

APPROPRIATIONS CONTRACT

THIS CONTRACT is executed on , by the City of Pompano Beach ("City") and SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC., a Not For Profit Corporation authorized to do business in the State of Florida ("Recipient").

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2025-2026 (October 1st through September 30th), the sum of Five Thousand Dollars (\$5,000.00) to Recipient, to conduct a program entitled or activity as described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description" (collectively the "Work") attached hereto and incorporated herein by reference, for the period beginning October 1, 2025 and ending September 30, 2026; and

WHEREAS, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own;

WHEREAS, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit "A", Recipients Requirements, Contractual Responsibilities and Program Description; Exhibit "B", Payment Schedule; and Exhibit "C", Insurance Requirements attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2025 and ending September 30, 2026.

3. *Renewal.* This Contract is not subject to renewal.

4. *City's Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit "B".

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Chris Swinson or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

If to Recipient: Chris Swinson
President
390 Southeast 16th Avenue
Pompano Beach, FL 33060
Office: (954) 444-9397
Email: sepmrmarketing@gmail.com

If to City: Greg Harrison, City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: greg.harrison@copbfl.com

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the Program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the Program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit "C" throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within one hundred and twenty (120) days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

B. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

CITY CLERK
100 W. Atlantic Blvd., Suite 253
Pompano Beach, Florida 33060
(954) 786-4611
RecordsCustodian@copbfl.com

21. *Governing Law; Venue.* This agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

34. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

KERVIN ALFRED, CITY CLERK

(SEAL)

Dated: _____

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

"RECIPIENT"

SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC.

(Print or type name of company here)

Witnesses:

Michael Calhoro

(Print or Type Name)

Daniel Pava

(Print or Type Name)

By: [Signature]

Print Name: Christian J Swinson

Title: President

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 12th day of September, 2025, by Christian J Swinson as President of SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC., a Florida non for profit corporation. He is personally known to me or who has produced [Signature] (type of identification) as identification.

NOTARY'S SEAL:



[Signature]

NOTARY PUBLIC, STATE OF FLORIDA

Robin B. MacDonald

(Name of Acknowledger Typed, Printed or Stamped)

HH 268168

Commission Number

Exhibit "A"

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:

- a) To accept the funds as appropriated in accordance with the terms of this Contract; and
- b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
- c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
- d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
- e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
- f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
- g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
 - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
 - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
 - iii. Proposal preparation including the costs to develop, prepare or write the proposal

- iv. Pre-award costs
- v. Out-of-state travel; non-local travel expenses
- vi. Gift cards
- vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
- viii. Rentals – one day only (written justification and approval needed for additional time)
- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

- h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

- 2) RECIPIENT agrees to provide the City Manager's Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

- 1st Quarterly Narrative & Financial Report (October/November/December) - February 1st
- 2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st
- 3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st
- 4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars (\$5,000.00) or less, then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application

- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
 - i. Age
 - ii. Race
 - iii. Gender
 - iv. Zip Codes
 - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.

- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC.

Program Funded: 37th Annual Southeast Police Motorcycle Rodeo

Amount Funded: \$5,000.00

Program Description: The Southeast Police Motorcycle Rodeo Committee is proud to host the 37th Anniversary Police Motorcycle Skills Rodeo on April 25, 2026. This event is designed to help motorcycle law enforcement officers from across the United States enhance their riding skills and improve safety while operating in the line of duty.

Participants will demonstrate advanced riding techniques in a competitive setting, showcasing their expertise and precision. The event concludes with an awards banquet to honor the top competitors and recognize the generous support of our sponsors.

Proceeds from the event benefit Concerns of Police Survivors (C.O.P.S.) and the Boys & Girls Club of Broward County, supporting both the families of fallen officers and underserved youth in our community.

This family-friendly event is free and open to the public, featuring bounce houses, face painting, food trucks, live music, and a variety of local vendors.

Form Name:	City of Pompano Beach Nonprofit Partnership Application
Submission Time:	April 30, 2025 8:50 am
Browser:	Chrome 135.0.0.0 / Windows
IP Address:	75.220.55.101
Unique ID:	1339572151
Location:	25.8119, -80.2318

About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2025-2026
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Full Name of Nonprofit:	Southeast Police Motorcycle Rodeo
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Mission of Nonprofit:	<p>The Southeast Police Motorcycle Rodeo is organized by a Board of Directors and is supported by a committee of members who have volunteered their time to support our charity. The Southeast Police Motorcycle Rodeo Committee I, Inc. is a 501c3 charity that raises and donates money to charities supporting law enforcement families as well as any programs that enrich the lives of the children we are sworn to protect.</p>
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Brief Overview of Nonprofit:	<p>This event serves as a fundraiser for C.O.P.S. (Concerns of Police Survivors), an organization dedicated to supporting the families of law enforcement officers who have lost their lives in the line of duty. In addition, all proceeds benefit the Boys & Girls Club of Broward County, helping to provide essential resources and support for local youth. Together, these efforts aim to make a lasting impact on both the families of fallen officers and the children in our community.</p>
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Type of Organization:	Military/Veterans/Police
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Nonprofit Website:	www.southeastpolice.com
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Federal Tax ID Number:	47-2567634
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Which funding priority/sub pillar does your nonprofit qualify for?	Community Excellence: Community Events & Preserving Cultural Heritage
---	---

How does your program/event(s) fit the funding priority/sub pillar?	We invite everyone to experience all that Pompano Beach has to offer. Our event features three exclusive Hospitality Nights for participants, in addition to the main event, which is free and open to the public. Attendees can enjoy a Kid's Fun Zone, local vendors, food trucks, live music, and exciting raffle prizes. All proceeds will directly support children's programs both locally and across the country.
--	--

Statement of Need:	<p>Each year, between 140 and 160 law enforcement officers lose their lives in the line of duty, leaving behind grieving families and colleagues. Concerns of Police Survivors (C.O.P.S.) offers critical resources to help survivors rebuild their lives after such devastating loss. Established in 1984 with just 110 members, C.O.P.S. now supports a community of over 60,000 survivors, including spouses, children, parents, siblings, significant others, and co-workers of fallen officers, as defined by Federal government criteria.</p> <p>In our ongoing commitment to give back locally, our organization has proudly partnered with the Boys & Girls Club since 2019. Our shared mission is to empower all young people, especially those who need us most, to realize their full potential as productive, caring, and responsible citizens.</p> <p>Through our annual fundraising efforts, we are able to fulfill the needs of one Boys & Girls Club each year. The Club provides us with a wish list, and we collaborate with local retailers to secure the supplies and resources necessary for the children's growth and success. The Boys & Girls Club offers a comprehensive range of programs, including education support, social recreation, health and physical education, leadership and citizenship development, cultural enrichment, and personal counseling - ensuring each child receives the tools and guidance they need to thrive.</p>
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Program/Event Information #1

Will your organization be hosting the program/event on City property?	Yes
Which are you applying for? (Program/Event)	Event
Program/Event Name:	37th Annual Southeast Police Motorcycle Rodeo

Type of Program/Event:	Community Event
Share an executive summary of the program/event:	<p>The Southeast Police Motorcycle Rodeo Committee is proud to host the 37th Anniversary Police Motorcycle Skills Rodeo on April 25, 2026. This event is designed to help motorcycle law enforcement officers from across the United States enhance their riding skills and improve safety while operating in the line of duty.</p> <p>Participants will demonstrate advanced riding techniques in a competitive setting, showcasing their expertise and precision. The event concludes with an awards banquet to honor the top competitors and recognize the generous support of our sponsors.</p> <p>Proceeds from the event benefit Concerns of Police Survivors (C.O.P.S.) and the Boys & Girls Club of Broward County, supporting both the families of fallen officers and underserved youth in our community.</p> <p>This family-friendly event is free and open to the public, featuring bounce houses, face painting, food trucks, live music, and a variety of local vendors.</p>
Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?	<p>We intend to use the funds to increase event attendance and enhance key elements that will contribute to the event's overall success. By attracting a larger audience, we can generate greater revenue, which will directly benefit the children's charities we support through increased donations.</p>
What are the proposed outcomes of your program/event?	<p>We are proud to host the longest-running and largest police motorcycle rodeo in the country. Each year, more than 100 law enforcement officers from across the nation travel to Pompano Beach to participate in our event.</p> <p>Thanks to the generous support of Alligator Alley Harley-Davidson, a motorcycle is donated annually for our charity raffle. To maximize our fundraising efforts, we attend numerous events along Florida's east coast, selling raffle tickets and promoting our cause.</p> <p>Additionally, we partner with Anidjar & Levine for the "Christmas on Las Olas" event, where all proceeds raised from Snow Mountain directly support our charitable initiatives.</p>

Share the primary methodology by which you will measure the outcomes of your program/event:

The first key indicator of our event's success is the number of raffle tickets sold, which closely correlates with our social media engagement. We promote our raffle motorcycle and related events nationwide to attract visitors to the City of Pompano Beach.

Our primary Key Performance Indicator (KPI) is the total revenue generated. We evaluate the event's success by analyzing the net revenue - the funds raised after deducting all overhead costs - to ensure we are maximizing support for our charitable initiatives.

Estimated total number of individuals expected to attend your program/event:

1,001-5,000

Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:

2000

Describe the demographics of the population you are impacting with this program/event:

Our event attracts a diverse audience of all ages, from infants to seniors, and includes individuals of all genders, ethnicities, and backgrounds. The average household income of attendees is approximately \$175,000. The funds raised directly support minority youth, ages 8 to 17, who live in low-income housing, helping to provide them with essential resources and opportunities for growth and development.

Include a description of the geographic area your program/event(s) will serve and how it will impact the area:

Our event is primarily focused on Broward County, with a special emphasis on the City of Pompano Beach. The event attracts not only local attendees but also visitors from out of state who support law enforcement. We are proud to host numerous local motorcycle units, along with dedicated spectators who come out to show their support for our children's charity.

How does your organization specifically market your program/event to City of Pompano Beach residents?

Our organization markets our program and events to City of Pompano Beach residents through a multi-channel approach. We utilize targeted social media campaigns across platforms like Facebook and Instagram to reach local audiences, often boosting posts specifically to Pompano Beach ZIP codes. We also collaborate with local businesses, community centers, and public spaces to distribute promotional materials. Our partnership with key local events, such as Christmas on Las Olas, further increases our visibility within the community. Through these combined efforts, we ensure strong outreach and engagement with Pompano Beach residents.

How does a City of Pompano Beach resident access the services/program your nonprofit provides?

City of Pompano Beach residents can access the services and programs we provide by attending our public events, participating in our raffles, and engaging with us through our social media platforms and website. Our main event is free and open to the public, offering family-friendly activities, entertainment, and opportunities to support charitable causes. Additionally, information about our programs, partnerships, and ways to get involved is regularly shared through local community outreach efforts, ensuring residents have multiple access points to participate and benefit from our initiatives.

Start Date of Program/Event:	Apr 22, 2026
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End Date of Program/Event:	Apr 25, 2026
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Does your program/event have a start time/end time?	No
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Name of Program/Event Venue:	37th Annual Southeast Police Rodeo Banquet
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Address of Program/Event Venue Location:	Pier 6 Rooftop 200 N Ocean Blvd. Pompano Beach, FL 33062
---	--

Attire of Program/Event (select the one that best applies):	Business Casual
--	-----------------

List any benefits or partnership opportunities the City of Pompano Beach receives:	The City of Pompano Beach receives several benefits and partnership opportunities through our event. These include a complimentary vendor booth at our main event, providing the City with direct community engagement and promotional opportunities. Additionally, the City will receive tickets to our banquet, offering valuable networking opportunities with event participants, sponsors, and community leaders. This partnership enhances the City's visibility, showcases its support for charitable initiatives, and strengthens connections within the local and national law enforcement communities.
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Total dollar amount of the overall program/event budget:	40000
---	-------

Total dollar amount being requested from the City:	10000
---	-------

How will your organization use the City of Pompano Beach funding?

Our organization will use the City of Pompano Beach funding to enhance promotional efforts and expand community engagement. Specifically, the funds will help cover the cost of promotional items such as banners, flyers, and branded giveaways to increase visibility and attract more attendees. Additionally, we will invest in targeted social media campaigns to boost engagement and promote our event both locally and nationally. These efforts will not only drive higher attendance but also support greater fundraising success for our charitable programs.

Are you applying for a second program/event?

No

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)

No

Additional Information

What are your organization's credentials? Tell us why your organization does it better than anyone else.

We are proud to host the longest-running and largest police motorcycle rodeo in the United States. Our commitment extends beyond the event itself, as we are dedicated to supporting and making a meaningful impact in the lives of as many children as possible.

Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?

We are proud to partner with the Boys & Girls Club and provide in-kind donations to support the Pompano Beach location. The facility provides us with a wish list of essential items, and our officers and team work together to source these products. We then organize an event at the facility, where we present the donations to the children. To make the event even more special, Zona Ice will join us to provide treats for the kids.

Any other information you wish to share?

Below is a YouTube video that explains more about our charity and event.
<https://www.youtube.com/watch?v=t5MpVZI5j34>

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

Yes

If yes, when was the most recent year?

2025

What was the name of program/event funded?

36th Annual Southeast Police Motorcycle Rodeo

How much was the funding for this program/event?

5000

Requested Budget Information

What is your organization's operational budget?

40000

What is the total value your nonprofit is applying for?

10000

If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?

Yes

About Your Staff and Leadership

Total Number of Employees:

5

Full Name of President/CEO/Executive Director:

Chris Swinson

Include your President/CEO/Executive Director's biography:

Officer Swinson has served as a dedicated Board member of the Police Rodeo for the past 10 years, including the last 7 years as President. He spent 20 years with the City of Coral Springs Motor Unit, demonstrating exceptional commitment to law enforcement and community engagement. Recently retired from active duty, Officer Swinson has transitioned into a new role and now serves as the Emergency Manager for the City of Coral Springs, continuing his service to the community in a leadership capacity.

About Your Board of Directors

Total Board Members:

5

How many board members contribute financially to the organization? 5

Is there a formal give/get policy for board members? No

About Your Partnerships and Contributors

Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization. We maintain a strong partnership with Alligator Alley Harley-Davidson, who generously donates a motorcycle to our charity each year. In collaboration with community partners, we customize a one-of-a-kind bike and raffle off tickets at various local events, with all proceeds benefiting our charitable initiatives.

What other funders have supported your organization within the past year? Please include their levels of contribution. Morgan and Morgan - Police Chief Sponsorship
JM Lexus - Police Sergeant Sponsorship (Hospitality Night Sponsor)
Publix - Police Sergeant Sponsorship (Hospitality Night Sponsor)
Whelen - Police Captain Sponsorship
Motorola Solutions- Breakfast or Lunch Sponsorship
Weinburg and Associates - Breakfast or Lunch Sponsorship

Financial Information

How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options: No formal financial audit in place

Describe the processes and procedures your nonprofit has in place to ensure financial transparency and accountability. Include details about any internal or external reviews, checks, or scrutiny that are conducted to maintain the integrity of your financial operations. Your organization will need to provide a combined PDF showing your balance sheet and P&L (profit and loss statement and/or income statement) in the upload document section below.

Our nonprofit is committed to maintaining financial transparency and accountability in all aspects of our operations. We have established internal procedures that include regular reviews of financial statements and budgetary processes to ensure proper allocation of funds.

Upload your documents: All items in this section are mandatory.

Itemized Program/Event Budget - Please provide a budget ONLY for the program/event you are applying for.

<https://www.formstack.com/admin/download/file/17937106961>

Agency Operational Budget

<https://www.formstack.com/admin/download/file/17937106962>

Agency External or Internal Audit and/or a combined PDF with your organization's Balance Sheet and P&L.

<https://www.formstack.com/admin/download/file/17937106963>

W9

<https://www.formstack.com/admin/download/file/17937106964>

IRS 501(c)(3) Determination Letter

<https://www.formstack.com/admin/download/file/17937106965>

Articles of Incorporation

<https://www.formstack.com/admin/download/file/17937106966>

Most Recent 990 Form

<https://www.formstack.com/admin/download/file/17937106967>

List of Board of Directors

<https://www.formstack.com/admin/download/file/17937106968>

Matching Gift Documentation

Does Your Organization Receive Matching Funds? No

President/CEO/Executive Director Contact Information

Name	Chris Swinson
Title	President
Email	sepmrmarketing@gmail.com
Phone Number	(954) 444-9397
Mailing Address	390 Southeast 16th Avenue Pompano Beach, FL 33060

Primary Nonprofit Contact

Name	Chris Swinson
Title	President
Email	sepmrmarketing@gmail.com
Phone Number	(954) 444-9397

Certification and Authorization

**I HEREBY CERTIFY BY READING
AND SELECTING EACH
STATEMENT LISTED BELOW THAT
THE:**

Applicant certifies that information contained in this application is complete and accurate. = Select to Agree

Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree

Applicant has read and understands the application instructions and requirements of the program. = Select to Agree

Applicant agrees that if recommended for funding, the nonprofit will attend the Mandatory Nonprofit Orientation Workshop and that they will participate in a Nonprofit Program Services Fair as required by the City. = Select to Agree

Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree

Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree

Applicant acknowledges that only an executed contract with the City authorizes the initiation of program/event services or activities and incurring expenditures. = Select to Agree

Applicant acknowledges that narrative and financial reporting will be required and the organization will meet the assigned deadlines as set forth by the City. = Select to Agree

Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree

Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree

Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree

Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree

Applicant acknowledges that the program/event(s) submitted will not be eligible to receive funding for if the program/event(s) receives a separate grant from the City for the same program. = Select to Agree

Applicant acknowledges that current policies for general liability, sexual molestation, automobile and workers compensation insurance are required to contract with the City. = Select to Agree

Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree

Applicant acknowledges that all information submitted in the partnership application along with any email or correspondence you provide to the City of Pompano Beach becomes a public record and may be subject to disclosure to anyone who requests it under the State's Public Records Laws, to another government agency as required by state or federal law; and/or in response to a court or administrative order, subpoena or search warrant. Your application may be subject to inspection and copying by the public, unless an exception in law exists. = Select to Agree

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

DEPARTMENT OF THE TREASURY

Date: **DEC 31 2014**

SOUTHEAST POLICE MOTORCYCLE RODEO
COMMITTEE I INC
390 SE 16TH AVE
POMPANO BEACH, FL 33060-0000

Employer Identification Number:
47-2567634
DLN:
26053753002134
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 12, 2014
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.

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.

Letter 5436

SOUTHEAST POLICE MOTORCYCLE RODEO

Sincerely,

A handwritten signature in cursive script, reading "Tamara Ripporda". The signature is written in dark ink and is positioned below the word "Sincerely,".

Director, Exempt Organizations

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Southeast Police Motorcycle Rodeo Committee I, Inc	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 390 SE 16th Avenue		
6 City, state, and ZIP code Pompano Beach, FL 33060		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
4	7	-	2	5	6	7	6	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person

Date

7/22/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**Electronic Articles of Incorporation
For**

N14000010496
FILED
November 12, 2014
Sec. Of State
tchang

SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC.

Article II

The principal place of business address:

390 SE 16TH AVE
POMPANO BEACH, FL. 33060

The mailing address of the corporation is:

390 SE 16TH AVE
POMPANO BEACH, FL. 33060

Article III

The specific purpose for which this corporation is organized is:

RAISE FUNDS FOR CHARITABLE PURPOSES

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

BRUCE WEINBERG
6100 GLADES ROAD
SUITE 205
BOCA RATON, FL. 33434

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: BRUCE WEINBERG

N14000010496
FILED
November 12, 2014
Sec. Of State
tchang

Article VI

The name and address of the incorporator is:

BRUCE WEINBERG
6100 GLADES ROAD, SUITE 205

BOCA RATON, FL 33434

Electronic Signature of Incorporator: BRUCE WEINBERG

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
DON SOLINGER
1300 W. BROWARD BLVD.
FT. LAUDERDALE, FL. 33312

Title: VP
DARRELL SECKENDORF
2071 RINGLING BLVD.
SARASOTA, FL. 34237

Title: T
CHRIS SWINSON
390 SE 16TH AVE.
POMPANO BEACH, FL. 33060

Article VIII

The effective date for this corporation shall be:

11/12/2014

President

OFFICER CHRIS SWINSON

Coral Springs Police Department

Vice President

SGT. DARRELL SECKENDORF

Sarasota County Sheriff's Department

Secretary

SGT. MICHAEL PIANELLI

Broward County Sheriff's Office

Director

COLLEEN HANSTEIN

FOP Lodge 31

Treasurer

DENNIS CLARK

Civilian

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection****A** For the **2022** calendar year, or tax year beginning **10/01**, **2022**, and ending **9/30**, **2023****B** Check if applicable: **C**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

SOUTHEAST POLICE MOTORCYCLE RODEO
COMMITTEE I, INC.
390 SE 16TH AVENUE
POMPANO BEACH, FL 33060

D Employer identification number

47-2567634

E Telephone number

954.444.9397

F Group Exemption
Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify):**I** Website: [HTTP://WWW.SOUTHEASTPOLICE.COM/](http://WWW.SOUTHEASTPOLICE.COM/)**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not**
required to attach Schedule B
(Form 990).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **101,010.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	101,010.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,010.
	10	Grants and similar amounts paid (list in Schedule O)	10	20,500.
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	494.
14		Occupancy, rent, utilities, and maintenance	14	15,830.
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	55,130.
17		Total expenses. Add lines 10 through 16	17	91,954.
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	9,056.	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,147.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	31,203.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2022)

2025 Agency Operational Budget (Yearly)

Accounting Fees: \$1,000.00

Storage: \$3,360.00

AT&T (Hotspot): \$1,400.00

Computer Programs: \$500.00

Social Media Campaigns: \$1,000.00

Video (Marketing): \$5,000.00

Event Supplies: \$2,000

Itemized Event Budget – Police Motorcycle Rodeo

Category	Description	Estimated Cost
Venue & Logistics		
Venue Rental	Venue space, permits	\$1,000
Insurance	Liability and event coverage	\$1,500
Portable Restrooms	Units for public use	\$ 800
Barricades/Cones/Traffic Setup	Course setup and public safety	\$1,200
Event Infrastructure		
Stage/Audio Equipment Rental	For live music and announcements	\$2,000
Tents/Tables/Chairs	Vendor booths, registration, seating areas	\$2,000
Bounce Houses & Kid Zone	Rentals and activities for children	\$1,500
Signage & Banners	Event branding, directional signage	\$750
Ice Rental	Ice for the event	\$500
Marketing & Promotion		
Social Media Ads	Facebook/Instagram boosts, targeted local ads	\$1,000
Printed Materials	Flyers, posters, brochures	\$500
Promotional Items	Branded giveaways, T-shirts, raffle promo materials	\$1,500
Website/Event Page Updates	Maintenance and design	\$600
Entertainment & Hospitality		
DJ or Live Band	Performance fees	\$1,200
Volunteer Meals & Refreshments	Food and drinks for event staff	\$2,000
Awards Banquet	Venue, catering, and program materials	\$10,000
Raffle Motorcycle	Sponsored by Alligator Alley Harley-Davidson	Donated

Category	Description	Estimated Cost
Customization Costs	Design, painting, aftermarket parts	\$2,500
Miscellaneous		
Contingency Fund (10%)	Unforeseen expenses	\$2,500
Total Estimated Budget		\$33,050

Exhibit “B”
Payment Schedule – Lump Sum Payment

A. AWARD DISBURSEMENTS

The awards disbursement process will begin in October 1, and end in September 30, for the fiscal year that this contract is approved.

B. PAYMENT SCHEDULE

The total amount awarded for the SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE I, INC. for 37th Annual Southeast Police Motorcycle Rodeo for the current fiscal year is: Five Thousand Dollars (\$5,000.00).

There will be a lump sum payment issued in advance equal to Five Thousand Dollars (\$5,000.00). For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization report of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY, in the lump sum narrative and financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement shall result in the denial of the future requests for payments.

All payments and reporting requirements apply for each project which is a part of the awarded contract.

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

Type of Insurance

Limits of Liability

GENERAL LIABILITY: Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate

* Policy to be written on a claims incurred basis

XX	comprehensive form	bodily injury and property damage
XX	premises - operations	bodily injury and property damage
—	explosion & collapse hazard	
—	underground hazard	
XX	products/completed operations hazard	bodily injury and property damage combined
XX	contractual insurance	bodily injury and property damage combined
XX	broad form property damage	bodily injury and property damage combined
XX	independent contractors	personal injury
XX	personal injury	
XX	sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate
—	liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate

AUTOMOBILE LIABILITY: Minimum \$10,000/\$20,000/\$10,000

XX comprehensive form
XX owned
XX hired
XX non-owned

REAL & PERSONAL PROPERTY

— comprehensive form Agent must show proof they have this coverage.

EXCESS LIABILITY		Per Occurrence	Aggregate
— other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000

PROFESSIONAL LIABILITY Per Occurrence Aggregate

— * Policy to be written on a claims made basis \$1,000,000 \$1,000,000

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.

State Farm®
Providing Insurance and Financial Services



PO Box 2358
Bloomington IL 61702-2358

Looking for your auto ID cards? Here they are. You have options . . .

- Print your cards and keep them in your car.
- You can access your digital cards through our app.

If you requested replacement cards, we'll mail a paper copy to you.

If these versions of your ID cards are not accepted by law enforcement or your local Department of Motor Vehicles office, please contact your agent for help.

Thank you for choosing State Farm® for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

State Farm FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD STATE FARM		
POLICY NUMBER P87 4348-B12-59 4	CO. NUMBER 09785	EFFECTIVE DATE AUG 12 2025
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION	<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> BODILY INJURY
NAMED INSURED CICCARELLI, CANDICE J & SWINSON, CHRISTOPHER J II		MUTL VOL
COVERAGES A P10 D1000 G1000		
YR 2022	MAKE GMC	VEHICLE IDENTIFICATION NUMBER 1GT49PEY3NF331318
AGENT ALEX SCHAEFFER		NAIC 25178
PHONE (561)990-1659		
The coverage provided by the policy meets the minimum liability limits prescribed by law.		

State Farm MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE	
IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY. How to identify your coverage. See policy for full name and definition A Bodily Injury Liability H Emergency Road Service U Uninsured Motor Vehicle B Property Damage Liability P No-Fault U3 Uninsured Motor Vehicle C Medical Payments R1 Car Rental and Travel Expenses Nonstacked D Comprehensive S Death, Dismemberment and UNOC Use of Nonowned Cars G Collision Loss of Sight	

KEEP A CARD IN YOUR CAR.
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.
MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.
Emergency Road Service information is located on your insurance card.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

State Farm FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD STATE FARM		
POLICY NUMBER P87 4348-B12-59 4	CO. NUMBER 09785	EFFECTIVE DATE AUG 12 2025
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION	<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> BODILY INJURY
NAMED INSURED CICCARELLI, CANDICE J & SWINSON, CHRISTOPHER J II		MUTL VOL
COVERAGES A P10 D1000 G1000		
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IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY. How to identify your coverage. See policy for full name and definition A Bodily Injury Liability H Emergency Road Service U Uninsured Motor Vehicle B Property Damage Liability P No-Fault U3 Uninsured Motor Vehicle C Medical Payments R1 Car Rental and Travel Expenses Nonstacked D Comprehensive S Death, Dismemberment and UNOC Use of Nonowned Cars G Collision Loss of Sight	

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Emergency Road Service information is located on your insurance card.



APPROVED *Daniel Beecher*
By Daniel Beecher at 2:21 pm, Aug 25, 2025

August 22, 2025

Chris Swinson - President
Southeast Police Motorcycle Rodeo
390 SE 16th Ave.
Pompano Beach, FL 33060

To whom it may concern,

The Southeast Police Motorcycle Rodeo is a 501c3 charity created in 1989 with the sole purpose of raising charitable funds for children-based charities in Broward County. In doing so, we host an annual Police Motorcycle training event that not only raises money for these charities but brings attention to these organizations and their causes. This event is attended by sworn Police Officers from throughout the country and is run by a 5-member adult board.

Although our charity is founded on the basis of supporting our community and its children, we have no interaction with children during our event or any events related to the build-up or breakdown of our event week. We are solely a foundation created to raise funds for these charities by putting on a yearly Law Enforcement training competition.

Sincerely,

A handwritten signature in black ink, appearing to be 'Chris Swinson', written over a circular scribble.

Chris Swinson
President – Southeast Rodeo
(954) 444-9397
www.southeastpolice.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/2025

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 have ADDITIONAL INSURED provisions or 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 K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: MM - Short Term Special Events PHONE (A/C, No, Ext): 1-877-648-6404 FAX (A/C, No): 1-260-459-5502 E-MAIL: info@eventinsurance-kk.com ADDRESS: PRODUCER CUSTOMER ID:
INSURED Southeast Police Motorcycle Rodeo 390 SE 16 Ave Pompano Beach, FL 33060 A Member of the Sports, Leisure & Entertainment RPG	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 38970

APPROVED *Daniel Beecher*
By Daniel Beecher at 7:42 am, Mar 17, 2025

COVERAGES CERTIFICATE NUMBER: W02929818 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		M1RPG000000499900	04/15/2025 12:01 AM EDT	04/20/2025 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY BODILY INJURY TO PARTICIPANTS COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY NOT PROVIDED WHILE IN HAWAII						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL EXCESS MEDICAL

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

Event Name: Southeast Police Motorcycle Rodeo ; Event Date: 04/15/2025 to 04/19/2025; # of attendees: 800

Event Location: FAU LOT #5, 777 Glades Road, Boca Raton, Florida 33431

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER

City of Pompano Beach
100 West Atlantic Blvd
Pompano Beach, FL 33060
(Sponsor)

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Scott Furbush

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Pompano Beach
100 West Atlantic Blvd
Pompano Beach, FL 33060

Named Insured: Southeast Police Motorcycle Rodeo

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

August 20, 2025

SE Police Motorcycle Rodeo
390 SE 16th Ave.
Pompano Beach, FL 33060

APPROVED

Daniel Beecher

By Daniel Beecher at 2:22 pm, Aug 25, 2025

Dear Ms. Ciccarelli,

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation Insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 100 West Atlantic Boulevard, Pompano Beach 33060. If you have any questions about this letter, please telephone me at 954.786.4065 or reach out via email at joshua.watters@copbfl.com, copying Kelly Vitale at Strategic Philanthropy at kelly@strategicphilanthropyinc.com.

Sincerely,

Joshua Watters
Budget Director
City of Pompano Beach

SE Police Motorcycle Rodeo has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida. **SE Police Motorcycle Rodeo** agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.

Signature

Date



Chris Sutton **PRESIDENT - SE RODEO**

Name and Title (print)