

Community-Based Organization (CBO) Grant Application



Submitted on 29 November 2025, 7:19PM
Receipt number CBOG66
Related form version 7

Grant Overview

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

Applicant Information

Organization Name Vet Info Inc.
Organization Address 11042 NW 53rd LN., Doral Florida 33178 No coordinates found
Unit Number
Contact Person William Watts
Telephone 7863516829
Email info@vetinfo.org
Federal Employer ID Number (FEIN) number 85-3670589
Florida Corporation Number N20000011891
Non-Profit Organization Type 501 (c)(3)
Year of Incorporation 10/02/2020

Organization Document Upload

State of Florida Certificate of Incorporation [2025 Corp Annual Report Certificate.pdf](#)
Federal 501 (c)(3) Determination Letter [IRS Letter Vet INfo.pdf](#)
Federal 501 (c)(6) Determination Letter
State of Florida Solicitation of Contribution Confirmation Letter [VET INFO INC - DTN 4116272 - approval letter.pdf](#)
Certificate of Use from City of Doral [Doral Cert of Use.pdf](#)

Vendor Registration Document Upload

IRS Form W-9

[W9-City of Doral Nov. 2025.pdf](#)

Vendor Registration Documents

[Doral CBO Grant 2025 Paperwork.pdf](#)

Executive Project Summary

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

Our mission is to uplift U.S. Veterans by providing strong advocacy, vital resources, and meaningful education. Through restorative outings, partnerships with VA hospitals, and collaboration with nonprofits, we empower Veterans with the tools and community they need to thrive. Together, we build a support network that honors their service and strengthens their physical, mental, and emotional well-being.

Why is the program/project needed in Doral?

The program is needed in Doral to support a growing Veteran and Active-Duty Community with limited access to local resources. By providing essential services, hosting inclusive community events, and leading suicide-prevention efforts, we close critical gaps and ensure Veterans receive the connection, support, and care they need to thrive.

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

Since Vet Info's start, we have served at least 1,500 Veterans and Active Duty members each year in and around Doral, verified through event headcounts. Our goal is to keep supporting major Doral events and U.S. Southern Command activities while expanding our resources and continuing our vital suicide-outreach programs to strengthen our impact on those who serve.

How will the success of the program be measured?

Success will be measured through documented attendance, engagement, and feedback from Veterans and Active Duty participants at each event. We will track the number of individuals served, referrals made, and resources provided, along with participation in suicide-prevention outreach. Continued partnerships with Doral, Southern Command, and community organizations will also serve as key indicators of impact and program effectiveness.

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

The total request is \$7,000 to help support and partially cover program support, outreach, and operational expenses, including storage and website security. We are requesting the full amount from the City. Success will be measured by attendance, engagement, suicide-prevention participation, referrals, and Veteran feedback, with ongoing partnerships and event involvement as key indicators of impact.

Proposed project date

01/01/2026

Project Description

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

Funding will support Vet Info's year-round programs providing Veterans with essential resources, advocacy, and education. It will sustain outreach, community events, recreational activities, and suicide-prevention efforts, while covering operational needs like storage and

website security. Funds will be used immediately to address shortages, ensuring Veterans receive support, engagement, and life-saving resources without interruption.

Budget

Total Project Budget (Enter Dollar Amount) 7000

Other Funding Sources: Grants, Donations and Sponsorships from others.

Project Budget Form

Upload Form

Upload Project Budget Form [Cityof Doral CBO Grant 2025 Breakdown.pdf](#)

Project / Program Category Other

Provide more information below if you selected "Other": Veteran Services / Community Support / Veteran Advocacy & Resources / Community Engagement & Events / Mental Health & Suicide Prevention

Authorized Signer Information

First Name William

Last Name Watts

Job Title Vice President / Director

Telephone 786-351-6829

Email info@vetinfo.org

Authorized Signer



[Link to signature](#)

State of Florida

Department of State

I certify from the records of this office that VET INFO INC is a corporation organized under the laws of the State of Florida, filed on October 2, 2020.

The document number of this corporation is N20000011891.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on February 10, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Tenth day of February, 2025*


STJ
Secretary of State

Tracking Number: 3676694774CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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

**VET INFO INC
11042 NW 53RD LN
DORAL, FL 33178**

Date:
03/24/2021
Employer ID number:
85-3670589
Person to contact:
Name: Alex Krickl
ID number: 17601
Telephone: 877-829-5500
Accounting period ending:
December 31, 2021
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
October 10, 2020
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053707006970

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

July 17, 2025

Refer To: DTN4116272 CH69170

VET INFO, INC
11042 NW 53RD LN
DORAL, FL 33178-3912

RE: VET INFO, INC
REGISTRATION#: CH69170 EXPIRATION DATE: August 3, 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,

Jose Llaque
Senior Consumer Service Analyst
850-410-3707
Fax: 850-410-3804
E-mail: jose.llaque@fdacs.gov

CERTIFICATE OF USE

ISSUE DATE: 11/08/2021

CERT-001110-2021

Vet Info INC

Administrative Office (Home Based)

**11042 NW 53 LN
Doral, FL 33178-3912**

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, CONSTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

Square Footage: 100

No. of Seats/Tables: 0

No of Units/Spaces:

Doral Restrictions: HOME OFFICE ONLY. NO EMPLOYEES. NO MANUFACTURING. NO SERVICES. NO COSTUMERS. NO STORAGE. NO SIGNS. NO COMMERCIAL VEHICLES. OFFICE USE ONLY. DRY USE ONLY.

Javier Gonzalez, AICP, CFM

Planning & Zoning Director

PLANNING AND ZONING DEPARTMENT

A For the **2024** Calendar year, or tax year beginning **2024-01-01** and ending **2024-12-31**

B Check if available **Terminated for Business** **Gross receipts are normally \$50,000 or less****C** Name of Organization: **VET INFO INC****11042 NW 53 Lane, Doral, FL,****US, 33178****D** Employee IdentificationNumber **85-3670589****E** Website:www.vetinfo.org**F** Name of Principal Officer: **Mark Pinilla****11042 NW 53RD LN, Doral,****FL, US, 33178**

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Statement of Financial Position

Vet Info, Inc

As of November 27, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
Chase Operating	3,485.22
Chase Programs	4,153.48
PayPal	0.00
Total for Bank Accounts	\$7,638.70
Other Current Assets	
Prepaid expenses	139.00
Uncategorized Asset	0.00
Total for Other Current Assets	\$139.00
Total for Current Assets	\$7,777.70
Fixed Assets	
Accumulated depreciation	-3,700.00
Program Equipment	33,585.66
Total for Fixed Assets	\$29,885.66
Total for Assets	\$37,663.36
Liabilities and Equity	
Liabilities	
Total for Liabilities	
Equity	
Opening balance equity	1,073.24
Retained Earnings	8,235.33
Net Income	28,354.79
Total for Equity	\$37,663.36
Total for Liabilities and Equity	\$37,663.36



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

VENDOR APPLICATION

Vendor Name: VET INFO INC. D.B.A.: Jame
Federal ID No.: 85-3670589 Date Business Established: 10/10/2020
Business Type: Corporation Proprietorship Partnership LLC Other: _____
Business Address: 11042 NW 53rd Lane
City: Doral State: FL Zip: 33178
Telephone: 786-351-6829 Website URL: WWW.Vetinfo.org
Payment/Remittance Address: 11042 NW 53rd Lane
City: Doral State: FL Zip: 33178
Contact: Bill Watts Title: Vice Pres.
Email: info@vetinfo.org Phone No.: 786-351-6829

Select all that apply:

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

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

11/28/25
Date



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

CONFLICT OF INTEREST DISCLOSURE

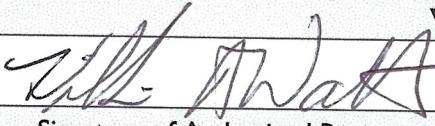
Vendor Name: VET INFO INC. D.B.A.: Same
Federal ID No.: 85-3670589 Date Business Established: 10/10/2020
Business Address: 11042 NW 53rd Lane
City: Doral State: FL Zip: 33178

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: <hr/> <hr/> <hr/>	<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Interest in vendor's company <input type="checkbox"/> Other (please describe below) <hr/> <hr/> <hr/>
<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>11/28/25</u>	William "Bill" Watts
Signature of Authorized Representative	Date	Printed Name of Authorized Representative



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

VENDOR AFFIDAVITS

Vendor Name: VET INFO INC. D.B.A.: Same
Federal ID No.: 85-3670589 Date Business Established: 10/10/2020
Business Address: 11042 NW 53rd Lane
City: Doral State: FL 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
Mark P. Villa	11042 NW 53 rd LN, Doral FL 33178	50 %
William A. Watts	5670 NW 116 th AVE #210 Doral FL 33118	50 %

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

Name	Address	% Ownership
.		

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.**)
 - 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.
 - 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.
 - 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.

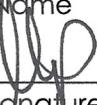
- o The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 12101-12213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and 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.

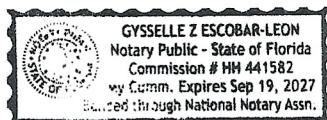
VET Info INC
Vendor Name

Affiant Signature

11/29/25
Date Signed
MARK PINILLA, PRESIDENT
Affiant Name & Title (Printed)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was affirmed, subscribed, and sworn to before me this 29 day of NOVEMBER, 2025 by means of physical presence or online notarization, by MARK PINILLA who is personally known to me or who produced the following identification: _____.

[Notary Seal]



Jessie 29th Nov 2025
Notary Public for the State of Florida
My commission expires: 09/19/27



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2025

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

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

PRODUCER	CONTACT NAME: PHONE (A/C, No. Ext): (855) 222-5919		FAX (A/C, No):
	E-MAIL ADDRESS: support@nextinsurance.com		
INSURED Vet Info, Inc. 11042 NW 53rd Ln Doral, FL 33178	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State National Insurance Company, Inc.		12831
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 754199725

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		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NXTAQVPT3H-03-GL	10/04/2025	10/04/2026	EACH OCCURRENCE	\$1,000,000.00	
A							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$15,000.00	
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PERSONAL & ADV INJURY	\$1,000,000.00	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						GENERAL AGGREGATE	\$2,000,000.00	
	DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG	\$2,000,000.00	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
							\$		
							EACH OCCURRENCE	\$	
							AGGREGATE	\$	
							\$		

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

Proof of Insurance.

CERTIFICATE HOLDER

Vet Info, Inc.
11042 NW 53rd Ln
Doral, FL 33178

CANCELLATION

LIVE CERTIFICATE



[Click or scan to view](#)

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

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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Vet Info Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

Non-Profit Corporation

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

11042 NW 53rd Lane

6 City, state, and ZIP code

Doral, Florida 33178

7 List account number(s) here (optional)

Requester's name and address (optional)

City of Doral Florida

Social security number

 | | | - | | | - | | |

or

Employer identification number

 | | | - | | | | | |

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

 | | | - | | | - | | |

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 ►

11/27/25

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*



NO VETERAN LEFT BEHIND

City of Doral,

CBO Grant information for Vet Info Submitted 11/29/2025.

Vendor	Date of Purchase	Amount	Item Purchased for
Pending	pending	\$ 800	Veteran Pride Materials
Extra Space Storage	pending	\$ 1,800	Storage facility to house Rec. outing equipment
Misc. Vendors	pending	\$ 4,100	Community Veteran Events Support
Blue Host / Hosting Company	pending	\$ 300	Website Hosting and Security

Total \$ 7,000

City of Doral CBO GRANT	Total	\$ 7,000
Total Spent on Grant items	Total	\$ Pending

Bill Watts
Vice President
Vet Info Inc.