

**DELRAY BEACH POLICE DEPARTMENT  
LAW ENFORCEMENT TRUST FUND (LETF)  
REQUEST FOR FUNDING FORM**

*The Delray Beach Police Department has a long-standing commitment to the reduction of crime and the implementation of crime and drug prevention initiatives throughout the city. Use of LETF funds requires approval from the City Commission, in accordance with Fla. Stat. § 932.7055, upon request by the Chief of Police. The Statute requires that a portion of the revenues be donated or expended for the support or operation of drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood, or school resource officer programs, in accordance with Fla. Stat. § 932.7055.*

**Applicant Agency Information**

<b>Applicant Agency Legal Name (as listed on Sunbiz.org):</b> Omega Uplifts foundation, Inc.	
<b>Program Title:</b> Omega Uplifts Delray Beach Youth and Families	
<b>Main Administrative Address:</b> 401 W. Atlantac Avenue, Suite O9	
<b>City &amp; State, Zip Code:</b> Delray Beach, Florida 33444	
<b>Telephone Number:</b> 561 573-1202	
<b>Website:</b> <a href="http://www.omegauplifts.org">http://www.omegauplifts.org</a>	
<b>CEO/Executive Director:</b> Seabron A. Smith	
<b>Office Phone Number:</b> 561 573-1202	<b>E-mail Address:</b> <a href="mailto:seabron@omegauplifts.org">seabron@omegauplifts.org</a>
<b>Name/ Title of Program Contact:</b>	Seabron A. Smith / Board Chairman
<b>Cell Phone:</b> 561 573-1202	<b>Email:</b> <a href="mailto:seabron@omegauplifts.org">seabron@omegauplifts.org</a>
<b>Primary Program Activity Location:</b>	Delray Beach
<b>City, State, Zip Code:</b>	Delray Beach, Florida 33444
<b>Program Performance Period (Date):</b>	<b>From:</b> 8/1/2025 <b>To:</b> 7/31/2026

**Organization's Background:** Provide a concise description of the Applicant Agency, including its history, years of operation, general mission statement, and primary services provided.

The Omega Uplifts Foundation was founded in 1998 as a 501(c)(3) non-profit charity by passionate members of the Lambda Alpha Alpha Chapter of the Omega Psi Phi Fraternity Inc. Dedicated to transforming lives, the Foundation sponsors programs that empower youth, seniors, and families within the vibrant communities of south Palm Beach County.

As a public charity organization, Omega Uplifts serves as a beacon of hope and progress for the underserved populations of Palm Beach County. With a focused commitment to overcoming the unique challenges faced by disenfranchised communities, the Foundation provides a variety of enriching initiatives, including scholarships that unlock educational opportunities, health initiatives that promote wellness, and voter registration drives that ensure a voice is heard in the democratic process.

Our goal is to uplift families in need, fostering environments where every student has the tools to thrive and access to the resources that will empower their futures. Over the years, Omega Uplifts has proudly championed and mentored children, organized engaging programs for seniors, and delivered high-quality programming designed to strengthen families throughout southern Palm Beach County. With unwavering determination, we continue to address and alleviate the obstacles confronting disenfranchised communities, striving to create a brighter, more equitable future for all.

## PROGRAM INFORMATION

### 1. Program Summary: Provide an overview of proposed program services (3-5 sentences).

The Omega Uplifts Foundation is dedicated to empowering the Delray Beach community by ensuring every student has access to education. We provide scholarships and support for families in need and sponsor the Lamplighters mentoring program to develop life skills, promote crime prevention, and foster academic excellence.

For over 24 years, we have been awarding scholarships to south Palm Beach County students, alleviating their financial burdens and equipping them with the tools to succeed. Led by dedicated members of the fraternity and local professionals, the Lamplighters program delivers transformative experiences to middle and high school students.

Our crime prevention strategies expose youth to enriching experiences, directing them toward productive behavior. We believe in addressing the root causes of crime to create lasting change and positive social outcomes.

## LETF CATEGORY/STATUTORY REQUIREMENT

(Check box to the left of **one** program area for which you intend to Apply):

- |  |  |
|--|--|
| <input checked="checked" type="checkbox"/> | 1. Crime Prevention                    |
| <input type="checkbox"/>                   | 2. Safe Neighborhood                   |
| <input type="checkbox"/>                   | 3. Drug Abuse Education and Prevention |

### 2. How do you feel your proposed project addresses the LETF Criteria?

Our proposed project addresses the LETF Criteria by empowering the Delray Beach community and southern Palm Beach County by ensuring that students have access to quality education. We provide scholarships and support for families in need and sponsor the Lamplighters mentoring program, which develops essential life skills, promotes crime prevention, and fosters academic achievement.

For over 24 years, we have awarded scholarships to Delray Beach students, helping to alleviate their college financial burdens. Our programs uplift young men and women from all backgrounds, equipping them with the tools they need to succeed in college and beyond. The Lamplighters program, administered by dedicated fraternity members and local professionals, delivers transformative experiences to young men in middle and high schools. Our crime prevention strategies focus on exposing youth to enriching life experiences that encourage productive behavior. We firmly believe that addressing the root causes of crime, rather than relying solely on law enforcement, is essential for creating lasting change and promoting positive social outcomes.

## STATEMENT OF NEED

### 3. Why is this program needed (What community problem does it address)? What data suggests that this program should be implemented with this population or in this geographical location? (USE RECENT, RELEVANT DATA)

This program is needed to address economic changes and the rising costs of a college education. It's become more challenging to meet the scholarship needs and support for our promising youth to attend college. We are therefore reaching out to the business community and individuals who understand how important it is to continue this program.

The Lamplighter strategy is an approach to crime prevention that addresses the root causes of crime. The focus is mainly on the social elements that lead to crime such as lack of community cohesion, ignorance, breakdown in family societal values and poor environmental conditions.

Some of the problems addressed in Delray Beach are too many youths, particularly youth in poverty; youth of color; youth with learning disabilities; youth with mental health and family substance abuse challenges; youth subjected to neglect, abuse, and other violence; are pushed out of their schools and homes into the juvenile justice or adult criminal justice systems. Sadly, many local Delray Beach students are growing up without a sound family structure and missing a father figure and many times find their way into the wrong crowds, including gangs. This generally leads to a very troubled future that becomes their reality.

Intervention techniques are directed at youth who are at high risk of committing crimes and especially focus on youth who drop out of school or get involved in gangs. It targets social programs and law enforcement in neighborhoods where crime rates are high. Much of the crime that is happening in neighborhoods with high crime rates is related to social and physical problems. Although there have been a substantial reduction in the crime rate from 1998 to last year, a problem still exist among Juveniles.

See stats: <https://www.neighborhoodscout.com/fl/delray-beach/crime#description>



4. Describe the program in detail and how it will be implemented: (Describe Who, What, Where, and When) All programs must address a specific population and the narrative should indicate the number of clients served, services provided, etc.

Omega Uplifts Sponsors offers empowering programs that include, but are not limited to, mentoring, scholarship contests, community revitalization initiatives, and many other efforts that positively impact dozens of youths, seniors, and families in South Palm Beach County, with a focus on Delray Beach. Our Lamplighters mentor program serves approximately 10 students annually and encourages participants to apply for our Annual Scholarship Award program, which assists about 15 students each year. The 2025 Scholarship Award Program is presented by members of the Lambda Alpha Alpha Chapter of the Omega Psi Phi Fraternity, Inc. and the Omega Uplifts Foundation, Inc. during our Annual Achievement Week Program, which supports around 30 students and families each year. This program provides scholarship awards to Delray Beach senior high school students who will enter college, university, or a post-secondary education program as full-time students in fall 2025. The purpose of these scholarships is to motivate students to excel academically and to alleviate some of the financial stress they may face. By maintaining strong academic performance, students can avoid negative peer pressure and focus on their positive futures in college and, ultimately, gainful employment. These scholarships have provided promising young individuals the chance to attend the college of their choice and reach their full potential. We offer this support to high school seniors of all races and backgrounds who attend either Atlantic High School or Village Academy, as well as other high schools in South Palm Beach County.

To qualify for the scholarship, students must meet the following requirements:

- 1) A cumulative Grade Point Average (GPA) of 2.5 or higher.
- 2) Complete a scholarship award application.
- 3) Submit an official copy of their high school transcript.
- 4) Submit two letters of recommendation.
- 5) Ensure the application and all attachments are submitted by March 12, 2025.
- 6) Attend an interview on March 26, 2025.

## PROJECT BUDGET

Project budget should ONLY include costs related to your funding request. Other match funds should NOT be included.

LEFT Line-Item Budget	Calculation	Total Amount
<b>Program Expenses</b>		
Personal Costs/Salaries	\$	\$
Fringe Benefits	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$	\$ 725.00
Printing and Copying	\$	\$ 275.00
Other (specify)	\$	\$ 9,000
	Total LEFT Request:	\$ 10,000.00

**BUDGET NARRATIVE** (Required for ALL applications. Provide a detailed narrative explanation of what the budget will include and its relevance to the project in #4. Please explain any anomalies in the budget above.)

The Lamplighter program workshops and activities will require various supplies to function successfully (\$725.00). Our Achievement Week Program will require the purchase of award plaques and printing for the souvenir book (\$275.00) highlighting the achievements of our Lamplighter participants, scholarship award program winners, along with community spotlights. The remainder of grant funds of \$9,000.00 will be used to pay out scholarship awards presented to selected applicants (\$10,000.00).

## SIGNATURE/CERTIFICATION

**CERTIFICATION AND ASSURANCES** (Please initial next to each in **blue ink**. By initialing and signing this application for funding the applicant agrees to comply with the following terms and conditions if awarded LETF Funding.

### PERIOD OF PERFORMANCE

Initial SAS APPLICANT shall commence services as soon as practical and reasonable under the circumstances. All program activities must be completed by the end of the calendar year in which they were awarded.

### REPORTS AND DELIVERABLES

Initial SAS APPLICANT will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by the DBPD at mutually agreed upon times.

Initial SAS A **final report** of activities and expenditures documented by receipts or other financial proof of expenditure of the Program shall be submitted by the applicant to DBPD within 30 days after the funds have been exhausted or no later than January 31<sup>st</sup>. All costs and expenses in generating and delivery of such documentation shall be burdened by APPLICANT and the documents shall be delivered in a format acceptable to DBPD. Failure to comply with the reporting requirements shall result in APPLICANT having to return LETF.

### RETURN OF FUNDS

Initial SAS If APPLICANT fails to perform; or is determined later to not be qualified to receive LETF; or if there was an untruthful statement made by APPLICANT within its Request for Funding Application (Application); or fails to provide the necessary reporting documents to DBPD, then all LETF disbursed to the APPLICANT shall be returned to DBPD within ten (10) business days of DBPD's written demand for the same and APPLICANT may be ineligible for any future LETF disbursements.

### SPECIAL PROVISIONS

All services should be provided exclusively in Delray Beach to Delray Beach residents.

Initial SAS APPLICANT will not qualify for subsequent year funding from DBPD and will not be able to receive subsequent year funding until a complete report, approved by DBPD has been obtained for prior year activities that were funded by LETF award. Notwithstanding the foregoing, DBPD shall not be obligated to award any subsequent funding unless and until the APPLICANT reapplies for the same and is approved for disbursements, at the discretion of DBPD.

Initial SAS Failure to spend awarded funds in accordance with the approved project budget will result in return of funds to DBPD.

Initial SAS Failure of the APPLICANT to submit a complete report with backup documentation to DBPD, at no cost to DBPD, will result in immediate return of funds to DBPD.

Initial SAS APPLICANT understands that if funds are awarded to APPLICANT, APPLICANT will be required to execute a funding agreement, which outlines the terms and conditions of the award.



False statements or claims made in connection with this LETF Funding Application may result in fines, imprisonment, and/or any other remedy available by law. I certify that the assurances provided are true and accurate to the best of my knowledge.

APPLICANT AGENCY NAME: OMEGA UPLIFTS FOUNDATION, INC.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: Seabron A. Smith Date: 2/14/2025

Seabron A. Smith, Chairman, Board of Directors

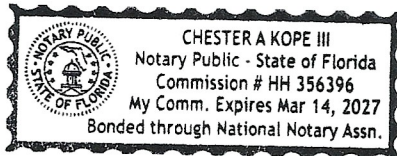
(Printed Name & Title)

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 13 day of FEBRUARY, 2025, by Seabron A. Smith (name of person), as Chairman (type of authority) for Omega Uplifts (name of party on behalf of whom instrument was executed). DELRAY BEACH POLICE

Personally known ☒ OR Produced Identification ☐ Type of Identification Produced \_\_\_\_\_



Chester A. Kope III  
Notary Public – State of Florida

**DISCLOSURE OF BUSINESS OR EMPLOYMENT RELATIONSHIPS WITH THE CITY**

The City requires agencies requesting charitable contributions to disclose any business or employment relationships with the City, and research agency disclosures and corporate information prior to approving the agency's application for payment to prevent potential conflicts of interest.

Use the space below to disclose any business relationship with the City.

**Disclosure of business relationship**

N/A

Use space below for the names of any of your employees who serve as agents, principals, subcontractors, employees or consultants and are currently employed or have been employed by the City of Delray Beach within the last two (2) years. Please list the employee(s) position(s) within your company.

**Disclosure of employment relationship**

N/A

I certify that the information supplied herein is correct to the best of my knowledge. This application should be signed by an authorized officer of the applicant.

Seaborn A. Smith  
Authorized Signature

2/14/25  
Date

Seaborn A. Smith  
Print Name





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

## Detail by Entity Name

Florida Not For Profit Corporation  
OMEGA UPLIFTS FOUNDATION, INC.

### Filing Information

<b>Document Number</b>	N98000005640
<b>FEI/EIN Number</b>	65-0850816
<b>Date Filed</b>	09/30/1998
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT AND NAME CHANGE
<b>Event Date Filed</b>	10/26/2020
<b>Event Effective Date</b>	12/01/2020

### Principal Address

4781 N. Congress Avenue  
1136  
Boynton BEACH, FL 33426

Changed: 03/11/2020

### Mailing Address

POST OFFICE BOX 7212  
DELRAY BEACH, FL 33482

Changed: 05/01/2005

### Registered Agent Name & Address

JOHNSON, MARKUS  
P O B 7212  
DELRAY BEACH, FL 33482

Name Changed: 03/11/2020

Address Changed: 04/21/2013

### Officer/Director Detail

#### **Name & Address**

Title CD

MOSES, DEREK

1553 nw 3rd terr  
pompano beach, FL 33060

Title VCD

DAVIS, LARRY  
6592 LURRIS DRIVE  
WEST PALM BEACH, FL 33436

Title TD

PAYNE, OTIS  
POB 6445  
DELRAY BEACH, FL 33482

Title SD

BUTLER, KEVIN  
3807 KIRKWOOD CIRCLE  
BOYNTON BEACH, FL 33436

Title D

BROWN, WILBERT  
10341 W. TARA BLVD  
BOYNTON BEACH, FL 33437

Title Director

Petty, Ricky  
217 N Seacrest Blvd  
593  
Boynton BEACH, FL 33426

Title Director

marsh, Derrick  
5027 Nautica Lake cir  
Greenacres, FL

Title Director

crawford, terry  
360 N 20th avenue  
pompano beach, FL 33069

Title Director

rosier, len  
8502 michael dr  
boynton beach, FL 33472

Title Director



spear,jr, samuel  
701 n swinton ave  
delray beach, FL 33444

Title Director

alexander, percy  
9940 baywater dr  
boca raton, FL 33496

Title Director

jones, vincent  
4280 banyan trails dr  
coconut creek, FL 33043

### Annual Reports

Report Year	Filed Date
2018	03/29/2018
2019	04/05/2019
2020	03/11/2020

### Document Images

<a href="#">10/26/2020 -- Amendment and Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">03/11/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/05/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/29/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/09/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/27/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/13/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/15/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/30/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/10/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/08/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/17/1999 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">03/09/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

[09/30/1998 -- Domestic Non-Profit](#)

[View image in PDF format](#)

Florida Department of State, Division of Corporations



# *State of Florida*

## *Department of State*

I certify from the records of this office that OMEGA UPLIFTS FOUNDATION, INC. is a corporation organized under the laws of the State of Florida, filed on September 30, 1998.

The document number of this corporation is N98000005640.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on April 18, 2021, 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 Eighteenth day of April, 2021*



*Randy Be*  
Secretary of State

Tracking Number: 4556486616CC

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

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



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8013755160C-3	09/23/2023	09/30/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

OMEGA UPLIFTS FOUNDATION INC  
125 NW 3RD AVE  
DELRAY BEACH FL 33444-2623

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>OMEGA UPLIFTS FOUNDATION, INC.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input 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) _____ <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) _____	<b>4</b> 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.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>401 W. Atlantic Avenue, Suite O9</b>	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code <b>Delray Beach, FL 33444</b>		
<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.

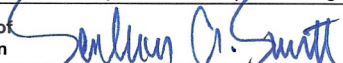
<b>Social security number</b>								
			-					
<b>or</b>								
<b>Employer identification number</b>								
6	5	-	0	8	5	0	8	1 6

**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.

<b>Sign Here</b>	<b>Signature of U.S. person</b> 	<b>Date</b> <b>2/13/2025</b>
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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





February 13, 2025

Kristina Maricic  
Administrative Officer  
City of Delray Beach Police Department  
Delray Beach, FL 33444

Dear Ms. Maricic

On behalf of Omega Uplifts Foundation, Inc., I'm submitting this application for a grant of \$10,000.00.

Omega Uplifts Foundation, Inc. is a non-profit organization located in Delray Beach, Florida since 1998 and is currently located at: 401 W. Atlantic Avenue, Suite 09, Delray Beach, Florida. The federal tax identification number is still the same as stated on the application. All services will be performed in the City of Delray Beach.

Thank you for your continued support and kind knowledgeable assistance.

A handwritten signature in blue ink that reads "Seabron A. Smith".

Seabron A. Smith, Chairman  
Omega Uplifts Foundation, Inc.