

# Community-Based Organization (CBO) Grant Application



Submitted on	2 December 2025, 9:33PM
Receipt number	CBOG78
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	Shine Bright Foundation, Inc
Organization Address	8400 NW 36th ST, doral, fl 33166 No coordinates found
Unit Number	suite 450
Contact Person	Amina Taulbee
Telephone	7543020021
Email	vocesinclusivassbf@gmail.com
Federal Employer ID Number (FEIN) number	383876269
Florida Corporation Number	N12000004927
Non-Profit Organization Type	501 (c)(3)
Year of Incorporation	05/14/2012

## Organization Document Upload

State of Florida Certificate of Incorporation	<a href="#">4586410638CU - State of Florida Certificate of Incorporation.pdf</a>
Federal 501 (c)(3) Determination Letter	<a href="#">Shine Bright Foundation - Federal 501 (c)(3) Determination Letter- 2025.pdf</a>
Federal 501 (c)(6) Determination Letter	
State of Florida Solicitation of Contribution Confirmation Letter	<a href="#">CH81328 Florida Department of Agriculture and Consumer Services (FDACS).pdf</a>
Certificate of Use from City of Doral	<a href="#">Shine Bright Foundation CU - city of doral Approved 2025-2026.pdf</a>

Financial Statement

[Letter to City of Doral 2025 - No Financial 2024- SHINE BRIGHT FOUNDATION.pdf](#)

## Vendor Registration Document Upload

IRS Form W-9

[W9 - Shine Bright Foundation - signed By Amina.pdf](#)

Vendor Registration Documents

[Shine Bright Foundation Vendor-Application-and-Affidavit.pdf](#)

## Executive Project Summary

Name of the community based organization, its mission and goals:	Voces Inclusivas, a program of Shine Bright Foundation, empowers Doral youth and adults with congenital, physical, cognitive, or emotional conditions through a two-year scholarship curriculum that builds communication, advocacy, leadership, social inclusion, emotional resilience, and workforce readiness. Through 3–4 weekly classes and mentorship, participants reduce barriers, engage their community, and become peaceful, informed advocates who strengthen inclusion.
Why is the program/project needed in Doral?	In Doral, youth and adults with disabilities or emotional conditions face barriers to civic participation, advocacy, and inclusive workforce paths and lack sustained, skills-based support. Voces Inclusivas fills this gap with a free two-year program that builds communication, leadership, advocacy, and community engagement. It offers families a stable, inclusive option and reinforces Doral's goals for equity, civic responsibility, and community cohesion.
Provide narrative detailing the program/project, the objectives and targeted Doral community:	The program builds public-speaking, advocacy, leadership, and emotional intelligence through a two-year scholarship model serving Doral youth and adults with disabilities seeking inclusion, civic participation, and personal growth. Participants attend 3–4 weekly classes in communication and civic engagement. Success is measured through enrollment, retention, pre/post skill assessments, instructor evaluations, and participation in community or advocacy activities.
How will the success of the program be measured?	Success will be measured through enrollment, attendance, and two-year retention; pre- and post-assessments of communication, oratory, leadership, and advocacy readiness; instructor evaluations and progress records; the number of participants taking part in community presentations, civic events, or advocacy efforts in Doral; and structured feedback surveys from participants and families on impact and accessibility. Documented gains in skills, confidence, and civic engagement will confirm success.
How much is the total program/project cost and how much of that cost is being requested from the City?	The Voces Inclusivas program costs \$7,890 to operate, and Shine Bright Foundation respectfully requests \$7,000 from the City to support essential program expenses. City funds will cover training space, educational and outreach materials, visibility tools, website accessibility updates, uniforms, and a workforce inclusion pilot, while remaining costs are covered by the Foundation and donors with careful oversight. It benefits Doral residents with disabilities and advances inclusion.
Proposed project date	02/13/2026

## Project Description

Provide a detailed description of the project for which funding is requested:	Funding supports Voces Inclusivas, a two-year scholarship program preparing Doral youth and adults with disabilities to become peaceful
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spokespersons and community advocates. Participants attend 3–4 weekly classes in communication, leadership, emotional intelligence, civic engagement, and community representation at no cost. City funds provide accessible training space, materials, outreach, digital infrastructure, uniforms, and a workforce pilot expanding inclusion.

## Budget

Total Project Budget (Enter Dollar Amount) 7890

Other Funding Sources: in-kind donation

## Project Budget Form

Upload Form

Upload Project Budget Form [Proposed\\_Budget for program Voces Inclusivas 2026.xlsx](#)

Project / Program Category Education

Provide more information below if you selected "Other":

## Authorized Signer Information

First Name Amina

Last Name Taulbee

Job Title President

Telephone 7543020021

Email vocesinclusivassbf@gmail.com

Authorized Signer



[Link to signature](#)

# *State of Florida*

## *Department of State*

I certify from the records of this office that SHINE BRIGHT FOUNDATION INC. is a corporation organized under the laws of the State of Florida, filed on May 16, 2012, effective May 14, 2012.


The document number of this corporation is N12000004927.

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 March 17, 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 Second day of December, 2025*



  
*Secretary of State*

Tracking Number: 4586410638CU

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**  
PO Box 2508  
Cincinnati, OH 45201

SHINE BRIGHT FOUNDATION INC  
8400 NW 36TH STREET SUITE 450  
DORAL, FL 33166

**Date:**  
02/27/2025  
**Employer ID number:**  
38-3876269  
**Person to contact:**  
Name: D. Morgan  
ID number: 0194954  
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:**  
May 15, 2024  
**Contribution deductibility:**  
Yes  
**Addendum applies:**  
No  
**DLN:**  
26053449013275

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.

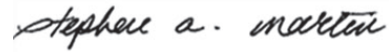
Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

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,

A handwritten signature in black ink that reads "Stephen A. Martin". The signature is written in a cursive style with a light blue rectangular highlight behind it.

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**COMMISSIONER WILTON SIMPSON**

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November 24, 2025

**Refer To: DTN4186324**

SHINE BRIGHT FOUNDATION, INC.  
8400 NW 36TH ST STE 450  
DORAL, FL 33166-6606

RE: SHINE BRIGHT FOUNDATION, INC.  
REGISTRATION#: CH81328 EXPIRATION DATE: November 24, 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,

Nicolas Donelli  
Senior Consumer Service Analyst  
850-410-3671  
E-mail: nicolas.donelli@fdacs.gov



2026

# LOCAL BUSINESS TAX RECEIPT

CITY OF DORAL, FLORIDA  
8401 NW 53RD TERRACE  
DORAL, FL 33166  
(305) 593-6631

09/30/2025

LICENSE NO. CERT-006580-2025

SHINE BRIGHT FOUNDATION INC.

License Fee Paid: \$174.00

8400 NW 36 ST 450  
Doral, FL 33166

FOR THE PERIOD COMMENCING OCTOBER 1 AND ENDING SEPTEMBER 30, THE ABOVE-NAMED BUSINESS IS LICENSED TO ENGAGE IN THE FOLLOWING BUSINESS FOR THE LICENSE YEAR:

**Administrative Office (Not Profit)**

Square Footage: 100

Machines:

State License #:

No. of Seats/Tables: 0

Employees:

No. of Units/Spaces:

No. of Trucks:

**CONDITIONS:**

**DORAL:** NO RETAIL SALES, NO OUTSIDE STORAGE OR DISPLAYS, DRY USE ONLY, OFFICE USE ONLY.

A handwritten signature in blue ink, appearing to read "Kenia Palau".

Kenia Palau  
Chief Licensing Official

**This Document Must Be Posted**





## Confirmation

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

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** SHINE BRIGHT FOUNDATION INC
- **EIN:** 383876269
- **Tax Year:** 2024
- **Tax Year Start Date:** 01-01-2024
- **Tax Year End Date:** 12-31-2024
- **Submission ID:** 10065520253289341747
- **Filing Status Date:** 11-24-2025
- **Filing Status:** Pending

**MANAGE FORM 990-N SUBMISSIONS**

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2024

Open to Public Inspection

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: SHINE BRIGHT FOUNDATION INC

8400 NW 36th Street, Suite

450, Doral, FL, US, 33166

D Employee Identification

Number 38-3876269

E Website:

F Name of Principal Officer: Amina Taulbee

8400 NW 36th Street, Suite

450, Doral, FL, US, 33166

**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.



**SHINE BRIGHT FOUNDATION 501(C)(3)**

Tax-Exempt Nonprofit Organization

EIN: 38-3876269

8400 NW 36<sup>th</sup> St., Suite 450, Doral, FL. 33166.

**SHINE BRIGHT FOUNDATION FINANCIAL LETTER**

To Whom It May Concern,

This document certifies that Shine Bright Foundation, Inc. had no financial activity, income, expenses, or transactions during the fiscal year 2024 and has not recorded any financial activity.

As a result, no Profit & Loss Statement, Statement of Activities, or other formal financial statements exist for the periods referenced.

Sincerely,

*Amina Taulbee*

**Amina Taulbee**

**President & Founder | Shine Bright Foundation 501(c)(3)**

**[vocesinclusivassbf@gmail.com](mailto:vocesinclusivassbf@gmail.com)**

**Phone: 754-302-0021**



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

## Detail by Entity Name

Florida Not For Profit Corporation  
SHINE BRIGHT FOUNDATION INC.

### Filing Information

<b>Document Number</b>	N12000004927
<b>FEI/EIN Number</b>	38-3876269
<b>Date Filed</b>	05/16/2012
<b>Effective Date</b>	05/14/2012
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	01/04/2015

### Principal Address

8400 NW 36 ST  
450  
Doral, FL 33166

Changed: 03/05/2024

### Mailing Address

8400 NW 36 ST  
450  
Doral, FL 33166

Changed: 03/05/2024

### Registered Agent Name & Address

TAULBEE, AMINA  
8400 NW 36 ST  
450  
Doral, FL 33166

Name Changed: 02/01/2017

Address Changed: 03/05/2024

### Officer/Director Detail

#### **Name & Address**

Title P

TAULBEE, AMINA  
8400 NW 36 ST  
450  
Doral, FL 33166

Title D

Villalobos, Dayanne  
8400 NW 36 ST  
450  
Doral, FL 33166

**Annual Reports**

Report Year	Filed Date
2023	03/09/2023
2024	03/05/2024
2025	03/17/2025

**Document Images**

<a href="#">03/17/2025 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/05/2024 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/09/2023 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/14/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/11/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/29/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/08/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/15/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/01/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/02/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/04/2015 -- REINSTATEMENT</a>	View image in PDF format
<a href="#">06/11/2013 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/29/2013 -- Amendment and Name Change</a>	View image in PDF format
<a href="#">05/16/2012 -- Domestic Non-Profit</a>	View image in PDF format

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004927

**Entity Name:** SHINE BRIGHT FOUNDATION INC.

**Current Principal Place of Business:**

8400 NW 36 ST  
450  
DORAL, FL 33166

**Current Mailing Address:**

8400 NW 36 ST  
450  
DORAL, FL 33166 US

**FEI Number:** 38-3876269

**Certificate of Status Desired:** No

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

TAULBEE, AMINA  
8400 NW 36 ST  
450  
DORAL, FL 33166 US

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

**SIGNATURE:** AMINA TAULBEE

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	D
Name	TAULBEE, AMINA	Name	VILLALOBOS, DAYANNE
Address	8400 NW 36 ST 450	Address	8400 NW 36 ST 450
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

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

**SIGNATURE:** AMINA TAULBEE

CEO

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004927

**Entity Name:** SHINE BRIGHT FOUNDATION INC.

**Current Principal Place of Business:**

500 SW 145TH AVE  
553  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

500 SW 145TH AVE  
553  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 38-3876269

**Certificate of Status Desired:** No

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

TAULBEE, AMINA  
500 SW 145TH AVE  
553  
PEMBROKE PINES, FL 33027 US

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

**SIGNATURE:** AMINA TAULBEE

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TAULBEE, AMINA  
Address 500 SW 145TH AVE  
553  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name RIVERA, MARIA YESENIA  
Address 8400 NW 36 ST  
450  
City-State-Zip: DORAL FL 33166

Title D  
Name VILLALOBOS, DAYANNE  
Address 500 SW 145TH AVE  
553  
City-State-Zip: PEMBROKE PINES FL 33027

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

**SIGNATURE:** AMINA TAULBEE

**PRESIDENT**

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date



## VENDOR APPLICATION

Vendor Name: Shine Bright Foundation, Inc. D.B.A.: \_\_\_\_\_  
Federal ID No.: 38-3876269 Date Business Established: 05/14/2012  
Business Type: ☐ Corporation ☐ Proprietorship ☐ Partnership ☐ LLC ☒ Other: Non-Profit - 501(c)(3)  
Business Address: 8400 NW 36th Street, Suite 450  
City: Doral State: FL Zip: 33166  
Telephone: 754-302-0021 Website URL: vocesinclusivas.org  
Payment/Remittance Address: 8400 NW 36th Street, Suite 450  
City: Doral State: FL Zip: 33166  
Contact: Amina Taulbee Title: President  
Email: vocesinclusivassbf@gmail.com Phone No.: 754-302-0021

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 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

Date





## CONFLICT OF INTEREST DISCLOSURE

**Vendor Name:** Shine Bright Foundation, Inc. **D.B.A.:** \_\_\_\_\_  
**Federal ID No.:** 38-3876269 **Date Business Established:** 05/14/2012  
**Business Address:** 8400 NW 36th Street, Suite 450  
**City:** Doral **State:** FL **Zip:** 33166

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:  N/A _____ _____ _____	( ) Relationship to employee ( ) Interest in vendor's company ( ) Other (please describe below) _____ _____  (X) 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:		
<i>Amina Taulbee</i>	12/03/2025	Amina Taulbee
Signature of Authorized Representative	Date	Printed Name of Authorized Representative



## VENDOR AFFIDAVITS

**Vendor Name:** Shine Bright Foundation, Inc. **D.B.A.:** \_\_\_\_\_  
**Federal ID No.:** 38-3876269 **Date Business Established:** 05/14/2012  
**Business Address:** 8400 NW 36th Street, Suite 450  
**City:** Doral **State:** FL **Zip:** 33166

### 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
Amina Taulbee	8400 NW 36th Street, Suite 450, Doral, FL. 33166	100%

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.**)
  - ⓧ   1   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.

- 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.
- The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes.
- The Rehabilitation Act of 1973, 29 USC Section 794.
- The Federal Transit Act, as amended 49 USC Section 1612.
- 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.

Shine Bright Foundation, Inc

Vendor Name

11/24/2025

Date Signed

Affiant Signature

Amina Taulbee - President

Affiant Name & Title (Printed)

STATE OF

Florida

COUNTY OF

Miami-Dade

The foregoing instrument was affirmed, subscribed, and sworn to before me this 24th day of November, 2025 by means of ☒ physical presence or ☐ online notarization, by Amina Taulbee who is personally known to me or who produced the following identification: \_\_\_\_\_

[Notary Seal]



CAROLINA ABOUL  
Commission # HH 505493  
Expires July 9, 2028

Notary Public for the State of Florida  
My commission expires: 07/28



# 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.)  Shine Bright Foundation, Inc.	
	<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 type="checkbox"/> Other (see instructions) _____ Nonprofit organization / 501(c)(3)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>01</u>  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (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. 8400 NW 36th Street Suite 450	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code Doral, FL 33166		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

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

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

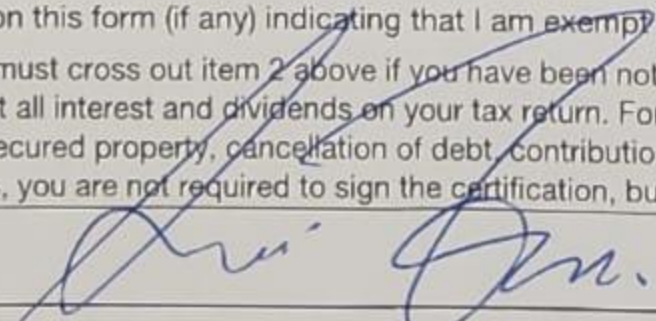
Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person 	Date 11/24/2025
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## 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



Total Project Budget Covered by Grant Request					
	Budget/Expense Category	Description	Amount Requested from CBO Grant	Other Funding In-kind Donation	
1	Facility Rental	<p>Facility Rental – Conference &amp; Training Space</p> <p>To deliver in-person instruction, workshops, and practical training sessions, ShineBright Foundation must rent a conference and training room that meets accessibility standards.</p> <p>Classes are held multiple times per week, including extended Saturday sessions from 2:00 PM to 7:00 PM.</p> <p>●● Hourly cost: \$75–\$95</p> <p>●● Estimated total: \$1,800</p>	\$ 1,800.00		
2	Postcard Design & Printing	<p>Educational &amp; Outreach Materials – Graphic Design and Printing (Postcards)</p> <p>Printed materials are essential to reach potential participants, families, volunteers, and community partners. This includes professional graphic design and full-color printing of outreach postcards used across community events and local partnerships.</p> <p>●● Design &amp; printing (postcards): \$650</p>	\$ 650.00		

3	Roll-Up Banners (4)	<p>3. Outreach Visibility – Roll-Up Banners (4 units)</p> <p>Roll-up banners are used during public events, workshops, volunteer fairs, and community collaborations to ensure visibility of the Voces Inclusivas program, attract volunteers, and promote registration.</p> <ul style="list-style-type: none"> <li>• Cost per banner (design + printing): \$285–\$300</li> <li>• Four (4) banners estimated total: \$1,140</li> </ul>	\$ 1,140.00		
4	Website Improvements	<p>Website &amp; Digital Infrastructure Improvements</p> <p>While the organization currently operates with a basic landing page, program expansion requires improvements to accessibility, information clarity, volunteer sign-ups, and donor engagement.</p> <ul style="list-style-type: none"> <li>• Website improvements and updates: \$600–\$800</li> <li>• Estimated total used for budget: \$700</li> </ul>	\$ 700.00		
5	Program Uniforms	<p>Program Uniforms (T-Shirts)</p> <p>Branded program shirts for participants and volunteers help foster belonging, professionalism, and program recognition during public activities and outreach events.</p> <ul style="list-style-type: none"> <li>• Program uniforms (shirts): \$300</li> </ul>	\$ 300.00		
6	Educational Materials	<p>Printed Educational Materials for Scholarship Recipients</p> <p>Each scholarship recipient receives printed materials to support their educational process, training modules, and advocacy development.</p> <ul style="list-style-type: none"> <li>• Educational printing and materials: \$300</li> </ul>	\$ 300.00		

[illegible]