

**City of Key West Application for Non-  
Profit Funding Fiscal Year 2022  
October 1, 2021 – September 30, 2022**

<b>Agency Name</b>	Key West Girls Softball Recreational League
<b>Physical Address</b>	3112 Northside Drive
<b>Mailing Address</b>	Same
<b>City, State, Zip</b>	Key west, FL 33040
<b>Phone</b>	305-797-0887
<b>Fax</b>	
<b>Email</b>	kwgsrl@gmail.com
<b>Who should we contact with questions about this application?</b>	John Griffin

Amount received for prior fiscal year ending 09/30/20	\$0.00
Amount received for current fiscal year ending 09/30/21	\$ Not Applicable
<b>Amount requested for upcoming fiscal year ending 09/30/22</b>	\$10000

For Fiscal Year 2022 how will the amount requested be utilized?	Umpires and score keeper
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## CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. The City of Key West is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use City funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Key West City Commission.

We understand that the agency must substantially meet the eligibility criteria to be considered for City funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Key West.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will receive funding.

Typed Name of Executive Director:

Signature

Title:

Date:

Witness:

Witness:

Typed Name of Board President/Chairman: SHAWN D. SMITH, PRESIDENT

Signature

Title:

Date:

Witness:

Witness:

**Application (Please type responses. You may complete on your own form).**

1. List the services your agency provides. Recreational Softball for girls from the ages of 5 to 14.  
Provide teaching and instructions skills related to softball and teamwork to young female athletes.
2. How will funding be used? What specific services will be funded by this request? What needs or problems in Key West does your agency address?
  - The Key West Girls Softball Recreational League (KWGSRL) will use the funding to offset the cost of paying umpiring services provided by the Monroe County Officials association as well as paying for score keeping services.
  -
3. Will City funds be used as match for a grant? Please circle yes or no: Yes No  
If you answered “no”, please see Question #7.
4. If you answered “yes” to Question #3, please specify the following for each grant:
  - a. grant award title, granting agency, and purpose:
  - b. grant amount:
  - c. match percentage requirement and amount:
  - d. expected award date:
5. Has your agency applied for or received funding for the same purpose from another entity? No
6. Is your agency monitored by an outside entity? If so, by whom and how often?  
(If applying for \$5,000 or less, a response is not required.) No
7. What measurable outcomes do you plan to accomplish in the next funding year?  
Number of athletes who return from previous year, especially at younger levels, as well as new athletes.
8. How will you measure these outcomes? (If applying for \$5,000 or less, a response is not required.)  
A review of numbers provided through registration.
9. In 300 words or less, address any topics not covered above (optional).

**Please See List of Required Attachments**

### ATTACHMENT CHECKLIST

<b>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE</b> <b>IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN</b>	<b>ATTACHED?</b>		<b>COMMENTS</b>
	<b>YES</b>	<b>NO</b>	<b>You must explain any "NO" answers</b>
Application			
Current Board Information Form	Yes		
Evidence of Annual Election of Officers	Yes		
Board Resolution Approving Application for Funding			
City Funded Program Budget	Yes		
Agency Expenses	Yes		
Agency Revenue			
Agency Fee Schedule			
Upon approval of funding, do you agree to provide a copy of an Audited Financial Statement, a review of financial statements, or other financial report as appropriate (to be determined based on amount of funding and agency budget) from most recent fiscal year?	Yes		
Copy of filed IRS Form 990 from most recent fiscal year	Yes		
Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	Yes		
Copy of Current Monroe County and City Occupational Licenses		No	
Copy of Florida Dept. of Children And Families License or Certification		No	
Copy of any other Federal or State Licenses		No	
Copy of Florida Dept. of Health Licenses/Permits		No	
Copy of Organization's Corporate Bylaws.	Yes		
Copy of front page of Agency's EEO Policy/Plan		No	
Annual performance report describing services rendered during the most recently completed grant period		No	
Copy of Summary Report of most current Evaluation/Monitoring *		No	

\* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

**Key West Girls Softball Recreational League**  
**Meeting Minutes**  
**Rosa Hernandez Field**

November 9, 2020  
6:00 PM

President:	Shawn Smith
Vice President:	Vacant
Treasurer:	Vacant
Secretary:	Dee Dee Harnish
Equipment Coordinator:	Michael Malgrat
Player Liaison:	Missy Bracher
Concession Manager:	Tracey Smith

**I. Call to order and roll call**

6:00 pm, all present.

**II. Reading/approval of previous minutes**

N/A

**~~III. President's Report~~**

**~~IV. Treasurer's Report~~**

**~~V. Equipment Report~~**

**~~VI. Concession Report~~**

**VII. Open issues**

1) N/A

***Key West Girls Softball Recreational League  
Meeting Minutes  
Rosa Hernandez Field***

**VIII. New business**

1) Annual Elections

a) Record of results

i) President: Shawn Smith

ii) Vice President: Michael Malgrat

iii) Treasurer: John Griffin

iv) Secretary: Dee Dee Harnish

v) Equipment Coordinator: Raymond Vazquez

vi) Concession Manager: Tracey Smith

vii) Player Liaison: Missy Bracher

2) Initial coordination of any turnover material between incoming/outgoing members

Expect activity to occur over the next week. Set date/time for first meeting of Season 2020  
November 18, 2020.

**IX. Adjournment**

6:30 pm

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > [Key West Girls Softball Recreational League Inc](#)

[< Back to Search Results](#)

## Key West Girls Softball Recreational League Inc

EIN: 27-3714065 | Key West, FL, United States

### 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 2020 Form 990-N (e-Postcard)

**Tax Period:**

2020 (01/01/2020 - 12/31/2020)

**EIN:**

27-3714065

**Legal Name (Doing Business as):**

Key West Girls Softball Recreational League Inc

**Mailing Address:**

3112 Northside Drive  
Key west, FL 33040  
United States

**Principal Officer's Name and Address:**

Shawn Smith

3112 Northside Drive  
Key west, FL 33040  
United States

**Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No.

**Website URL:**

kwfastpitch.com

> **Tax Year 2019 Form 990-N (e-Postcard)**

> **Tax Year 2018 Form 990-N (e-Postcard)**

> **Tax Year 2016 Form 990-N (e-Postcard)**

> **Tax Year 2015 Form 990-N (e-Postcard)**

*Page Last Reviewed or Updated: 20-November-2020*



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**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009730

Entity Name: KEY WEST GIRLS SOFTBALL RECREATIONAL LEAGUE INC.

**Current Principal Place of Business:**

3112 NORTHSIDE DRIVE  
KEY WEST, FL 33040

**Current Mailing Address:**

3112 NORTHSIDE DRIVE  
GIRLS SOFTBALL FIELD  
KEY WEST, FL 33040 US

FEI Number: 27-3714065

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

SMITH, SHAWN  
3112 NORTHSIDE DR  
GIRL SOFTBALL FIELD  
KEY WEST, FL 33040 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: SHAWN SMITH

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, SHAWN  
Address 13 BLUEWATER DR  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name MALGRAT, MICHAEL  
Address CONFIDENTIAL  
City-State-Zip: SUMMERLAND KEY FL 33040

Title EM  
Name VAZQUEZ, RAYMOND  
Address 5720 2ND AVE  
City-State-Zip: KEY WEST FL 33040

Title PL  
Name BRACHER, MICHELLE  
Address 187 MARACAIBO LN  
City-State-Zip: CUDJOE KEY FL 33042

Title CM  
Name SMITH, TRACEY  
Address 13 BLUEWATER DR  
City-State-Zip: KEY WEST FL 33040

Title S  
Name HARNISH, DIONNE  
Address 414 BALIDO TERR  
City-State-Zip: KEY WEST FL 33040

Title T  
Name GRIFFIN, JOHN  
Address 2112 PATTERSON AVE  
City-State-Zip: KEY WEST FL 33040

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JOHN GRIFFIN

TREASURER

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Sadler Sports: Amateur Teams / Leagues Insurance Plan



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/08/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
SADLER & COMPANY, INC.  
P.O. BOX 5866  
COLUMBIA, SOUTH CAROLINA 29250-5866

CONTACT NAME: Sports Dept  
PHONE (A/C, No. Ext): 800-622-7370 | FAX (A/C, No): 803-256-4017  
E-MAIL ADDRESS: amateur@sadiersports.com  
PRODUCER CUSTOMER ID#:

INSURED  
Key West Girls Softball Recreational League  
Key West Girls Softball Recreational League  
3112 northside drive  
Girls Softball Field  
key west, FL 33040

Application ID: 308774  
A Member of the Sports, Leisure & Entertainment RPG

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY 23787  
INSURER B:  
INSURER C:  
INSURER D:

## COVERAGES

## CERTIFICATE NUMBER

## REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		6B RPG 72586	02:10:01 PM ET 01/08/2021	12:01AM ET 01/08/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability) \$1,000,000 MEDICAL EXPENSES (other than participants) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE (other than Products- completed Operations) \$5,000,000 PRODUCTS- COMP/ OP AGG \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON- OWNED AUTOS (not provided while in Hawaii)			6B RPG 72586	02:10:01 PM ET 01/08/2021	12:01AM ET 01/08/2022	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? Y / N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<b>MEDICAL PAYMENTS TO PARTICIPANTS</b>			6B RPG 72586	02:10:01 PM ET 01/08/2021	12:01AM ET 01/08/2022	EXCESS MEDICAL \$25,000 AD&D NONE DEDUCTIBLE \$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## RE: COVERED SPORTS Softball 12 &amp; Under, Softball 13-15,

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.  
 High Risk Concussion Sports - For Deck/ Floor/ Field/ Street Hockey, Roller Hockey (quad), Cheerleading (age 19 & under); Lacrosse (age 19 & under); Tackle and contact football (age 19 & under); Soccer (age 19 & under); Water Hockey (age 19 & under); Wrestling (age 19 & under); and Umpire/ Referee Associations for the above High Risk Concussion Sports, Limited Coverage for "Brain Injury" endorsement applies: Brain Injury Limit: \$1,000,000 occurrence/ \$1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/ \$1,000,000 aggregate. "Brain Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

## CERTIFICATE HOLDER

## CANCELLATION

RELATIONSHIP:  
Property Owner/ Lessor

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

city of key west  
1300 white street  
key west, FL 33040

AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities

\*\* NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2014/01)

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Laura Griffin

# INVOICE

RE: Game Scorekeeping

**BILL TO**  
KWGSRL

INVOICE #	DATE
1	2/19/2020

CUSTOMER ID	TERMS
	Due Upon Receipt

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
2/11/2021 FL Keys Electric vs. Howe Orthodontics	1	30.00	30.00
2/11/2021 2 Oceans Digital vs Arnold's Towing	1	30.00	30.00
2/12/2021 Niles Sales & Service vs KWFF	1	30.00	30.00
2/12/2021 Fury vs Lagerheads	1	30.00	30.00
2/15/2021 Howe Orthodontics vs Niles Sales & Service	1	30.00	30.00
2/15/2021 2Oceans Digital vs Fury	1	30.00	30.00
2/16/2021 KWFF vs FL Keys Electric	1	30.00	30.00
2/16/2021 Lagerheads vs Arnold's Towing	1	30.00	30.00
2/18/2021 KWFF vs Howe Orthodontics	1	30.00	30.00
2/18/2021 Lagerheads vs Fury	1	30.00	30.00
2/19/2021 Niles Sales & Service vs FL Keys Electric	1	30.00	30.00
2/19/2021 Arnold's Towing vs 2Oceans Digital	1	30.00	30.00
			-
			-
			-
<i>Thank you for your business!</i>		<b>SUBTOTAL</b>	<b>360.00</b>
		<b>TAX RATE</b>	<b>0.000%</b>
		<b>TAX</b>	<b>-</b>
		<b>TOTAL</b>	<b>\$ 360.00</b>

If you have any questions about this invoice, please contact  
Laura Griffin @ lagkw@bellsouth.net

Laura Griffin

# INVOICE

RE: Game Scorekeeping

INVOICE #

2

DATE

3/4/2021

BILL TO

KWGSRL

CUSTOMER ID

TERMS

Due Upon Receipt

DESCRIPTION

QTY

UNIT PRICE

AMOUNT

2/20/2021 1st State Bank vs. Ramona's (for C DIV stats for paper)

1

30.00

30.00

2/22/2021 Nile Sales & Service vs. Howe Orthodontics

1

30.00

30.00

2/22/2021 Arnold's Towing vs Fury Water Adventures

1

30.00

30.00

2/23/2021 FI Keys Electric vs. KW Fire Fighters

1

30.00

30.00

2/23/2021 2Oceans Digital vs Lagerheads

1

30.00

30.00

2/25/2021 Howe Orthodontics vs. FI Keys Electric

1

30.00

30.00

2/25/2021 Fury Water Adventures vs. 2Oceans Digital

1

30.00

30.00

3/1/2021 Niles Sales & Service vs FL Keys Electric

1

30.00

30.00

3/1/2021 Fury Water Adventures vs. Lagerheads

1

30.00

30.00

3/2/2021 Howe Orthodontics vs. KW Fire Fighters

1

30.00

30.00

3/2/2021 2Oceans Digital vs Arnold's Towing

1

30.00

30.00

3/3/2021 Arnold's Towing vs Lagerheads

1

30.00

30.00

3/4/2021 Howe Orthodontics vs. Niles Sales & Service

1

30.00

30.00

3/4/2021 Fury Water Adventures vs. Arnold's Towing

1

30.00

30.00

-

*Thank you for your business!*

SUBTOTAL

420.00

TAX RATE

0.000%

TAX

-

TOTAL

\$

420.00

If you have any questions about this invoice, please contact  
Laura Griffin @ lagkw@bellsouth.net

Laura Griffin

# INVOICE

RE: Game Scorekeeping

**BILL TO**

KWGSRL

**INVOICE #**

3

**DATE**

3/18/2021

**CUSTOMER ID**

**TERMS**

Due Upon Receipt

**DESCRIPTION**

**QTY**

**UNIT PRICE**

**AMOUNT**

3/6/2021 1st State Bank vs. KFCU (for C DIV stats for paper)

1

30.00

30.00

3/8/2021 FI Keys Electric vs. Howe Orthodontics

1

30.00

30.00

3/8/2021 2Oceans Digital @ Fury Water Adventures

1

30.00

30.00

3/9/2021 KWFF @ NILES

1

30.00

30.00

3/9/2021 LAGERHEADS @ ARNOLD'S

1

30.00

30.00

3/10/2021 FL KEYS ELECTRIC @ KWFF

1

30.00

30.00

3/10/2021 LAGERHEADS @ 2OCEANS

1

30.00

30.00

3/11/2021 KWFF @ HOWE

1

30.00

30.00

3/11/2021 LAGERHEADS @ FURY

1

30.00

30.00

3/12/2021 KWFF @ FI KEYS ELECTRIC

1

30.00

30.00

3/12/2021 ARNOLD's Towing @ 2OCEANS

1

30.00

30.00

3/15/2021 NILES @ HOWE

1

30.00

30.00

3/15/2021 ARNOLD's Towing @ FURY

1

30.00

30.00

3/16/2021 FL KEYS ELECTRIC @ KWFF

1

30.00

30.00

3/16/2021 ARNOLD'S @ LAGERHEADS

1

30.00

30.00

3/17/2021 HOWE @ FL KEYS ELECTRIC

1

30.00

30.00

3/17/2021 2OCEANS Digital @ LAGERHEADS

1

30.00

30.00

3/18/2021 KWFF @ NILES

1

30.00

30.00

1/26/2021 Softball Scorebook "Little Blue" purchase

1

11.99

11.99

3/1/2021 Softball Scorebook "Little Blue" purchase

2

11.99

23.98

*Thank you for your business!*

**SUBTOTAL**

**575.97**

**TAX RATE**

**TAX**

-

Laura Griffin

# INVOICE

RE: Game Scorekeeping

INVOICE #

4

DATE

4/14/2021

BILL TO

KWGSRL

CUSTOMER ID

TERMS

Due Upon Receipt

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
3/29/2021 NILES @ FL KEYS ELECTRIC	1	30.00	30.00
3/29/2021 FURY @ LAGERHEADS	1	30.00	30.00
3/30/2021 HOWE @ NILES	1	30.00	30.00
3/30/2021 2OCEANS Digital @ ARNOLD'S	1	30.00	30.00
3/31/2021 NILES @ HOWE	1	30.00	30.00
3/31/2021 LAGERHEADS @ 2OCEANS	1	30.00	30.00
4/1/2021 FL KEYS ELECTRIC @ HOWE	1	30.00	30.00
4/1/2021 FURY @ ARNOLD'S	1	30.00	30.00
4/5/2021 FL KEYS ELECTRIC @ HOWE	1	30.00	30.00
4/5/2021 2OCEANS @ FURY	1	30.00	30.00
4/6/2021 KWFF @ NILES	1	30.00	30.00
4/6/2021 LAGERHEADS @ ARNOLD'S	1	30.00	30.00
4/7/2021 FURY @ 2OCEANS	1	30.00	30.00
4/8/2021 HOWE @ KWFF	1	30.00	30.00
4/8/2021 LAGERHEADS @ FURY	1	30.00	30.00
4/9/2021 NILES @ FL KEYS ELECTRIC	1	30.00	30.00
4/9/2021 ARNOLD'S @ 2OCEANS	1	30.00	30.00

Thank you for your business!

SUBTOTAL

510.00

TAX RATE

TAX

-

Monroe County Officials Association 226 Angela Street  
Key West Florida 33040 KWGRSL Invoice 2/11-2/19

Name	Plate / \$45	Base / \$40	Total
Chad R.	5	3	\$345.00
Tony M.	3	3	\$255.00
Rocky	2	2	\$170.00
Carlos P.	1	1	\$85.00
Jossue G.	1	3	\$165.00
Scheduling fee (chad)			\$150.00
			\$1170.00

Monroe County Officials Association 226 Angela Street  
Key West Florida 33040 KWGRSL Invoice 2/22-3/4

Name	Plate / \$45	Base / \$40	Total
Chad R.	4	4	\$340.00
Tony M.	5	6	\$465.00
Rocky	2	2	\$170.00
Carlos P.	2	1	\$130.00
Scheduling fee (Chad)			\$150.00
			\$1,255.00



Monroe County Officials Association 226 Angela Street  
Key West Florida 33040 KWGRSL Invoice 3/8-3/18

Name	Plate / \$45	Base / \$40	Total
Chad R.	4	2	\$260.00
Tony M.	7	6	\$555.00
Rocky	1	1	\$85.00
Carlos P.	5	2	\$305.00
Scheduling fee (chad)			\$150.00
			\$1,355.00

Monroe County Officials Association 226 Angela Street  
Key West Florida 33040 KWGRSL Invoice 3/29-4/9

Name	Plate / \$45	Base / \$40	Total
Chad R.	8	5	\$560.00
Tony M.	5	6	\$465.00
Rocky	2	2	\$170.00
Carlos P.	0	0	
Patrick F	2	2	\$170.00
Scheduling fee (chad)			\$150.00
	17	15	\$1,515.00

Monroe County Officials Association 226 Angela Street  
Key West Florida 33040 KWGRSL Invoice 4/12-4/24

Name	Plate / \$45	Base / \$40	Total
Chad R.	6	3	\$390.00
Tony M.	4	8	\$490.00
Rocky	2	2	\$170.00
Carlos P.	2	1	\$130.00
Patrick F.	0	0	\$0.00
Scheduling fee (chad)			\$150.00
			\$1,330.00

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

DEPARTMENT OF THE TREASURY

Date:

JAN 31 2014

KEY WEST GIRLS SOFTBALL  
RECREATIONAL LEAGUE INC  
PO BOX 420230  
SUMMERLAND KEY, FL 33042-0230

Employer Identification Number:

27-3714065

DLN:

17053241339022

Contact Person:

FELICIA JOHNSON

ID# 31287

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

July 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

October 15, 2010

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

-2-

KEY WEST GIRLS SOFTBALL

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

Sincerely,

A handwritten signature in dark ink, appearing to read "Gerald C. Calhoun". The signature is fluid and cursive, with a long horizontal stroke at the end.

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947

**EXPENSE BUDGET****1/1/2020****Key West Girls Softball Recreational League**

<b>Expense</b>	<b>Category</b>	<b>Budget</b>	<b>Actual</b>	<b>Difference (\$)</b>	<b>Difference (%)</b>
Advertising	Operating	\$ 250.00		\$ 250.00	100%
Debts	Operating	\$ -		\$ -	
Benefits	Operating	\$ -		\$ -	
Supplies+Equipment	Operating	\$ 2,500.00		\$ 2,500.00	100%
Postage	Operating	\$ -		\$ -	
Rent or mortgage	Operating	\$ -		\$ -	
Sales expenses	Operating	\$ -		\$ -	
Taxes	Operating	\$ 750.00		\$ 750.00	100%
Umpire and Score keeper	Personal	\$ 10,000.00		\$ 10,000.00	100%
Uniforms	Operating	\$ 10,000.00		\$ 10,000.00	100%
Utilities	Operating			\$ -	
Trophies	Operating	\$ 4,000.00		\$ 4,000.00	100%
Insurance	Operating	\$ 1,500.00		\$ 1,500.00	100%
Internet	Operating	\$ 1,380.00		\$ 1,380.00	100%
Maintenance and repairs	Operating	\$ 250.00		\$ 250.00	100%
Total Expenses		\$ 30,630.00	\$ -	\$ 30,630.00	100.00%



## **2021 List of Fees**



Player Entry Fee - \$130.00 (\$80.00 for each additional Sibling)

Player Entry Fee Late Registration - \$150.00 (\$80.00 for each additional Sibling)

### **Sponsorship Fees**

Team - \$500.00

Banner – N/A for 2021 season

## **AGREEMENT**

This Agreement is made and entered into this \_\_\_\_\_ day of October, 2021, between the CITY OF KEY WEST, FLORIDA, a municipal corporation, hereinafter referred to as "City," and Key West Girls Softball Recreational League, hereinafter referred to as "PROVIDER."

WHEREAS, the PROVIDER is a not-for-profit corporation established for the provision of Recreational Sports League services in Key West, and

WHEREAS, it is a legitimate public purpose to provide Youth Sports services, now, therefore,

IN CONSIDERATION of the mutual promises and covenants contained herein, it is agreed as follows:

### **FUNDING**

**1. AMOUNT OF AGREEMENT.** The City, in consideration of the PROVIDER substantially and satisfactorily performing and carrying out the duties for \_\_\_\_\_ services, shall pay to the PROVIDER the sum of \_\_\_\_\_ AND NO/100 DOLLARS (\$\_\_\_\_\_.00) for fiscal year 2021-2022.

**2. TERM.** This Agreement shall commence on October 1, 2021, and terminate September 30, 2022, unless earlier terminated pursuant to other provisions herein.

**3. PAYMENT.** Payment will be made periodically, but no more frequently than monthly, as hereinafter set forth. Reimbursement requests will be submitted to the City via the City Manager's Office. The City shall only reimburse, subject to the funded amounts below, those reimbursable expenses which are reviewed and approved as complying with City of Key West Code of Ordinances, State laws and regulations and Attachment A - Expense Reimbursement Requirements. Evidence of payment by the PROVIDER shall be in the form of a letter, summarizing the expenses, with supporting documentation attached. The letter should contain a notarized certification statement. An example of a reimbursement request cover letter is included as Attachment B. The organization's final invoice must be received within thirty days after the termination date of this contract shown in Article 2 above.

After the City Manager or his designee examines and approves the request for reimbursement, the City shall reimburse the PROVIDER. However, the total of said reimbursement expense payments in the aggregate sum shall not exceed the total amount shown in Article 1, above, during the term of this agreement.

**4. AVAILABILITY OF FUNDS.** If funds cannot be obtained or cannot be continued at a level sufficient to allow for continued reimbursement of expenditures for services specified herein, this agreement may be terminated immediately at the option of the City Commission by written notice of termination delivered to the PROVIDER. The City shall not be obligated to pay for any services or goods provided by the PROVIDER after the PROVIDER has received written notice of termination, unless otherwise required by law.

**5. CLAIMS FOR FEDERAL OR STATE AID.** PROVIDER and City agree that each shall be, and is, empowered to apply for, seek, and obtain federal and state funds to further the purpose of this Agreement-

**6. PURCHASE OF PROPERTY.** All property, whether real or personal, purchased with funds provided under this agreement, shall become the property of the City of Key West and shall be accounted for pursuant to statutory requirements.



## **RECORDKEEPING**

**7. RECORDS.** PROVIDER shall maintain all books, records, and documents directly pertinent to performance under this Agreement in accordance with generally accepted accounting principles consistently applied. Each party to this Agreement or their authorized representatives shall have reasonable and timely access to such records of each other party to this Agreement for public records purposes during the term of the Agreement and for four years following the termination of this Agreement. If an auditor employed by the City determines that monies paid to PROVIDER pursuant to this Agreement were spent for purposes not authorized by this Agreement, the PROVIDER shall repay the monies together with interest calculated pursuant to Sec. 55.03, FS, running from the date the monies were paid to PROVIDER.

In addition, if PROVIDER is required to provide an audit as set forth in in Section 9(d) below, the audit shall be prepared by an independent certified public accountant (CPA) with a current license, in good standing with the Florida State Board of Accountancy, who maintains malpractice insurance covering the audit services provided. If the PROVIDER receives \$100,000 or more in grant funding from the City, the CPA must also be a member of the American Institute of Certified Public Accountant (AICPA). The City shall be considered an "intended recipient" of said audit.

**8. PUBLIC ACCESS.** The City and PROVIDER shall allow and permit reasonable access to, and inspection of, all documents, papers, letters or other materials in its possession or under its control subject to the provisions of Chapter 119, Florida Statutes, and made or received by the City and PROVIDER in conjunction with this Agreement; and the City shall have the right to unilaterally cancel this Agreement upon violation of this provision by PROVIDER.

**9. COMPLIANCE WITH CITY GUIDELINES.** The PROVIDER must furnish to the City the following (items A-I must be provided prior to the payment of any invoices):

- (a) IRS Letter of Determination and GUIDESTAR printout indicating current 501(c)(3) status;
- (b) List of the Organization's Board of Directors of which there must be at least 5 and for each board member please indicate when elected to serve and the length of term of service;
- (c) Evidence of annual election of Officers and Directors;
- (d) Board resolution approving application for funding
- (e) Unqualified audited financial statement from the most recent fiscal year for all organizations that expend \$150,000 a year or more; if qualified, include a statement of deficiencies with corrective actions recommended/taken;
- (f) Copy of a filed IRS Form 990 from most recent fiscal year with all attached schedules;
- (g) Organization's Corporate Bylaws, which must include the organization's mission, board and membership composition, and process for election of officers;
- (h) Organization's Policies and Procedures Manual which must include hiring policies for all staff, drug and alcohol free workplace provisions, and equal employment opportunity provisions;
- (i) Specific description or list of services to be provided under this contract with this grant (see Attachment C);
- (j) Annual Performance Report describing services rendered during the most recently completed grant period (to be furnished within 30 days after the contract end date.) The performance report shall include statistical information regarding the types and frequencies of services provided, a profile of clients (including residency) and numbers served, and outcomes achieved;
- (k) Cooperation with City monitoring visits that the City may request during the contract year; and
- (l) Annual budget including expenditures and sources of revenue
- (m) Other reasonable reports and information related to compliance with applicable laws, contract provisions and the scope of services that the City may request during the contract year.

## **RESPONSIBILITIES**

**10. SCOPE OF SERVICES.** The PROVIDER, for the consideration named, covenants and agrees with the City Commission to substantially and satisfactorily perform and provide the services outlined in Attachment C to residents of Key West, Florida.

**11. ATTORNEY'S FEES AND COSTS.** The City and PROVIDER agree that in the event any cause of action or administrative proceeding is initiated or defended by any party relative to the enforcement or interpretation of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, court costs, investigative, and out-of-pocket expenses, as an award against the non-prevailing party, and shall include attorney's fees, courts costs, investigative, and out-of-pocket expenses in appellate proceedings. Mediation proceedings initiated and conducted pursuant to this Agreement shall be in accordance with the Florida Rules of Civil Procedure and usual and customary procedures required by the circuit court of Monroe County.

**12. BINDING EFFECT.** The terms, covenants, conditions, and provisions of this Agreement shall bind and inure to the benefit of the City and PROVIDER and their respective legal representatives, successors, and assigns.

**13. CODE OF ETHICS.** City agrees that officers and employees of the City recognize and will be required to comply with the standards of conduct for public officers and employees as delineated in Section 112.313, Florida Statutes, regarding, but not limited to, solicitation or acceptance of gifts; doing business with one's agency; unauthorized compensation; misuse of public position, conflicting employment or contractual relationship; and disclosure or use of certain information.

**14. NO SOLICITATION/PAYMENT.** The City and PROVIDER warrant that, in respect to itself, it has neither employed nor retained any company or person, other than a bona fide employee working solely for it, to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for it, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this Agreement. For the breach or violation of the provision, the PROVIDER agrees that the City shall have the right to terminate this Agreement without liability and, at its discretion, to offset from monies owed, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

**15. INDEPENDENT CONTRACTOR.** At all times and for all purposes hereunder, the PROVIDER is an independent contractor and not an employee of the Board. No statement contained in this agreement shall be construed so as to find the PROVIDER or any of its employees, contractors, servants or agents to be employees of the City.

## **COMPLIANCE ISSUES**

**16. COMPLIANCE WITH LAW.** In providing all services pursuant to this agreement, the PROVIDER shall abide by all statutes, ordinances, rules and regulations pertaining to or regulating the provision of such services, including those now in effect and hereinafter adopted. Any violation of said statutes, ordinances, rules and regulations shall constitute a material breach of this agreement and shall entitle the Board to terminate this contract immediately upon delivery of written notice of termination to the PROVIDER.

**17. PROFESSIONAL RESPONSIBILITY AND LICENSING.** The PROVIDER shall assure that all professionals have current and appropriate professional licenses and professional liability insurance coverage. Funding by the City is contingent upon retention of appropriate local, state and/or federal certification and/or licensure of the PROVIDER'S program and staff.

**18. NON-DISCRIMINATION.** City and PROVIDER agree that there will be no discrimination against any person, and it is expressly understood that upon a determination by a court of competent jurisdiction that discrimination has occurred, this Agreement automatically terminates without any further action on the part of any party, effective the date of the court order. City or PROVIDER agree to comply with all Federal and Florida statutes, and all local ordinances, as applicable, relating to nondiscrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin; 2) Title IX of the Education Amendment of 1972, as amended (20 USC ss. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; 3) Section 504 of the Rehabilitation Act of 1973, as amended (20 USC s. 794), which prohibits discrimination on the basis of handicaps; 4) The Age Discrimination Act of 1975, as amended (42 USC ss. 6101-6107) which prohibits discrimination on the basis of age; 5) The Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; 6) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; 7) The Public Health Service Act of 1912, ss. 523 and 527 (42 USC ss. 690dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; 8) Title VIII of the Civil Rights Act of 1968 (42 USC s. et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; 9) The Americans with Disabilities Act of 1990 (42 USC s. 1201 Note), as maybe amended from time to time, relating to nondiscrimination on the basis of disability; 10) Any other nondiscrimination provisions in any Federal or state statutes which may apply to the parties to, or the subject matter of, this Agreement.

#### **AMENDMENTS, CHANGES, AND DISPUTES**

**19. MODIFICATIONS AND AMENDMENTS.** Any and all modifications of the services and/or reimbursement of services shall be accomplished by an amendment, which must be approved in writing by the City Commission.

**20. ADJUDICATION OF DISPUTES OR DISAGREEMENTS.** City and PROVIDER agree that all disputes and disagreements shall be attempted to be resolved by meet and confer sessions between representatives of each of the parties. If the issue or issues are not resolved to the satisfaction of the parties, then any party shall have the right to seek such relief or remedy as may be provided by this Agreement or by Florida law.

**21. COOPERATION.** In the event any administrative or legal proceeding is instituted against either party relating to the formation, execution, performance, or breach of this Agreement, City and PROVIDER agree to participate, to the extent required by the other party, in all proceedings, hearings, processes, meetings, and other activities related to the substance of this Agreement or provision of the services under this Agreement. City and PROVIDER specifically agree that no party to this Agreement shall be required to enter into any arbitration proceedings related to this Agreement.

#### **ASSURANCES**

**22. COVENANT OF NO INTEREST.** City and PROVIDER covenant that neither presently has any interest, and shall not acquire any interest, which would conflict in any manner or degree with its performance under this Agreement, and that only interest of each is to perform and receive benefits as recited in this Agreement.

**23. NO ASSIGNMENT.** The PROVIDER shall not assign this agreement except in writing and with the prior written approval of the City Commission, which approval shall be subject to such conditions and provisions as the City Commission may deem necessary. This agreement shall be incorporated by reference into any assignment and any assignee shall comply with all of the provisions herein. Unless expressly provided for therein, such approval shall in no manner or event

be deemed to impose any obligation upon the City Commission in addition to the total agreed upon reimbursement amount for the services of the PROVIDER.

**24. NON-WAIVER OF IMMUNITY.** Notwithstanding the provisions of Sec. 768.28, Florida Statutes, the participation of the City and the PROVIDER in this Agreement and the acquisition of any commercial liability insurance coverage, self-insurance coverage, or local government liability insurance pool coverage shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered into by the City be required to contain any provision for waiver.

**25. ATTESTATIONS.** PROVIDER agrees to execute such documents as the City may reasonably require, to include a Public Entity Crime Statement, an Ethics Statement, and a Drug-Free Workplace Statement.

**26. AUTHORITY.** Each party represents and warrants to the other that the execution, delivery and performance of this Agreement have been duly authorized by all necessary City and corporate action, as required by law.

## **INDEMNITY ISSUES**

**27. INDEMNIFICATION AND HOLD HARMLESS.** The PROVIDER covenants and agrees to indemnify and hold harmless the City of Key West from any and all claims for bodily injury (including death), personal injury, and property damage (including property owned by the City of Key West) and any other losses, damages, and expenses (including attorney's fees) which arise out of, in connection with, or by reason of services provided by the PROVIDER occasioned by the negligence, errors, or other wrongful act or omission of the PROVIDER'S employees, agents, or volunteers.

**28. INSURANCE.** Provider shall secure, pay for and maintain throughout the duration of this agreement, the following minimum limits of liability insurance coverage:

Commercial General Liability	\$1,000,000 each occurrence \$2,000,000 aggregate \$50,000 property damage
Comprehensive Automobile Liability	\$1,000,000 combined single limit (include hired and non-owned liability)
Workers' Compensation	Statutory
Employer's Liability	\$500,000 each accident \$500,000 Disease-Policy Limit \$500,000 Disease-Each Employee

Grantee shall provide the city no less than thirty (30) days' notice of material change or cancellation. Original certificates of insurance shall be submitted naming the City as an additional insured under all policies other than workers' compensation.

**29. PRIVILEGES AND IMMUNITIES.** All of the privileges and immunities from liability, exemptions from laws, ordinances, and rules and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of the City, when performing their respective functions under this Agreement within the territorial limits of the City shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, volunteers, or employees outside the territorial limits of the City.

**30. NO PERSONAL LIABILITY.** No covenant or agreement contained herein shall be deemed to be a covenant or agreement of any member, officer, agent or employee of the City of

Key West in his or her individual capacity, and no member, officer, agent or employee of the City of Key West shall be liable personally on this Agreement or be subject to any personal liability or accountability by reason of the execution of this Agreement.

**31. LEGAL OBLIGATIONS AND RESPONSIBILITIES:** Non-Delegation of Constitutional or Statutory Duties. This Agreement is not intended to, nor shall it be construed as, relieving any participating entity from any obligation or responsibility imposed upon the entity by law except to the extent of actual and timely performance thereof by any participating entity, in which case the performance may be offered in satisfaction of the obligation or responsibility. Further, this Agreement is not intended to, nor shall it be construed as, authorizing the delegation of the constitutional or statutory duties of the City, except to the extent permitted by the Florida constitution, state statute, and case law.

**32. NON-RELIANCE BY NON-PARTIES.** No person or entity shall be entitled to rely upon the terms of this Agreement to enforce or attempt to enforce any third-party claim or entitlement to or benefit of any service or program contemplated hereunder, and the City and the PROVIDER agree that neither the City nor the PROVIDER or any agent, officer, or employee of either shall have the authority to inform, counsel, or otherwise indicate that any particular individual or group of individuals, entity or entities, have entitlements or benefits under this Agreement separate and apart, inferior to, or superior to the community in general or for the purposes contemplated in this Agreement.

#### **GENERAL**

**33. Execution in Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be regarded as an original, all of which taken together shall constitute one and the same instrument and any of the parties hereto may execute this Agreement by signing any such counterpart.

**34. NOTICE.** Any notice required or permitted under this agreement shall be in writing and hand-delivered or mailed, postage pre-paid, by certified mail, return receipt requested, to the other party as follows:

For City:

City Manager  
P.O. Box 1409  
Key West, FL 33041  
305-809-3888

and

City Attorney  
PO Box 1409  
Key West, FL 33041  
305-809-3770

For PROVIDER

\_\_\_\_\_, Executive Director

\_\_\_\_\_  
Key West, FL 33040  
305-\_\_\_\_-\_\_\_\_\_

**35. GOVERNING LAW, VENUE, INTERPRETATION, COSTS, AND FEES.** This Agreement shall be governed by and construed in accordance with the laws of the State of Florida applicable to contracts made and to be performed entirely in the State.

In the event that any cause of action or administrative proceeding is instituted for the enforcement or interpretation of this Agreement, the City and PROVIDER agree that venue will lie in the appropriate court or before the appropriate administrative body in Monroe County, Florida.

The City and PROVIDER agree that, in the event of conflicting interpretations of the terms or a term of this Agreement by or between any of them the issue shall be submitted to mediation prior to the institution of any other administrative or legal proceeding.

**36. NON-WAIVER.** Any waiver of any breach of covenants herein contained to be kept and performed by the PROVIDER shall not be deemed or considered as a continuing waiver and shall not operate to bar or prevent the City from declaring a forfeiture for any succeeding breach, either of the same conditions or covenants or otherwise.

**37. SEVERABILITY.** If any term, covenant, condition or provision of this Agreement (or the application thereof to any circumstance or person) shall be declared invalid or unenforceable to any extent by a court of competent jurisdiction, the remaining terms, covenants, conditions and provisions of this Agreement, shall not be affected thereby; and each remaining term, covenant, condition and provision of this Agreement shall be valid and shall be enforceable to the fullest extent permitted by law unless the enforcement of the remaining terms, covenants, conditions and provisions of this Agreement would prevent the accomplishment of the original intent of this Agreement. The City and PROVIDER agree to reform the Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision.

**38. ENTIRE AGREEMENT.** This agreement constitutes the entire agreement of the parties hereto with respect to the subject matter hereof and supersedes any and all prior agreements with respect to such subject matter between the PROVIDER and the City Commission.

[THIS SPACE INTENTIONALLY LEFT BLANK WITH SIGNATORY PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed as of the day and year first written above.

(SEAL)

ATTEST: CHERI SMITH, CITY CLERK

CITY OF KEY WEST, FLORIDA

By \_\_\_\_\_

City Clerk

By \_\_\_\_\_

City Manager

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Federal ID No. \_\_\_\_\_)

\_\_\_\_\_  
Witness

By \_\_\_\_\_  
Executive Director

**EXPENSE REIMBURSEMENT REQUIREMENTS**

This document is intended to provide basic guidelines to Non-Profit Organizations, who have reimbursable expenses associated with City of Key West business.

A cover letter (see Attachment B) summarizing the major line items on the reimbursable expense request needs to also contain the following notarized certified statement:

"I certify that the above checks have been submitted to the vendors as noted and that the attached expenses are accurate and in agreement with the records of this organization. Furthermore, these expenses are in compliance with this organization's contract with the City of Key West and will not be submitted for reimbursement to any other funding source."

Invoices should be billed to the contracting agency. Third party payments will not be considered for reimbursement. Remember, the expense should be paid prior to requesting a reimbursement.

Only current charges will be considered, no previous balances.

Reimbursement requests will be monitored in accordance with the level of detail in the contract. This document should not be considered all-inclusive. The City reserves the right to review reimbursement requests on an individual basis. Any questions regarding these guidelines should be directed to 305-809-3888.

**Data Processing, PC Time, etc.**

The vendor invoice is required for reimbursement. Inter-company allocations are not considered reimbursable expenditures unless appropriate payroll journals for the charging department are attached and certified.

**Payroll**

A certified statement verifying the accuracy and authenticity of the payroll expense is needed. If a Payroll Journal is provided, it should include: dates, employee name, salary or hourly rate, total hours worked, withholding information and paid payroll taxes, check number and check amount. If a Payroll Journal is not provided, the following information must be provided: pay period, check amount, check number, date, payee, and support for applicable paid payroll taxes.

**Postage, Overnight Deliveries, Courier, etc.**

A log of all postage expenses as they relate to the City contract is required for reimbursement. For overnight or express deliveries, the vendor invoice must be included.

**Rents, Leases, etc.**

A copy of the rental or lease agreement is required. Deposits and advance payments are not allowable expenses.

**Reproductions, Copies, etc.**

A log of copy expenses as they relate to the City contract is required for reimbursement. The log must define the date, number of copies made, source document, purpose, and recipient. A reasonable fee for copy expenses will be allowable. For vendor services, the vendor invoice and a sample of the finished product are required.

**Supplies, Services, etc.**

For supplies or services ordered, a vendor invoice is required.



**Telefax, Fax, etc.**

A fax log is required. The log must define the sender, the intended recipient, the date, the number called, and the reason for sending the fax.

**Telephone Expenses**

A user log of pertinent information must be remitted including: the party called, the caller, the telephone number, the date, and the purpose of the call.

**Travel and Meal Expenses**

Travel reimbursement requests must be submitted and will be paid in accordance with the City of Key West Travel Policy and State laws and regulations. Credit card statements are not acceptable documentation for reimbursement. If attending a conference or meeting, a copy of the agenda is needed. Airfare reimbursement requires the original passenger receipt portion of the airline ticket. A travel itinerary is appreciated to facilitate the audit trail. Auto rental reimbursement requires the vendor invoice. Fuel purchases should be documented with paid receipts. A detailed list of charges is required on the lodging invoice. Balance due must be zero. Room must be registered and paid for by traveler. The City will only reimburse the actual room and related bed tax.

Mileage and meal reimbursement shall be at the rate established by City of Key West Travel Policy.

**Non-allowable Expenses**

The following expenses are not allowable for reimbursement: capital outlay expenditures (unless specifically included in the contract), contributions, depreciation expenses (unless specifically included in the contract), entertainment expenses, fundraising, non-sufficient check charges, penalties and fines.

**ATTACHMENT B****ORGANIZATION  
LETTERHEAD**

City of Key West  
City Manager's Office  
P.O. Box 1409  
Key West, FL 33040

Date

The following is a summary of the expenses for (Organization name) for the time period of \_\_\_\_\_ to \_\_\_\_\_.

Check #	Payee	Reason	Amount
	MCOA	<del>Rent</del> <b>CAPITALS</b>	\$ 6625.00
	Laura Griffin	Score Keeping	\$ 2285.97
(A)	Total		<u>\$ 8910.97</u>
(B)	Total prior payments		\$ 0.00
(C)	Total requested and paid (A + B)		\$ 8910.97
(D)	Total contract amount		\$ 8910.97
	Balance of contract (D-C)		<u>\$ 8910.97</u>

I certify that the above checks have been submitted to the vendors as noted and that the expenses are accurate and in agreement with the records of this organization. Furthermore, these expenses are in compliance with this organization's contract with the City of Key west and will not be submitted for reimbursement to any other funding source.

\_\_\_\_\_  
Executive Director

Attachments (supporting documentation)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ who is personally known to me.

\_\_\_\_\_  
Notary Public

Notary Stamp

## **ATTACHMENT C**

Services to be provided:

*(Insert a copy of your organization's FY 2020-21 Application.)*

**ATTACHMENT D**

**PUBLIC ENTITY CRIME STATEMENT**

"A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a CONTRACTOR, supplier, subcontractor, or CONTRACTOR under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

I have read the above and state that neither \_\_\_\_\_ (Respondent's name) nor any Affiliate has been placed on the convicted vendor list within the last 36 months.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_

(date) by \_\_\_\_\_ (name of affiant). He/She is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**ATTACHMENT E**

**DRUG-FREE WORKPLACE FORM**

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

\_\_\_\_\_  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
\_\_\_\_\_ (name of affiant). He/She is personally known to me or  
has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_