

Community-Based Organization (CBO) Grant Application



Submitted on	3 December 2025, 2:41PM
Receipt number	CBOG75
Related form version	7

Grant Overview

Grant Overview Acknowledgement	I acknowledge and accept the terms of the grant program
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Applicant Information

Organization Name	FRIENDS OF DORAL SCOUTS INC
Organization Address	10195 NW 51st Lane, Doral, Florida, 33178 No coordinates found
Unit Number	---
Contact Person	Katty Acon
Telephone	305-803-4892
Email	scoutsbsa552@gmail.com
Federal Employer ID Number (FEIN) number	83-4507146
Florida Corporation Number	N19000004167
Non-Profit Organization Type	501 (c)(3)
Year of Incorporation	04/15/2019

Organization Document Upload

State of Florida Certificate of Incorporation	FRIENDS OF DORAL SCOUTS INC Sunbiz.pdf
Federal 501 (c)(3) Determination Letter	Friends of Doral Scouts Non profit letter.png
Federal 501 (c)(6) Determination Letter	
State of Florida Solicitation of Contribution Confirmation Letter	Friends of Doral Scouts, Inc compliance Letter.pdf
Certificate of Use from City of Doral	Friends of Doral Scouts, Inc CU letter.pdf
Internal Revenue Service (IRS) Form 990	Friends of Doral Scouts Inc IRS Form 990-N .pdf

Vendor Registration Document Upload

IRS Form W-9

[W9 form signed.pdf](#)

Vendor Registration Documents

[Notarized Friends of Doral Scouts Inc Vendor Application .pdf](#)

Executive Project Summary

Name of the community based organization, its mission and goals:

Our Troop's mission is to inspire youth to lead, serve, and grow through character building experiences, community involvement, and the values of the Scouting principles. We provide opportunities for our scouts to build confidence, develop lifelong skills through teamwork, and outdoor experiences. We strive to guide every scout toward becoming a responsible, capable, and compassionate individual.

Why is the program/project needed in Doral?

Doral is growing fast, and families want safe, welcoming places to learn, lead, and belong after school. Many parents look for affordable activities that build confidence and life skills, but there aren't enough programs that truly focus on character and community. This program steps in with caring leaders, hands on learning, community service, and leadership practice; our program provides an enriching environment that strengthens our youth, supports families, and contributes to a stronger Doral.

Provide narrative detailing the program/project, the objectives and targeted Doral community:

Our scout-led program gives youth a safe, welcoming place to learn and lead, with scouts planning meetings, choosing activities, and running projects while adults focus on guidance, safety, and logistics. In each meeting, scouts set the agenda, teach peers, and coordinate community service, building responsibility and confidence through hands-on projects and team challenges. Aimed at middle and high school students in Doral, the program centers on leadership development and family connection.

How will the success of the program be measured?

Success is measured through rank and merit badge advancement (up to Eagle Scout), leadership role tracking, scout scored meeting rubrics, self-assessments, and simple tracking of attendance, service hours, surveys, and quarterly reviews with the Scouts leadership team.

How much is the total program/project cost and how much of that cost is being requested from the City?

The total cost of the project is \$11950 of which we are requesting \$6000 from the City of Doral to support its implementation. The remaining funds will be covered through fundraising efforts, community partnerships and volunteer support. This project will focus on capacitating our scouts and leaders through a structured summer leadership and skills building curriculum. This initiative creates lasting impact and prepares our scouts to become capable, responsible and community minded leaders.

Proposed project date

07/31/2026

Project Description

Provide a detailed description of the project for which funding is requested:

This program will provide an enriching environment where the goal of the project is to capacitate our scouts/leaders with strong foundational skills. The program will also expand opportunities for local youth to stay active and engaged during the summer months, activities will include leadership training, first aid basics, environmental stewardship, communication and public-speaking workshops, STEM challenges, teambuilding events, and outdoor skills.

Budget

Total Project Budget (Enter Dollar Amount) 11950

Other Funding Sources: Fundraising events, community partnerships, and volunteer support.

Project Budget Form

Upload Form

Upload Project Budget Form [budget.pdf](#)

Project / Program Category Other

Provide more information below if you selected "Other": Leadership training, environmental stewardship, STEM challenges, teambuilding events, and outdoor skills.

Authorized Signer Information

First Name Katty

Last Name Acon

Job Title Committee Chair

Telephone 3058034892

Email scoutsbsa552@gmail.com

Authorized Signer



[Link to signature](#)

**Electronic Articles of Incorporation
For**

N19000004167
FILED
April 15, 2019
Sec. Of State
dlokeefe

FRIENDS OF DORAL SCOUTS INC

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

Article I

The name of the corporation is:

FRIENDS OF DORAL SCOUTS INC

Article II

The principal place of business address:

4590 NW 79 AVE
APT # 1C
DORAL, FL. 33166

The mailing address of the corporation is:

4590 NW 79 AVE
APT # 1C
DORAL, FL. 33166

Article III

The specific purpose for which this corporation is organized is:

FRIENDS OF DORAL SCOUTS INC IS ORGANIZED EXCLUSIVELY FOR
CHARITABLE, RELIGIOUS, EDUCATIONAL, PERSONAL AND
SCIENTIFIC PURPOSE FOR YOUTH PEOPLE OF THE COMMUNITY

Article IV

The manner in which directors are elected or appointed is:

ANNUAL ELECTIONS BY MEMBERSHIP

Article V

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

ELSY L PEREZ
4590 NW 79 AVE
APT # 1C
DORAL, FL. 33166

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

Registered Agent Signature: ELSY LISETTE PEREZ

Article VI

The name and address of the incorporator is:

ELSY L PEREZ
4590 NW 79 AVE
APT # 1C
DORAL FL 33166

Electronic Signature of Incorporator: ELSY LISETTE PEREZ

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

Article VII

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

Title: P
ELSY L PEREZ
4590 NW 79 AVE #1C
DORAL, FL. 33166

Title: VP
CLAUDIA X MARTINEZ
9925 NW 49 TRR
DORAL, FL. 33178

Article VIII

The effective date for this corporation shall be:

04/12/2019

CERTIFICATE OF USE

ISSUE DATE: 12/09/2025

CERT-006926-2025

Friends of Doral Scouts, Inc

Not For Profit Administrative Office (Home Based)

**10195 NW 51 LN
Doral, FL 33178-0000**

THE BUILDING ERECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUIREMENTS AND WITH PLANS AND/OR SPECIFICATIONS SUBMITTED TO THE CITY OF DORAL COMMUNITY DEVELOPMENT DEPARTMENT. THIS CERTIFICATE IS ISSUED TO THE ABOVE-NAMED APPLICANT FOR THE ABOVE-NAMED LOCATION ONLY UPON THE EXPRESS CONDITION THAT THE APPLICANT WILL ABIDE BY AND COMPLY WITH ALL APPLICABLE ORDINANCES AND/OR BUILDING CODES PERTAINING TO THE ERECTION, CONTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

Square Footage: 100

No. of Seats/Tables: 0

No of Units/Spaces:

Doral Restrictions: HOME-BASED BUSINESSES AND HOME OFFICES MUST COMPLY WITH SECTION 559.955, OF THE FLORIDA STATUTES AND CITY OF DORAL ORDINANCE NO. 2022-05. FAILURE TO COMPLY WITH HOME-BASED BUSINESS AND HOME OFFICE REGULATIONS MAY RESULT IN THE REVOCATION OF THE LOCAL BUSINESS TAX RECEIPT.

Guillermo De Nacimiento

Acting Assistant Planning & Zoning Director

PLANNING AND ZONING DEPARTMENT



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
FRIENDS OF DORAL SCOUTS INC

Filing Information

Document Number	N19000004167
FEI/EIN Number	83-4507146
Date Filed	04/15/2019
Effective Date	04/12/2019
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/07/2021
Event Effective Date	NONE

Principal Address

10195 NW 51 Ln
DORAL, FL 33178

Changed: 02/26/2025

Mailing Address

10195 NW 51 Ln
DORAL, FL 33178

Changed: 02/26/2025

Registered Agent Name & Address

PEREZ, ELSY L
4590 NW 79 AVE
APT # 1C
DORAL, FL 33166

Officer/Director Detail

Name & Address

Title Officer

Acon-Kwok, Katty
10195 NW 51 Ln
DORAL, FL 33178

Title Officer

Bodjona, Mazalou Pimanam
5905 NW 104 Path
Medley, FL 33178

Title T

ROJAS , MARTHA CAROLINA
5670 NW 116 Ave
Apt 110
DORAL, FL 33178

Title Asst. Treasurer

Perez, Elsy Lisette
4590 NW 79 Ave
Apt 1C
DORAL, FL 33166

Annual Reports

Report Year	Filed Date
2023	03/07/2023
2024	04/01/2024
2025	02/26/2025

Document Images[02/26/2025 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/01/2024 -- ANNUAL REPORT](#)[View image in PDF format](#)[03/07/2023 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/30/2022 -- ANNUAL REPORT](#)[View image in PDF format](#)[09/07/2021 -- Amendment](#)[View image in PDF format](#)[03/12/2021 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/28/2021 -- Amendment](#)[View image in PDF format](#)[03/17/2020 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/15/2019 -- Domestic Non-Profit](#)[View image in PDF format](#)

Florida Department of State, Division of Corporations



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

FRIENDS OF DORAL SCOUTS INC
4590 NW 79 AVE APT 1C
DORAL, FL 33166

Date:
05/27/2021
Employer ID number:
83-4507146
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
April 12, 2019
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053455002991

Dear Applicant:

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

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

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

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

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

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

October 28, 2025

Refer To: DTN4166913 CH67744

FRIENDS OF DORAL SCOUTS, INC.
10195 NW 51ST LN
DORAL, FL 33178-1999

RE: FRIENDS OF DORAL SCOUTS, INC.
REGISTRATION#: CH67744 EXPIRATION DATE: March 10, 2026

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually using form FDACS-10110 which will be mailed to you approximately 35 days before the registration expiration date:

- * The charitable organization or sponsor has less than \$50,000 in total revenue during the preceding fiscal year.
- * The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- * The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

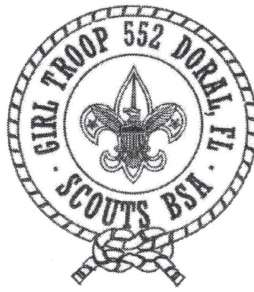
PLEASE NOTE: If you no longer meet one or more of the above listed qualifiers, you must submit a registration application using form FDACS-10100 with all required attachments and fees within 30 days of the qualifying change. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Sincerely,

Gloria Meadows
Regulatory Consultant
850-410-3851
Fax: 850-410-3804
E-mail: gloria.meadows@fdacs.gov



December 1st, 2025

Katty Acon
Friends of Doral Scouts, Inc.
305-803-4892
Acon.katty@gmail.com

City of Doral
Grants Department
8401 NW 53rd Terrace
Doral, FL 33166

To Whom It May Concern,

I am writing on behalf of Friends of Doral Scouts, Inc., a registered nonprofit organization under section 501(c)(3) of the Internal Revenue Code. Our organization exists to support the development, advancement, and activities of youth in the Doral Scouting community.

We would like to formally clarify that Friends of Doral Scouts, Inc. does not maintain a physical office location. As a volunteer-run organization, our operations are conducted by our leadership team voluntarily, and all of our scout-related meetings, activities, and gatherings take place at Doral Glades Park, where our troops regularly meet.

If the City requires any additional documentation regarding our nonprofit status, mailing address, or operational practices, we will be happy to provide it.

Thank you for your attention and for your continued support of our scouting community.

Sincerely,

A handwritten signature in blue ink, appearing to read "Katty Acon".

Katty Acon
Committee Chair
Friends of Doral Scouts, Inc.



Manage Form 990-N (e-Postcard)

[Home](#) | [Security Profile](#) | [Logout](#)

EIN	Organization Name	Tax Year	End Date	Created On	Status	Submission ID	Action
83-4507146	FRIENDS OF DORAL SCOUTS INC	2023	12-31-2023	02-29-2024	Accepted	10065520240607484416	
83-4507146	FRIENDS OF DORAL SCOUTS INC	2024	12-31-2024	03-06-2025	Accepted	10065520250658588965	

««« Prev Page 1 Next »»»

CREATE NEW FILING



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**SOLICITATION OF CONTRIBUTIONS
ANNUAL FINANCIAL REPORTING FORM**

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:
charities@FDACS.gov

or

FDACS
Solicitation of Contributions
2005 Apalachee Pkwy.
Tallahassee, FL 32399-6500

FRIENDS OF DORAL SCOUTS

Organization Name

CH# 67744

(Registration #)

DTN

(as listed on the preprinted
renewal application)

10195 NW 51 Ln.

Organization Physical Address

DORAL

City

FL

State

33178

Zip

FISCAL YEAR ENDING 12/31/2025

☐ Yes ☒ No Is this a proposed budget? (newly formed organizations only)

☒ Yes ☒ No Is this a consolidated financial statement for chapters, branches and affiliates?

REVENUE

- | | |
|--|------------------------------|
| 1. Federated campaigns: | 1. <u>0</u> |
| 2. All Fundraising events: | 2. <u>1950⁰⁰</u> |
| 3. Related Organizations: | 3. <u>0</u> |
| 4. Government Grants: | 4. <u>0</u> |
| 5. All other contributions, gifts, grants & similar amounts: | 5. <u>0</u> |
| 6. In-kind contributions (non-cash contributions): | 6. <u>0</u> |
| 7. Program service revenue: | 7. <u>0</u> |
| 8. Income from gaming activities: | 8. <u>0</u> |
| 9. Sales of inventory revenue: (T-SHIRT SALES) | 9. <u>1100⁰⁰</u> |
| 10. Misc./Other revenue | 10. <u>0</u> |
| 11. Membership Dues and assessments | 11. <u>360⁰⁰</u> |
| 12. TOTAL REVENUE | 12. <u>1410⁰⁰</u> |

EXPENSES

- | | |
|--|-----------------------------|
| 1. Program services (including payments to affiliates) | 1. <u>0</u> |
| 2. Management and general | 2. <u>1400⁰⁰</u> |
| 3. Fundraising | 3. <u>360⁰⁰</u> |
| 4. TOTAL EXPENSES (add lines 1 through 3) | 4. <u>1760⁰⁰</u> |
- RECHARTER - COURT OF HONOR - EAGLES SCOUTS
TRAINER -

Statement of Functional Expenses for FRIENDS OF DUVAL SCHOOLS CH 67744
(Organization Name) (Personnel Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations (cash _____ Non cash _____) Attach schedule				
Assistance to individuals				
Benefits to or for members			350.00	350.00
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item) Redempter	100		100	
Other (List Item) 80th	350			
Other (List Item) 10th	450.00			
TOTAL EXPENSES	(A) 1400.00	(B) 11	(C) 350.00	TOTAL 1750.00

BALANCE SHEET:	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS	\$ 500.00	\$ 6750.00
TOTAL ASSETS	\$ 9000.00	\$ 5000.00
EXCESS (OR DEFICIT) FOR THE YEAR	\$ 1750.00	\$ 1750.00

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

You must submit financial statements for the parent organization and each chapter, branch, or affiliate listed in question 4 on the Registration Application. However, if all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: FRIENDS OF DONAL SCOUTS
Street Address: 10195 NW 51 Ln City/State/Zip: DONAL FL 33178
Telephone Number: _____ Email: SCOUTSBSA552@gmail.com

Total contributions received in the name of the Chapter, Branch or Affiliate

\$ 360.00

Total administrative costs assessed by Parent to Chapter, Branch or Affiliate

\$ 1750.00

Total payments to Chapter, Branch or Affiliate

\$ 1750.00

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

☐ Professional Fundraising Consultant

☐ Professional Solicitor

☐ Commercial Co-Venturer

Name: _____

Street Address: _____ City/State/Zip: _____

Amount Received following the campaign, fundraiser, promotion or event: \$ _____

PLEASE NOTE: Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

[Signature]
Signature

Treasurer
Title

30518047041
Telephone Number

Eloy Liserre Perez
Printed Name

10/17/2025
Date

SCOUTSBSA552@gmail.com
Email Address



CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

VENDOR APPLICATION

Vendor Name: FRIENDS OF DORAL SCOUTS INC **D.B.A.:** _____
Federal ID No.: 83-4507146 **Date Business Established:** April 15, 2019
Business Type: ☒ Corporation ☐ Proprietorship ☐ Partnership ☐ LLC ☐ Other: _____
Business Address: 10195 NW 51st Lane
City: Doral **State:** Florida **Zip:** 33178
Telephone: 305-803-4892 **Website URL:** <https://sites.google.com/view/scoutsbsagirltr>
Payment/Remittance Address: Same as above
City: _____ **State:** _____ **Zip:** _____
Contact: Katty Acon **Title:** Committee Chair
Email: scoutsbsa552@gmail.com **Phone No.:** 305.803.4892

Select all that apply:

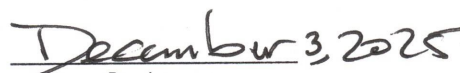
Classification	Certificate No.	Certifying Agency	Expiration Date
<input type="checkbox"/> Minority/Women Owned			
<input type="checkbox"/> Small Business			
<input type="checkbox"/> Veteran Owned			
<input type="checkbox"/> Women Owned			
<input checked="" type="checkbox"/> Other	Non Profit Organization		

VENDOR CHECKLIST: This application must be resubmitted at least every three (3) years or sooner if any information changes. In addition to this Application, Vendor must complete and submit the following:

- ☒ IRS Tax Form W-9 (submitted annually)
- ☒ Conflict of Interest Disclosure Form (submitted annually)
- ☒ Ownership Disclosure & Required Affidavits (submitted every 3 years or upon notary expiration)
- ☐ Local Business Tax Receipt if within the Tri-County area
- ☐ Proof of Classification Certificate, if applicable
- ☐ Proof of Insurance, if applicable (always required when conducting work on City property)

Please note: Prior to issuing a purchase order for goods and/or services, the City may also require additional documents and information, including but not limited to proof of insurance at such coverage types and amounts that the City deems appropriate based on the nature of the goods and/or services provided.


Signature


Date



CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

CONFLICT OF INTEREST DISCLOSURE


Vendor Name: FRIENDS OF DORAL SCOUTS INC **D.B.A.:** _____
Federal ID No.: 83-4507146 **Date Business Established:** April 15, 2019
Business Address: 10195 NW 51st Lane
City: Doral **State:** Florida **Zip:** 33178

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest:	<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Interest in vendor's company <input type="checkbox"/> Other (please describe below)
_____	_____
_____	_____
_____	(<input checked="" type="checkbox"/>) No Conflict of Interest

**Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.*

I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:		
	<u>12/03/2025</u>	<u>KATTY ACON</u>
Signature of Authorized Representative	Date	Printed Name of Authorized Representative



VENDOR AFFIDAVITS

Vendor Name: FRIENDS OF DORAL SCOUTS INC **D.B.A.:** _____
Federal ID No.: 83-4507146 **Date Business Established:** April 15, 2019
Business Address: 10195 NW 51st Lane
City: Doral **State:** Florida **Zip:** 33178

1. Ownership Disclosure

The above-named vendor hereby discloses the following principals, individuals, or companies with five percent (5%) or greater ownership interest in Vendor (*supplement as needed*):

Name	Address	% Ownership
Non profit organization, not applicable		

The above-named vendor hereby discloses the following subcontractors (*supplement as needed*):

Name	Address	% Ownership
Non profit organization, not applicable		

Vendor hereby recognizes and certifies that no elected official, board member, or employee of the City of Doral ("City") shall have a financial interest in any transactions or any compensation to be paid under or through any transactions between Vendor and City, and further, that no City employee, nor any elected or appointed officer (including City board members) of the City, nor any spouse, parent or child of such employee or elected or appointed officer of the City, may be a partner, officer, director or proprietor of Vendor, and further, that no such City employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Vendor. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Vendor. Any exception to these above-described restrictions must be expressly provided by applicable law or ordinance and be confirmed in writing by City. Further, Vendor recognizes that with respect to any transactions between Vendor and City, if any Vendor violates or is a party to a violation of the ethics ordinances or rules of the City, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to City, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Vendor may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for

goods or services to City. The term "Vendor," as used herein, include any person or entity making a proposal herein to City or providing goods or services to City.

2. Public Entity Crimes

1. Vendor is familiar with and understands the provisions of Section 287.133, Florida Statutes
2. Vendor further understands that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.
3. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(INDICATE WHICH STATEMENT APPLIES.)**
 - o ☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - o ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - o ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

3. Compliance With Foreign Entity Laws

Applicant certifies as follows:

1. Vendor is not owned by the government of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
2. The government of a foreign country of concern does not have a controlling interest in Vendor, as defined in Section 287.138, Florida Statutes.
3. Vendor is not organized under the laws of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
4. Vendor does not have a principal place of business in a foreign country of concern, as defined in Section 287.138, Florida Statutes.
5. Vendor is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List, created pursuant to s. 215.473.
6. Vendor is not engaged in business operations in Cuba or Syria.
7. Vendor is not participating in a boycott of Israel, and is not on the Scrutinized Companies that Boycott Israel list in accordance with the requirements of Sections 287.135 and F.S. 215.473, Florida Statutes

4. Disability, Nondiscrimination, and Equal Employment Opportunity

Applicant certifies that Vendor is in compliance with and agrees to continue to comply with, and ensure that any subcontractor, or third party contractor under any and all contracts with the City of Doral complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

- o The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.
- o The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501 553.513, Florida Statutes.
- o The Rehabilitation Act of 1973, 229 USC Section 794.
- o The Federal Transit Act, as amended 49 USC Section 1612.
- o The Fair Housing Act as amended 42 USC Section 3601-3631

5. Conformance with OSHA Standards

Applicant certifies and agrees that Applicant has the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and in the event the City engages Vendor, Vendor agrees to indemnify and hold harmless the City of Doral, against any and all liability, claims, damages losses and expenses the City may incur due to the failure of itself or any of its subcontractors to comply with such act or regulation in the performance of the contract.

VENDOR AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Vendor, does hereby affirm and attest under penalty of perjury as the proposed Vendor for City of Doral that the certifications and statements provided above on behalf of Vendor are true to the best of affiant's knowledge and belief and that Vendor is compliant with all requirements outlined in these City of Doral Affidavits. Vendor acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

KATY ACON - Friends of Doral Scouts Inc

Vendor Name

Date Signed

[Signature]

Affiant Signature

Committee Chair

Affiant Name & Title (Printed)

STATE OF

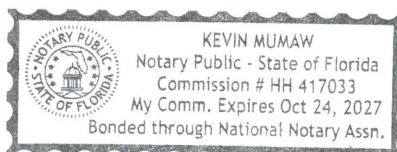
COUNTY OF

Florida

Miami-Dade

The foregoing instrument was affirmed, subscribed, and sworn to before me this 03 day of December, 2025 by means of ☒ physical presence or ☐ online notarization, by Kathy Acon who is personally known to me or who produced the following identification: Driver's License.

[Notary Seal]



Notary Public for the State of Florida

My commission expires: Oct 24/2027

**Request for Taxpayer
Identification Number and Certification**

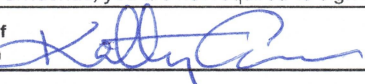
Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) FRIENDS OF DORAL SCOUTS INC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" 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) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Non Profit 501 (c) (3)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 10195 NW 51st Lane 6 City, state, and ZIP code Doral, FL 33178 7 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr><tr><td colspan="11">or</td></tr><tr><td colspan="11">Employer identification number</td></tr><tr><td>8</td><td>3</td><td>-</td><td>4</td><td>5</td><td>0</td><td>7</td><td>1</td><td>4</td><td>6</td><td></td></tr></table>	Social security number												-				-				or											Employer identification number											8	3	-	4	5	0	7	1	4	6	
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Employer identification number																																																						
8	3	-	4	5	0	7	1	4	6																																													

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.	
Sign Here Signature of U.S. person 	Date December 1, 2025

General Instructions

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

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

What's New

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

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

Purpose of Form

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



FRIENDS OF DORAL SCOUTS INC				
Category	Unit Cost	Quantity	Total Cost	
12 Scouts + 3 Leaders Summer Leadership	460.00	15	\$6,900	
5 Scouts NYLT	450.00	5	\$2,250	
Van Rental	1,500.00	1	\$1,550	
Gasoline	650.00	1	\$650	
Meals	600.00	1	\$600	
Total			\$11,950	