

# APPROPRIATIONS CONTRACT

---

**THIS CONTRACT** is executed on \_\_\_\_\_, by the City of Pompano Beach (“City”) and NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL CORPORATION, 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 Seven Thousand Five Hundred Dollars (\$7,500.00) 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 Raj Rajgopal 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:** Raj Rajgopal  
Director  
2000 S Ocean Drive Unit 23B  
Hallandale Beach, FL 33009  
Office: (508) 298-8541  
Email: rrajgopal2660@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](mailto: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"**

NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL, CORPORATION

(Print or type name of company here)

Witnesses:

[Signature]  
Kaitlyn Ken

(Print or Type Name)

[Signature]

By: Raj Rajgopal

Print Name: Raj Rajgopal

Title: Director

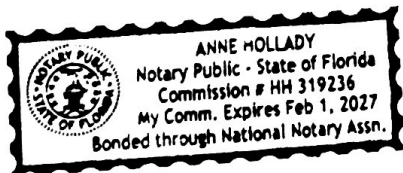
Samantha Kraskiewicz  
(Print or Type Name)

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 9<sup>th</sup> day of September, 2025, by Raj Rajgopal as Director of NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL, CORPORATION, a Florida non for profit corporation. He is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

NOTARY'S SEAL:



Anne Hollady  
NOTARY PUBLIC, STATE OF FLORIDA

Anne Hollady  
(Name of Acknowledger Typed, Printed or Stamped)

HH 319236  
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:

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

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: NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL, CORPORATION

Program Funded: Namaste!

Amount Funded: \$7,500.00

Program Description: Namaste! extends an invitation to the South Florida community and tourists alike, offering a captivating glimpse into the rich tapestry of Indian culture and heritage spanning 5000 years.

This flagship event, a free outdoor cultural extravaganza, promises an immersive experience featuring curated Indian music, dance, culinary delights, and a myriad of other captivating art forms. With ~500 performers gracing the stage in small groups, each delivering captivating performances ranging from 5 to 20 minutes, attendees will be treated to a continuous showcase of talent with over 50 performances scheduled back-to-back. Notably, the event will spotlight the prowess of young artists, with at least 350 performers under the age of 21, complemented by seasoned adult artists, in collaboration with esteemed South Florida and national artists and their talented students.

In addition to the mesmerizing performances, the event boasts an array of cultural booths, restaurant vendors, and merchandise stalls, providing visitors with an immersive journey through the diverse heritage, art, spirituality, and cuisine spanning the 29 states of India.

Attendees are invited to indulge their senses, whether by enjoying a spellbinding performance, savoring authentic Indian cuisine from one of the eight restaurant vendors, or perusing the offerings at the Grand Bazaar, featuring over 50 Indian businesses offering a treasure trove of merchandise. For those seeking to deepen their understanding of Indian heritage, the event offers an opportunity to engage with cultural booths offering insights into the rich history and traditions of India spanning millennia.

Namaste! is more than just an event; it's a celebration of diversity, unity, and the timeless allure of Indian culture, inviting all to come together and embark on an unforgettable journey of exploration and discovery.



Form Name:	City of Pompano Beach Nonprofit Partnership Application
Submission Time:	April 26, 2025 6:48 pm
Browser:	Chrome 131.0.0.0 / OS X
IP Address:	139.68.240.49
Unique ID:	1338537130
Location:	26.0618, -80.4146

## About Your Organization

---

Which Fiscal Year Is Your Organization Applying For?	2025-2026
--	-----------

---

Full Name of Nonprofit:	NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL
-------------------------	--

---

**Mission of Nonprofit:**

Namaste! endeavors to immerse the South Florida community and its visitors in the richness of Indian culture spanning over 5000 years. Through vibrant showcases of music, dance, art, culinary delights, and captivating shopping experiences, we aim to create an unforgettable tapestry of Indian cultural exploration.

As Friedrich Nietzsche once remarked, "Without music, life would be a mistake," underscoring the profound impact of melodies on our existence. Martha Graham beautifully expressed that "Dance is the hidden language of the soul," revealing the deeper connections forged through movement. Twyla Tharp echoed the sentiment that "art is the only way to run away, without leaving home," emphasizing its transformative power. Guy Fieri aptly noted, "Cooking is all about people... [it] has the power to bring everyone together," highlighting the universal bond forged through shared meals.

Namaste! is dedicated to embodying these philosophies, curating events that blend the essence of these beliefs into every facet of our gatherings. We collaborate with Florida Fine Arts (FFA) to amplify our mission.

Florida Fine Arts (FFA) shares our vision, striving to promote diverse global art forms, including Indian genres, with a special focus on youth engagement. By providing a platform for collaboration among artists of various disciplines, FFA fosters the creation of original compositions and choreographies, showcased through live performances and digital mediums. Moreover, FFA extends its support to other non-profit organizations, aiding them in amplifying their causes through compelling digital content and live events that integrate music, dance, and storytelling. Additionally, FFA hosts youth festivals and competitions, nurturing budding talent and encouraging excellence in music and dance among the younger generation.

Together, Namaste! and FFA are committed to celebrating cultural diversity, fostering artistic expression, and bridging communities through the universal language of creativity.

---

**Brief Overview of Nonprofit:**

Namaste! A Grand Indian Art and Food Festival officially registered as a non-profit 501C3 organization on May 25, 2022, marking the commencement of a journey dedicated to celebrating the vibrant tapestry of Indian heritage and culture. The inaugural marquee event took place in December of the same year, marking the beginning of an annual tradition.

Continuing its commitment to cultural enrichment, Namaste! has consistently hosted its marquee festival annually, with the upcoming event scheduled for February 7, 2026. This signature gathering remains open to all visitors, free of charge, serving as a gateway to an unparalleled exploration of Indian visual and performing arts.

With a staggering attendance of 15,000 plus individuals last year, this event serves as a vibrant mosaic, showcasing the pinnacle of Indian creativity and tradition. It offers South Florida residents a unique opportunity to delve into the rich tapestry of Indian heritage, illustrating how it harmoniously intertwines with diverse cultures, enriching the broader community.

At Namaste!, attendees are invited to immerse themselves in a captivating array of experiences, ranging from mesmerizing art exhibitions and soul-stirring performances to tantalizing culinary delights. This immersive journey extends to the exploration of Indian spirituality, inviting visitors to deepen their understanding of the four main religions-Buddhism, Jainism, Sikhism, and Hinduism-that originated in India. Our "Gallery of States" showcases the differences between different States in India, akin to the countries of Europe.

Moreover, the festival provides a platform for cultural exchange, offering visitors the chance to savor authentic Indian cuisine, peruse exquisite hand crafted jewelry and attire, and engage with various facets of Indian culture.

Namaste! stands as a beacon of cultural appreciation and understanding, fostering connections and celebrating the diverse tapestry of human expression.

Type of Organization:	Arts & Culture
Nonprofit Website:	<a href="http://www.NamasteFL.com">www.NamasteFL.com</a>
Federal Tax ID Number:	88-2536826

<b>Which funding priority/sub pillar does your nonprofit qualify for?</b>	Community Excellence: Community Events & Preserving Cultural Heritage
---	---

---

<b>How does your program/event(s) fit the funding priority/sub pillar?</b>	<p>This dynamic outdoor cultural extravaganza promises to be a feast for the senses, showcasing a carefully curated blend of Indian music, dance, culinary delights, and a myriad of other captivating art forms. With an impressive lineup boasting almost 500 talented performers spanning across youth and adult categories, the event is poised to draw in a staggering crowd of more than 15,000 enthusiastic visitors from Miami, Palm Beach, Broward counties and from across the USA to the picturesque city of Pompano Beach in 2025-2006. This supports Pompano Beach's objective of being a preferred place to visit.</p>
--	--

Beyond the celebration of Indian culture, this event serves as a powerful catalyst in positioning the City of Pompano Beach as a burgeoning hub for travel, arts, and culture within South Florida. By utilizing the city's state-of-the-art facilities and amphitheater, attendees will not only be treated to an unforgettable cultural experience but also gain firsthand insight into the world-class infrastructure that characterizes the region.

Moreover, the presence of such a vibrant cultural community serves as a compelling factor for prospective residents, including affluent retirees, considering Pompano Beach as their future home. This influx of discerning individuals not only contributes to the economic vitality of the area but also fosters a sense of prosperity and growth within the broader region, solidifying Pompano Beach's status as a destination of choice for those seeking an enriching and fulfilling lifestyle.

---

**Statement of Need:**

The upcoming fourth edition of the festival remains steadfast in its commitment to accessibility, offering FREE AND INCLUSIVE experience for all visitors. Through a diverse showcase of high-caliber Indian visual and performing arts, attendees will embark on a captivating journey celebrating the rich tapestry of Indian heritage and culture. This immersive experience not only promises excitement for South Florida residents but also serves as a testament to the seamless integration of Indian traditions with the broader community, enriching the cultural landscape with vibrant diversity.

Generously supported by the City of Pompano Beach the past three years, funding will be allocated to partially cover the expenses associated with hosting this expansive event. From the setup of a 40x30 stage and provision of sound and park lighting to the facilitation of culture demonstrations, and essential city personnel including fire, police, and sanitation services, every detail is meticulously accounted for. Additional costs encompass tents, electrical wiring, tables, chairs, and portable facilities, all essential components to ensure a seamless and enjoyable experience for attendees.

Furthermore, substantial investments are made in marketing efforts to attract a diverse audience, with a targeted outreach aimed at registering more than 15,000 attendees from the tri-county region of Broward, Palm Beach, and Miami-Dade. Building on past successes, the festival aims to draw at least 10% of its visitors from out-of-state locations, leveraging the momentum gained from previous editions.

Anticipating a total expenditure of approximately \$93,500, meticulous planning and strategic allocation of resources ensure that this cultural extravaganza continues to captivate audiences while fostering unity, understanding, and appreciation for the rich tapestry of Indian culture within the broader community.

---

**Program/Event Information #1**

---

**Will your organization be hosting the program/event on City property?**

Yes

**Which are you applying for? (Program/Event)**

Event

---

<b>Program/Event Name:</b>	Namaste!
<b>Type of Program/Event:</b>	Community Event
<b>Share an executive summary of the program/event:</b>	<p>Namaste! extends an invitation to the South Florida community and tourists alike, offering a captivating glimpse into the rich tapestry of Indian culture and heritage spanning 5000 years.</p> <p>This flagship event, a free outdoor cultural extravaganza, promises an immersive experience featuring curated Indian music, dance, culinary delights, and a myriad of other captivating art forms. With ~500 performers gracing the stage in small groups, each delivering captivating performances ranging from 5 to 20 minutes, attendees will be treated to a continuous showcase of talent with over 50 performances scheduled back-to-back. Notably, the event will spotlight the prowess of young artists, with at least 350 performers under the age of 21, complemented by seasoned adult artists, in collaboration with esteemed South Florida and national artists and their talented students.</p> <p>In addition to the mesmerizing performances, the event boasts an array of cultural booths, restaurant vendors, and merchandise stalls, providing visitors with an immersive journey through the diverse heritage, art, spirituality, and cuisine spanning the 29 states of India.</p> <p>Attendees are invited to indulge their senses, whether by enjoying a spellbinding performance, savoring authentic Indian cuisine from one of the eight restaurant vendors, or perusing the offerings at the Grand Bazaar, featuring over 50 Indian businesses offering a treasure trove of merchandise. For those seeking to deepen their understanding of Indian heritage, the event offers an opportunity to engage with cultural booths offering insights into the rich history and traditions of India spanning millennia.</p> <p>Namaste! is more than just an event; it's a celebration of diversity, unity, and the timeless allure of Indian culture, inviting all to come together and embark on an unforgettable journey of exploration and discovery.</p>

---

**Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?**

The event's mission is to present an immersive Indian Festival that serves as a vibrant tapestry, weaving together the 5000-year history of India through four dimensions: Music, Dance, Culture, and Food. Inspired by the words of Vempati Chinna Satyam, who eloquently stated, "Dance, like music, knows no geographical boundaries, no linguistic barriers, and no racial divisions. All walls crumble where art is concerned. It is a great unifying and integrating force," Namaste! seeks to embody this spirit of unity and cohesion within the South Florida community.

Namaste! endeavors to showcase a diverse array of high-caliber Indian visual and performing arts, seamlessly blending them with culinary delights to offer South Florida residents an unparalleled experience of Indian heritage and culture. Through strategic collaboration with Florida Fine Arts (FFA), Namaste! aims to elevate its objectives, ensuring a rich and engaging cultural tapestry for all attendees.

Crucially, funding support plays a pivotal role in preserving the event's accessibility, allowing it to remain free for all visitors. By removing economic barriers, Namaste! extends its cultural embrace to over 16,000 attendees including ~3000 from Pompano Beach, offering them a captivating glimpse into the rich and expansive heritage of India. This commitment not only strengthens the bonds of cultural diversity within the community but also fosters economic vitality.

The free-access model serves as a catalyst for community engagement, drawing large numbers of attendees who, in turn, support local businesses and contribute to the vibrant tapestry of Pompano Beach. By showcasing the city as a world-class retirement destination, Namaste! collaborates with local stakeholders to drive economic growth and prosperity, further cementing Pompano Beach's status as a beacon of cultural richness and community spirit.

---

**What are the proposed outcomes of your program/event?**

The event endeavors to enlighten, entertain, and unite a gathering of over 15,000 visitors, offering a captivating journey through the rich tapestry of India's heritage. Throughout the event, attendees will:

1. Engage in immersive demonstrations showcasing Indian art, dance, music, spirituality, and cuisine, spanning the diverse landscape of India.
2. Delight in captivating performances by curated artists on our stage nestled within the picturesque Pompano Beach grounds.
3. Experience the thrill of high-energy group performances curated to dazzle and inspire.
4. Indulge their palates with a culinary odyssey, sampling flavors from across India to complement the cultural demonstrations.
5. Explore the treasures of Indian jewelry, clothing, and curios at our bustling Grand Bazaar.
6. Discover the remarkable inventions and discoveries originating from ancient India, offering new insights and appreciation.
7. Gain insights into the foundational religions of Buddhism, Jainism, Sikhism, and Hinduism, which originated in India.
8. Immerse themselves in the unique traditions and offerings of different states in India, each with its distinct food, culture, and craftsmanship.
9. Experience a rich tapestry of Indian art, dance, music, spirituality, shopping, and cuisine, providing a window into global culture.
10. Discover the allure of Pompano Beach as a destination for travel, culture, and potential retirement, uncovering its vibrant offerings and charm.

Through these immersive experiences, the event fosters cultural appreciation, cross-cultural understanding, and community connection, leaving a lasting impact on all who attend.

---

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

The number of visitors attending the event will be the north star metric to measure the success of the event. All tickets will be registered on EventBrite and UBMe which will track attendees and demographics of the attendees. We will also conduct surveys of a sample of attendees to gather demographics and feedback. The event also tracks the number of performers and vendors as well as their feedback on strengths and areas of improvement.

---



**Estimated total number of individuals expected to attend your program/event:** 10,001+

---

**Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:** 3000

---

**Describe the demographics of the population you are impacting with this program/event:** Of the total 15,963 tickets sold for the 2024 event, 3,642(22.8%) were Palm Beach residents, 7,545(47.2%) were Broward residents, 2,548(15.9%) were Miami-Dade residents and 2,228(13.9%) visitors that attended the event were from outside of the three counties. 55% of the visitors identified as female, 44% as male and 1% other. 5% of the population was Asians, 26% white, Black and Africans were 4%, Hispanic 18% and Indians was 47%. Average family income was ~\$75,000. By age, the demographics was as follows:

12 and Under: 8%,  
13-17 15%,  
18-25 17%,  
26-40 33%,  
41-64 21%,  
65 and over 6%

We anticipate the demographics remaining relatively stable and consistent with prior trends for this event.

---

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

Our social media marketing team will primarily target residents in Pompano Beach, Broward, Miami and Dade, and Palm Beach counties targeting all nationalities and individuals over the age of 18 with an Interest in Festivals, Art, Dance and Music and interest in International cultures. Our partners Desh Videsh Media will target residents of Florida, Georgia and North/South Carolina. Our sponsor Akshaya Patra will target high net worth audiences from across the US, and Diya TV will target the South Asian population from across the US.

For three consecutive years, we have marketed Namaste as The Indian Festival to attend and hosted by Pompano Beach. The event has achieved a strong brand reputation especially among the Indian community given our strategy of free entry and free parking. Past grants from Pompano Beach has allowed to keep the event free which is a huge differentiator from other festivals that charge an entry fee and parking. This benefits the city as the premiere destination for an Indian Festival as people look forward in anticipation to the Namaste Festival in Pompano Beach.

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

We market the program to Pompano Beach residents in several ways:

1. Social Media Marketing
2. City of Pompano Beach website and cultural portals and notice boards
3. Namaste event post cards at the Emma Lou Olson Civic center and handing out cards at Amphitheater events
4. John Knox village residents
5. Local restaurants including Deccan Spice

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

Entrance to Namaste is free to all Pompano Beach residents

**Start Date of Program/Event:**

Feb 07, 2026

**End Date of Program/Event:**

Feb 07, 2026

**Does your program/event have a start time/end time?**

Yes

**Start Time of Program/Event:**

12:00 PM

**End Time of Program/Event:**

09:00 PM

**Name of Program/Event Venue:**

Namaste! Located at Pompano Beach Amphitheater and Grounds

<b>Address of Program/Event Venue Location:</b>	1806 NE 6th Street Pompano Beach, FL 33060
<b>Attire of Program/Event (select the one that best applies):</b>	Casual
<b>List any benefits or partnership opportunities the City of Pompano Beach receives:</b>	<p>Continuing our tradition from 2022, 2023 and 2024, Pompano Beach will proudly feature as a Platinum event sponsor for the upcoming Namaste festival. This prestigious sponsorship will be prominently highlighted through various channels, ensuring widespread exposure and recognition.</p> <p>Promotional efforts will include:</p> <p>Website Promotion: Pompano Beach will be showcased as a platinum sponsor on our official website, <a href="http://www.NamasteFL.com">www.NamasteFL.com</a>, reaching a broad online audience.</p> <p>Digital Marketing Campaigns: Targeted campaigns will be launched across Facebook, Instagram, Sun Sentinel, and 22 affiliated platforms, as well as Culture Owl, maximizing visibility and engagement.</p> <p>Banner Displays: Pompano Beach's logo will adorn banners at the Namaste event venue, garnering attention from attendees throughout the festivities.</p> <p>On-Air Announcements: On the day of the event, on-air announcements will further amplify Pompano Beach's sponsorship, ensuring recognition among all attendees.</p> <p>Special Recognition: The Mayor of Pompano Beach will be invited to grace the stage and officially open Namaste!, underscoring the city's commitment to cultural enrichment.</p> <p>Printed Material: Pompano Beach's support will be acknowledged with a full-page advertisement in Namaste's brochure, distributed to each family attending the event, providing lasting visibility.</p> <p>For a detailed overview of the City of Pompano Beach's sponsorship benefits from 2024, please refer to our website's sponsorship section at <a href="https://www.namastefl.com/sponsors/">https://www.namastefl.com/sponsors/</a>.</p> <p>We look forward to continuing this valued partnership and showcasing Pompano Beach's unwavering support for cultural enrichment and community engagement at Namaste 2025.</p>
<b>Total dollar amount of the overall program/event budget:</b>	93500

<b>Total dollar amount being requested from the City:</b>	15000
---	-------

---

<b>How will your organization use the City of Pompano Beach funding?</b>	<p>The allocated funding will play a crucial role in alleviating the financial burden associated with hosting this complimentary event. Specifically, it will contribute towards various essential expenses, including:</p> <p>Booth Setup: Covering the costs associated with setting up booths, ensuring a seamless and organized experience for attendees.</p> <p>City Personnel: Supporting the deployment of essential city personnel, such as fire, police, and sanitation services, to maintain safety and order throughout the event.</p> <p>Utilities: Offset the expenditure related to providing electricity to each tent, facilitating the smooth operation of equipment and facilities.</p> <p>Infrastructure: Procuring tables, chairs, and portable restroom facilities (port-a-potty), essential amenities for the comfort and convenience of attendees.</p> <p>Staging: Funding the construction and installation of stages, providing platforms for performers to showcase their talent.</p> <p>Audio and Lighting: Ensuring top-tier audiovisual experiences by covering the costs of audio and lighting equipment for the amphitheater, enhancing the ambiance and quality of performances.</p> <p>By subsidizing these essential components, the funding enables the event organizers to uphold the quality and accessibility of the event, ultimately enhancing the overall experience for attendees while maintaining its status as a free and inclusive cultural celebration.</p>
--	---

---

<b>Are you applying for a second program/event?</b>	No
---	----

---

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

---

<b>Name of Event:</b>	NAMASTE OPENING CEREMONY
-----------------------	--------------------------

---

**Description of Event:**

At the opening ceremony as in the past three years, Honorable Mayor Rex Hardin and Other city officials along with elected officials from other Broward counties and VIPS are invited to the stage. The Mayor lights a lamp, cuts the ribbon and gives a short speech welcoming the visitors.

---

**Date of Event:**

Feb 07, 2026

---

**Start Time of Event:**

01:30 PM

---

**End Time of Event:**

02:30 PM

---

**Name of Event Venue:**

Pompano Beach Amphitheater and Grounds

---

**Address of Event Venue Location:**

1806 NE 6th St  
Pompano Beach, FL 33060

---

**Attire of Program/Event (select the one that best applies)**

Casual

---

**Additional Information**

---

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

Namaste: A Grand Indian Art and Food Festival (NAMASTE), in collaboration with Florida Fine Arts (FFA), proudly returns to Pompano Beach for the fourth consecutive year. Building on the resounding success of Namaste 2022, which drew 10,000 attendees, and the even more impressive turnout of over 15,000 visitors in 2023 and 2024, our aim is to establish this as an annual hallmark event for Pompano Beach, fostering mutual benefits for both the city and NAMASTE, as evidenced by our past achievements.

Our mission at Namaste! is clear: to present an immersive Indian Festival that embodies the 5000-year history of India through four key dimensions-Music, Dance, Culture, and Food. With a proven track record spanning three years, we have seamlessly integrated all four aspects, captivating audiences and surpassing expectations with our diverse offerings, attracting over 15,000 attendees annually.

Complementing our efforts, Florida Fine Arts has a distinguished history of promoting various global genres of performing and visual arts. With a portfolio boasting significant events such as Indian Classical Flute Concerts (2019), Mindfulness through Music workshops (2021), and the highly successful Rasa Indian Music & Dance event (2021), the three Namaste Festivals in 2022, 2023, 2024 and The Performing Arts Festival (2024), FFA brings invaluable expertise and passion to our collaborative endeavors.

Furthermore, the collective expertise of "Namaste A Grand Indian Art and Food Festival" board members extends beyond Namaste! and into other cultural endeavors. Their involvement in launching Discover India, an event of similar scale focusing on arts and culture in the Phoenix metropolitan area, underscores their dedication to enriching communities through immersive cultural experiences.

With a proven track record of success, a steadfast commitment to our mission, and the support of esteemed partners like Florida Fine Arts, Namaste! stands as a beacon of cultural celebration and community enrichment, setting the standard for excellence in Indian arts and culture festivals.

---

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

We also produce a Concert traditionally held at the Pompano Beach Cultural Centers in 2022, 2023 and 2024. This years venue and date has not yet been finalized.

**Any other information you wish to share?**

We cannot overstate the pivotal role of the grant from the City of Pompano Beach in propelling Namaste! to new heights, facilitating the attraction of large crowds to our complimentary event. This mutually beneficial partnership has fostered a win-win scenario, amplifying the city's visibility while enabling us to cultivate a distinct brand identity for both Pompano Beach and Namaste!. With deep gratitude for this support, we are committed to maintaining Namaste! as an annual fixture in Pompano, as eloquently expressed by the mayor in his address at Namaste! 2023 and 2024-25.

## **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?**

2024-25

**What was the name of program/event funded?**

Namaste! 2024-25

**How much was the funding for this program/event?**

8500

## **Requested Budget Information**

**What is your organization's operational budget?**

93500

**What is the total value your nonprofit is applying for?**

15000

**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:**

0

<b>Full Name of President/CEO/Executive Director:</b>	Raj Rajgopal
<b>Include your President/CEO/Executive Director's biography:</b>	<p>Raj Rajgopal, Founder Namaste A Grand Indian Art and Food Festival</p> <p>Raj is President, Board Director, Advisor to Private Equity, and Executive Coach assisting Venture and Private Equity investors and CEOs make informed investment and strategy decisions.</p> <p>Raj is also the founding Director of Namaste, a non profit that holds an annual Indian heritage Festival attracting thousands of attendees.</p> <p>As Officer and President of a Billion dollar public digital engineering services company, Raj scaled Virtusa (VRTU: Consulting &amp; Technology Services) 4.5X from \$172m to a run rate of \$822m and 20,000 employees in 7 years; Raj helped take Virtusa public and grew its stock price 6X over 28 consecutive growth quarters;</p> <p>Raj is a former Business Consulting and Strategy partner at a Big 5 Consulting firm.</p> <p>He is presently Independent Director at NESS Digital (PE owned) and co-chair of the Florida chapter of Akshaya Patra, a non profit providing 2 million meals to under privileged children in India. He was formerly an Independent Director at CTG (Nasdaq).</p>

---

## About Your Board of Directors

<b>Total Board Members:</b>	3
<b>How many board members contribute financially to the organization?</b>	0
<b>Is there a formal give/get policy for board members?</b>	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.**

The city Partners with Visit Lauderdale who is also a sponsor (\$10,000) to promote this event. We also partner with the Pompano Beach Chamber of Commerce through their events to reach local businesses. Other partners include South Florida Hindu temple, Jain Center, BAPS Mandir who promote the event to all their members. There is no additional involvement by any of these organizations in the functioning of Namaste! other than promoting an Indian festival to their members.

**What other funders have supported your organization within the past year? Please include their levels of contribution.**

Funding for the event is received through the Namaste Event sponsorship where sponsors get advertisement benefits similar to those that the city of Pompano Beach will receive. We also receive funds from vendors for selling food and merchandize in exchange for a tent, table, chairs and access to the 15000 plus attendees.

Cash sponsors last year included City of Pompano Beach (\$8,500), Merrill Lynch (\$5000), Florida Power and Light (\$5,000), Visit Lauderdale (\$10,000), Patel Brothers (\$10,000), M.J.Newell (\$10,000), Eastham Capital (\$5000). In Kind sponsors included Desh Videsh Media who manage our website and execute marketing efforts and Florida Fine Arts that curates performances.

---

## **Financial Information**

**How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options:**

Internal Financial Audit conducted by your organizations's internal team

**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.**

An external accounting firm, Accounting Solutions led by founder Rupal Patel does the accounting and tax preparation. All expenses and revenues are reviewed by the leadership team and posted on our google drive for all Namaste volunteers to review. Once a year, we produce a presentation that lists all expenses by area and share that with all team members.

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

**Itemized Program/Event Budget -** <https://www.formstack.com/admin/download/file/17922535902>  
**Please provide a budget ONLY for the program/event you are applying for.**

**Agency Operational Budget** <https://www.formstack.com/admin/download/file/17922535903>

**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/17922535904>

**W9** <https://www.formstack.com/admin/download/file/17922535905>

**IRS 501(c)(3) Determination Letter** <https://www.formstack.com/admin/download/file/17922535906>

**Articles of Incorporation** <https://www.formstack.com/admin/download/file/17922535907>

**Most Recent 990 Form** <https://www.formstack.com/admin/download/file/17922535908>

**List of Board of Directors** <https://www.formstack.com/admin/download/file/17922535909>

**Matching Gift Documentation**

**Does Your Organization Receive Matching Funds?** No

**President/CEO/Executive Director Contact Information**

**Name** Raj Rajgopal

**Title** Director

**Email** rrajgopal2660@gmail.com

**Phone Number** (508) 298-8541

**Mailing Address** 2000 S Ocean Drive Unit 23B  
Hallandale Beach, FL 33009

**Primary Nonprofit Contact**

<b>Name</b>	Raj Rajgopal
<b>Title</b>	Director
<b>Email</b>	rrajgopal2660@gmail.com
<b>Phone Number</b>	(508) 298-8541

**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



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

NAMASTE A GRAND INDIAN ART AND  
FOOD FESTIVAL  
C/O RAJ RAJGOPAL  
2000 S OCEAN DRIVE UNIT 23 B  
HALLANDALE BEACH, FL 33009

Date:  
09/23/2022  
Employer ID number:  
88-2536826  
Person to contact:  
Name: Ronesha Peterson-Tucker  
ID number: 10080  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Public charity status:  
170(b)(1)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
May 25, 2022  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053636002342

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](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

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

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.	<b>1</b> 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.) <b>NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input 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) . . . . . <b>Note:</b> 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 checked="" type="checkbox"/> Other (see instructions) <b>Nonprofit corporation exempt under IRS Code Section 501(c)3</b>	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>1</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <b>A</b>  (Applies to accounts maintained outside the United States.)	
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>2000 S Ocean Drive #23B</b>	
<b>6</b> City, state, and ZIP code <b>Hallandale Beach, FL 33009</b>		
<b>7</b> List account number(s) here (optional)		
Requester's name and address (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.

<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
8	8		-	2	5	3	6	8	2

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	<b>Signature of U.S. person</b> <b>Raj Rajgopal</b>	<b>Date</b> <b>04/26/25</b>
------------------	--	--------------------------------

**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](http://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

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form, you:**

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).



- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

# **Electronic Articles of Incorporation For**

N22000005616  
FILED  
May 25, 2022  
Sec. Of State  
dlokeefe

NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL,  
CORPORATION

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:

NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL,  
CORPORATION

## **Article II**

The principal place of business address:

2000 S OCEAN DRIVE  
UNIT 23B  
HALLANDALE BEACH, FL. US 33009

The mailing address of the corporation is:

2000 S OCEAN DRIVE  
UNIT 23B  
HALLANDALE BEACH, FL. US 33009

## **Article III**

The specific purpose for which this corporation is organized is:

THE CORPORATE PURPOSE OF THIS NON-PROFIT ENTITY IS TO  
ASSIST IN THE ORGANIZATION AND HOLDING OF A  
CHARITY EVENT (FESTIVAL) IN SOUTH FLORIDA, TO  
RAISE FUNDS FOR AKSHAYA PATRA USA, AND FOR GENERAL  
CHARITABLE WORKS.

## **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:

RAJ RAJGOPAL  
2000 S OCEAN DRIVE  
UNIT 23B  
HALLANDALE BEACH, FL. 33009

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

Registered Agent Signature: RAJ RAJGOPAL

## Article VI

The name and address of the incorporator is:

RAJ RAJGOPAL  
2000 S OCEAN DRIVE  
UNIT 23B  
HALLANDALE BEACH, FL 33009

Electronic Signature of Incorporator: RAJ RAJGOPAL

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: DIR  
RAJ RAJGOPAL  
2000 S OCEAN DRIVE, UNIT 23B  
HALLANDALE BEACH, FL. 33009 US

Title: DIR  
VENKAT MADDINENI  
2000 S OCEAN DRIVE, UNIT 23B  
HALLANDALE BEACH, FL. 33009 US

Title: DIR  
MEENA RAJGOPAL  
2000 S OCEAN DRIVE, UNIT 23B  
HALLANDALE BEACH, FL. 33009 US

Namaste Board of Directors

Raj Rajgopal  
2000 South Ocean Drive, 23B  
Hallandale Beach  
Florida 33009  
Term: May 2022-present  
508-298-8541  
Rrajgopal2660@gmail.com

Venkat Maddineni  
2959 Westbrook  
Weston, FL 33332  
954-415-3849  
Venkat.maddineni@gmail.com

Sanjay Chandran  
581 SW 15<sup>th</sup> Street  
Boca Raton  
FL 33432  
561-573-1024  
Schandran28@hotmail.com

**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](http://www.irs.gov/Form990EZ) for instructions and the latest information.**2023****Open to Public  
Inspection****A For the 2023 calendar year, or tax year beginning****, 2023, and ending****, 20****B** Check if applicable:

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

**C** Name of organization**NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL**

Number and street (or P.O. box if mail is not delivered to street address)

**2000 S OCEAN DRIVE**

Room/suite

**23B**

City or town, state or province, country, and ZIP or foreign postal code

**HALLANDALE BEACH, FL 33009****D** Employer identification number**882536826****E** Telephone number**9783716674****F** Group Exemption

Number

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify):**I** Website: **WWW.NAMASTEFL.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 . . . . .

\$ **99,638.31****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	
	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	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b	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	99,638.31
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	94,075.32	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	5,562.99	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	5,562.99	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
	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	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	5,562.99
	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	
	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	5,562.99





**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<b>35c</b>	<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed: _____		
<b>42a</b> The organization's books are in care of: _____ Telephone no. _____ Located at: _____ ZIP + 4 _____		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<b>45b</b>	<input checked="" type="checkbox"/>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		<input checked="" type="checkbox"/>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
<b>48</b>		<input checked="" type="checkbox"/>

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
<b>49a</b>		<input checked="" type="checkbox"/>

**b** If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
<b>49b</b>		<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . .

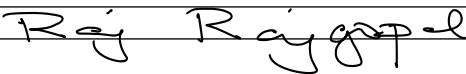
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  **Raj Rajgopal, Director Namaste A Grand Indian Art and Food Festival**  
Signature of officer Date **05/02/2024**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

Summary P&L

Revenues	\$	95,000
Costs	\$	93,500
Profit for Rainy Day	\$	1,500

<b><i>Total Income</i></b>	<b>\$</b>	<b><i>92,000</i></b>
Event Sponsors	\$	48,000
Event Advertisers	\$	4,000
Vendors	\$	40,000

Namaste 2024 Budget	\$	90,100	
Namaste India Festival Jan 18, 2025	\$	88,600	see itemized budget submit
Misc	\$	1,500	

tted under event budget

# Namaste India Festival Itemized Budget

<b>TOTAL BUDGET</b>	<b>\$ 93,500.00</b>	
Event Insurance	\$ 3,500.00	\$ 3,500.00
Event Marketing	\$ 15,750.00	
Social Media Marketing		\$ 9,000.00
Sun Sentinel		\$ 750.00
Event Card		
Handouts/Posters		\$ 4,000.00
Stand up banners		\$ 500.00
Paid volunteers to hand		
out cards		\$ 1,000.00
Misc		\$ 500.00
Event Operations	\$ 54,250.00	
electrical contractor		\$ 750.00
Generator+Electrical		
wiring to booths		\$ 6,000.00
Janitorial Services		\$ 1,000.00
Night security		\$ 1,000.00
Permit city enginnering		\$ 1,500.00
Fire/Police/Sanitation		\$ 5,500.00
Sound		\$ 4,000.00
Tents+tables+chairs+dinin		
g table and chairs		\$ 15,000.00
Videographer/		
Photographer		\$ 1,000.00
Stage		\$ 9,500.00
Venue		\$ 4,500.00
Parking Attendants/Other		
help		\$2,500
MISC Purchases event day		\$2,000
Event Headliners	\$ 20,000.00	
DJ+Professional Artist		\$ 20,000.00

**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 NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL, CORPORATION for Namaste! for the current fiscal year is: Seven Thousand Five Hundred Dollars (\$7,500.00).

There will be a lump sum payment issued in advance equal to Seven Thousand Five Hundred Dollars (\$7,500.00). 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2025

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 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).

<b>PRODUCER</b> SISTEND INSURANCE 11555 Heron Bay Blvd Suite 200 Coral Springs FL 33076	<b>CONTACT</b> NAME: Certificate Department PHONE (A/C, No, Ext): 786-220-0090 E-MAIL: coi@sistend.com FAX (A/C, No): <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Mount Vernon Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 26522
<b>INSURED</b> Namaste A Grand Indian Art and Food Festival 2000 S Ocean Dr Unit 23B Hallandale Beach FL 33009-6631	<b>APPROVED</b> <i>Daniel Beecher</i> <b>By Daniel Beecher at 10:45 am, Aug 25, 2025</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		TBD	2/7/2026	2/8/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ See L-535
	<b>AUTOMOBILE LIABILITY</b>						Liquor Liability \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> Liquor Liability						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed as additional insured

**CERTIFICATE HOLDER****CANCELLATION**City of Pompano Beach  
100 W Atlantic Blvd  
Pompano Beach FL 33060

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

*Johan Rodriguez*

© 1988-2014 ACORD CORPORATION. All rights reserved.




**Florida Automobile Insurance Identification Card**  
Auto Club South Insurance Company - 02875

Report a claim:  
888-929-4222

Effective date:  
**04/19/2025**

Expiration date:  
**10/19/2025**

Policy number:  
**AUT701438025**

 Checkbox Personal injury protection  
benefits  
property damage liability

 Checkbox Bodily injury liability

**APPROVED**

*Daniel Beecher*

*By Daniel Beecher at 10:46 am, Aug 25, 2025*

Named insured:  
**Raj Rajgopal**  
**Meena Rajgopal**

Vehicle:  
**2015 TESLA MODEL S**  
**4DR ELECTRIC 4WD**

VIN:  
**5YJSA1H25FF087597**

IMPORTANT: This electronic version of your insurance card may not be accepted as legal proof of coverage in your state. Always keep a printed version in your vehicle. The insurance coverage for your policy is based on the payment of your premium and meeting all policy conditions. Examine policy exclusions carefully. This form does not constitute any part of your insurance policy. Coverage provided by this policy meets the minimum liability limits prescribed by law.

**Misrepresentation of insurance is a first degree misdemeanor.**  
**Not valid for more than one year from effective date.**



**APPROVED** *Daniel Beecher*  
By Daniel Beecher at 10:45 am, Aug 25, 2025

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 8/20/2025

**EXPIRATION DATE:** 8/20/2027

**PERSON:** RAJ RAJGOPAL

**EMAIL:** RRAJGOPAL2660@GMAIL.COM

**FEIN:** 882536826

**BUSINESS NAME AND ADDRESS:**

NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL,  
CORPORATION

2000 S OCEAN DRIVE  
HALLANDALE, FL 33009

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

---

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

**APPROVED** *Daniel Beecher*  
By Daniel Beecher at 10:45 am, Aug 25, 2025

Raj Rajgopal  
Director  
NAMASTE A GRAND INDIAN ART AND FOOD FESTIVAL  
2000 S Ocean Drive Unit 23B  
Hallandale Beach, FL 33009

To: Nicole Almeida  
Senior Accounts Manager, Community Relations  
Strategic Philanthropy Inc.

This letter is to confirm that Namaste A Grand Indian Art and Food Festival does not interact with children under the age of 18 and involving our event Namaste which is seeking a grant from the City of Pompano Beach.

Regards

Raj Rajgopal

*Raj Rajgopal*

Date 08/17/25