youth Empowerment Village is a 501(c)(3) nonprofit dedicated to empowering youth ages 10–17 by providing free public speaking, etiquette, professionalism, financial awareness and motivational training that builds confidence, resilience, and the skills needed to overcome challenges and achieve excellence.

Our team consist of four board members and three to four volunteers when our program is in session.

2. Describe the Priority Area(s) (see Rules and Guidelines) that the program/project the organization is requesting funding for will align with and how the program/project will benefit the City of Sunrise Community.

Youth Empowerment Village summer program aligns with the city's priority area of career training and leadership development because we provide our youth with public speaking, business etiquette, and financial awareness training to enhance their leadership potential.

3. Explain how the organization has served the Sunrise Community for at least 365 days prior to the City's application deadline.

Over the past year, Youth Empowerment Village has served the City of Sunrise by having 14 students from Sunrise in our summer program and giving seven of those students that attended our summer program the opportunity to experience Children's Day which is a four-day fieldtrip to Tallahassee. Where they had the opportunity to interact with our state Representatives and Senators. They also saw firsthand how our government works.

4. Indicate the anticipated total number of clients, recipients, and/or participants to be directly impacted by the program/project. Separately identify the anticipated number of Sunrise residents to be served with the requested funding.

On a yearly basis, Youth Empowerment Village serves 30 - 35 students. Of those students 10 - 17 are residents of the City of Sunrise.

5. State what performance metrics will be used to evaluate and report on the program/project's success rate. It must be demonstrated through measurable outcomes that the organization provides or will provide goods or services that directly and substantially benefit Sunrise residents in the Priority Area(s) stated on page 1.

Each student is given a survey to complete on the 1st day of camp to assess their level of financial awareness, etiquette skills, public speaking skills and professionalism awareness. During the program the students are evaluated to see their level of improvement. On the last day of camp, the students are given an exit survey.

Parents also complete a feedback form at the end of our program.

6. List and describe contributions and roles of community collaborations and/or partnerships (if applicable; e.g., organizations, programs, and individuals). Attach letters of support from collaborations and/or partnerships and describe any ancillary benefits to the City (media placements, event participation, etc.)

Youth Empowerment Village has received contributions from the following organizations:
City of Sunrise
City of Lauderhill
City of Tamarac
Broward County Commissioner - Hazelle Rogers
Westway Towing
Florida Power and Light

7. Describe why this program/project is essential and what need(s) within the Sunrise community will be addressed.

Youth Empowerment Village summer program is essential because it enriches the lives of our youth who otherwise would not be able to afford to attend such an empowering program. Our program addresses the need to educate the youth of the City of Sunrise and provide the skills needed to be successful in school, on the job and in every aspect of their lives.

8. Describe how the requested funds, if awarded, will support a public purpose and benefit the residents of the City of Sunrise.

If we are awarded the funds requested, it will be used to support the development of our youth. Our program supports the public purpose by encouraging economic mobility and enhancing overall community well-being. Participants gain practical skills that improve academic engagement, career preparedness, and financial stability, while also fostering leadership and entrepreneurial capabilities.

9. Budget - What is the annual program/project cost?

Expense (A) – indicate the total cost to provide the program; **Other Funding Sources (B) –** indicate the amount of funds received from other organizations or sources. If there are no other funds allocated, requested, or received enter 0. **Total Amount Requested (A-B)** – this field will auto calculate. The **Total Amount Requested**, in the bottom right, green cell, of the table, must match the amount of funds being requested on page 1 of the Program Application, for the identified program/project.

Program Expense Description	Expense (A)	Other Funding Sources (B)	Total Amount Requested (A-B)
EXAMPLE: Rental of Equipment	**$5,000.00**	**$500.00**	**$4,500.00**
Summer Camp (materials, supplies, meals)	$ 5,225.00	$ 5,225.00	$ 0.00
Summer Camp Graduation program	$ 6,000.00		$ 6,000.00
Summer Camp Presenters	$ 5,000.00	$ 1,000.00	$ 4,000.00
Field Trip Formal Luncheon / Limo Drive	$ 4,700.00	$ 4,700.00	$ 0.00
Tallahassee Trip	$ 23,000.00	$ 23,000.00	$ 0.00
			$ 0.00
TOTALS	$ 43,925.00	$ 33,925.00	$ 10,000.00

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 15 2017

PRAY 4 ME INC
9471 PLUM HARBOR CIR
TAMARAC, FL 33321-0000

Employer Identification Number:
90-0060834
DLN:
26053524002807
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
April 30
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 2, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the submission date of your application.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

Letter 947

PRAY 4 ME INC

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

Youth Empowerment Village Inc.

EIN: 90-0060834 | Tamarac, Florida, United States

Other Names

PRAY 4 ME INC

YOUTH EMPOWERMENT VILLAGE INC

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Auto-Revocation List

Organizations whose federal tax exempt status was automatically revoked for not filing a Form 990-series return or notice for three consecutive years. *Important note: Just because an organization appears on this list, it does not mean the organization is currently revoked, as they may have been reinstated.*

Exemption Type: 501(c)(3)

Exemption Reinstatement Date: 05-15-2017

Revocation Date: 05-15-2010

Revocation Posting Date: 06-09-2011

Determination Letter

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization

applied.

Final Letter(s)

FinalLetter_90-0060834_PRAY4MEINC_05022017.tif [https://apps.irs.gov/pub/epostcard/dl/FinalLetter_90-0060834_PRAY4MEINC_05022017.tif]

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

- **Tax Year 2024 Form 990-N (e-Postcard)**
- **Tax Year 2023 Form 990-N (e-Postcard)**
- **Tax Year 2022 Form 990-N (e-Postcard)**
- **Tax Year 2021 Form 990-N (e-Postcard)**
- **Tax Year 2020 Form 990-N (e-Postcard)**

Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

Organization Name:
YOUTH EMPOWERMENT VILLAGE INC

EIN:
90-0060834

Tax Period:
201812

Return ID:
1654151

Filing Type:
E

Return Type:
990

Copy of Return:
2018 Form 990 Filing [https://apps.irs.gov/pub/epostcard/cor/900060834_201812_990_2019112916900544.pdf]