Application for Discount Form

<u>Fill out this form thoroughly.</u> Only the information on the application will be used to determine eligibility for a discount. **Write legibly** - applications that are unable to be read will not be processed. This request will be reviewed by staff and will be scored on several criteria below:

- Whether the applicant partners with Willard Parks and Recreation Department
- The degree of financial burden on the applicant
- Whether the applicant is in the Willard Parks service area
- Whether the event is open to the public
- Whether the applicant is a not-for-profit/public or a for-profit/public
- Whether the events attract people from outside the Willard area
- The frequency of the applicant's discount applications

Below are a series of questions related to the criteria being considered. "Applicant" refers to the person or organization seeking a discount on a rental. Each request will be scored based on the response. The applicant's score on each will determine eligibility for a discount. Please be as detailed and accurate as possible. If additional space is needed, feel free to attach additional sheets.

Individuals Requesting Discount: Marshall Bruner, president, hopeTOGETHER

Ty Curry, pastor, Willard Community Christian Church

Phone Number: 417.838.8767 (Marshall Bruner)

417.621.1718 (Ty Curry)

Event Name: "Willard City of HOPE"

Requesting Organizations: hopeTOGETHER, event co-sponsor

Willard Community Christian Church, event co-sponsor

Venue Requested: Community Building from 10:00 am – 4:00 pm

Pavilion from 9:00 am - 4:00 pm.

Park grounds surrounding Pavilion from 9:00 am - 4:00

pm.

Activities: booths, haircuts, student dance club inside Community Building; hot food grilled and served, takehome groceries distribution, live bands, bounce house and

games, classic autos on common grounds of park

surrounding Pavilion. Pavilion will be used to seat guests enjoying their meal and possibly portion for live bands.

Event Date/Time:

September 13, 2025

Setup: 9:00 am; Event: 11:00 am-3:00 pm;

Cleanup; 3:10-4:00 pm

1. In what way(s) does the applicant partner with Willard Parks and Recreation on events or projects (provides volunteers or other contributions)?

The Willard City of HOPE will be a conglomeration of participants—ranging from Willard churches, the Willard municipal first responders, and non-profit organizations in Greene County. Some of these groups that plan to participate in the "Willard City of HOPE" may have provided volunteers and contributions, but the sponsoring group called hopeTOGETHER has never interacted will the Willard Parks & Recreation before now. However, we wish to establish ongoing charitable and educational activities at the Rec Center that will involve these various groups for the purpose of assisting at-risk and inneed families and individuals.

- 2. **Describe the applicant's ability to pay.** AGCU Check or Bank Card—whichever is most convenient to you.
- 3. Is the applicant within the Willard Parks and Rec service area (15 miles)? Yes

Again, the Willard City of HOPE will be a conglomeration of participants from Willard and Greene County—ranging from Willard churches, the Willard municipal first responders, and non-profit organizations. The sponsoring organization (hopeTOGETHER) is located in Springfield, and the co-sponsoring church (Willard Community Christian Church) is located in the city of Willard.

- 4. Is the event open to the public? (Which groups is the event open to / Are fees charged and if so, what are the rates?) Yes, open to the public—while targeting families in need. No fees charged. EVERYTHING provided free: hot food, take-home groceries, haircuts, live music, municipal first responders and vehicles, classic autos, non-profit organizations with giveaways, prizes.
- 5. Is the applicant a not-for-profit/public entity or a for-profit/private entity?

Non-Profit

Missouri ID #: 29507651

6. To what extent will your event bring people from outside the Willard area into the area?

Promotional materials will be distributed within the geographic area serviced by Willard School District. The event is specifically targeting at-risk, in-need families of Willard.

7. How frequently does your organization request a discount?

Our goal is to conduct the "Willard City of HOPE" annually. In addition, we aspire to conduct life-skills classes for at-risk and/or in-need families on a quarterly basis (if possible) plus a one-time education seminar for community leaders. It would be ideal if we could rent the entire Rec Center for the annual event and portions of the Rec Center for the educational activities at a discounted rate.

8. Has the applicant received a discount from Willard Parks and Rec in the last twelve months? If so, describe. NO, this is our first-ever application.

Inaccurate information will result in the application not being considered. Inaccurate information found after the discount is approved will result in the applicant being required to pay the full price for the reservations(s) and/or registration(s) By signing below, the applicant certifies that all the information provided is true and accurate, that they have read and understand the application and all conditions therein, and that the applicant agrees to all the terms herein.

Marshall Bruner 06/16/25
Print Date

| President | hopeTOGETHER |
|-----------|--------------|
| Title | Organization |

State of Missouri

Limited Exemption from Missouri State Sales and Use Tax on Purchases and Sales (Charitable)

Issued To:

MISSOURI ID: 29507651

HOPETOGETHER 1937 S LAKE SHORE AVE SPRINGFIELD. MO 65807-2213

Effective Date: 06/26/2024

Your application for sales and use tax exempt status has been approved under Section 144.030.2(19), RSMo. This letter is issued as documentation of your organization's exempt status. Your organization must adhere to all requirements of your exempt status.

- This is a continuing exemption subject to legislative changes and review by the Director of Revenue. Outlined below are specific requirements regarding this exemption. This summary is not intended as a complete restatement of the law. You should review the law to ensure your understanding and compliance. This exemption is not assignable or transferable. It is an exemption from sales and use taxes only and is not an exemption from real or personal property tax.
- Purchases by your organization are not subject to sales or use tax if conducted within your organization's exempt charitable, religious and educational functions and activities. When purchasing with this exemption, furnish all sellers or vendors a copy of this letter.
- Individuals making personal purchases may not use this exemption.
- A contractor may purchase and pay for construction materials exempt from sales tax when fulfilling a contract with your organization only if your organization issues a project exemption certificate and the contractor makes purchases in compliance with the provisions of Section 144.062, RSMo.
- Sales by your organization are not subject to sales or use tax if conducted within your organization's exempt charitable, religious and educational functions and activities.
- Sales not directly related to your exempt function that are made only to raise funds for your organization are not exempt unless such sales are occasional or isolated.
- If your organization engages in a competitive commercial business that serves the general public, even if the profits are used for your exempt charitable, religious and educational functions, you must obtain a Missouri Retail Sales Tax License and collect and remit state and local sales tax.
- Any alteration to this exemption letter renders it invalid.

If you have any questions regarding the use of this letter, contact the Taxation Division, Post Office Box 358, Jefferson City, MO 65105-0358, salestaxexemptions@dor.mo.gov, or call 573-751-2836.

Notice Number: 2048350552



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2025

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).

CONTACT LIVIONG

| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FO | N NUMBER: THE POLICY PERIOD ECT TO WHICH THIS DALL THE TERMS, LIMITS URRENCE \$ 1,000,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
|--|--|-------------|--|
| NO | N NUMBER: THE POLICY PERIOD ECT TO WHICH THIS DALL THE TERMS, LIMITS URRENCE \$ 1,000,000 ORENTED (Ea occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| Springfield MO 65806 INSURER A : West Bend Mutual Insurer Research INSURED Hopetogether INSURER B : INSURER B : INSURER C : INSURER | N NUMBER: THE POLICY PERIOD ECT TO WHICH THIS DALL THE TERMS, LIMITS URRENCE \$ 1,000,000 ORENTED (Ea occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| Hopetogether | THE POLICY PERIOD PECT TO WHICH THIS O ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 (Fa occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| 1937 S Lake Shore Ave | THE POLICY PERIOD PECT TO WHICH THIS O ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 (Fa occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| Springfield MO 65807-2213 INSURER E: COVERAGES CERTIFICATE NUMBER: CL2562401919 REVISION THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICIES OF TH | THE POLICY PERIOD PECT TO WHICH THIS O ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 (Fa occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| Springfield MO 65807-2213 INSURER E: COVERAGES CERTIFICATE NUMBER: CL2562401919 REVISION THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR | THE POLICY PERIOD PECT TO WHICH THIS O ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 (Fa occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| Springfield MO 65807-2213 INSURER F: COVERAGES CERTIFICATE NUMBER: CL2562401919 REVISION THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR | THE POLICY PERIOD PECT TO WHICH THIS O ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 (Fa occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FO | THE POLICY PERIOD PECT TO WHICH THIS O ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 (Fa occurrence) \$ 100,000 Any one person) \$ 8. ADV INJURY \$ 1,000,000 | | |
| | LIMITS URRENCE \$ 1,000,000 ORENTED (Ea occurrence) \$ 100,000 Any one person) \$ 1,000,000 | | |
| 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 INSD WVD POLICY NUMBER POLICY (MM/DD/YYYY) (MM/DD/YYYY) | ORENTED \$ 100,000 Any one person) \$ 1,000,000 A ADV INJURY \$ 1,000,000 | | |
| COMMERCIAL GENERAL LIABILITY EACH OF | (Ea occurrence) \$ 100,000 Any one person) \$ 1,000,000 & ADV INJURY \$ 1,000,000 | | |
| CLAIMS-MADE CCCUR DAMAGE | & ADV INJURY \$ 1,000,000 | | |
| MED EX | | | |
| A Y Y B745633 09/15/2024 09/15/2025 PERSON | | | |
| GEN'LAGGREÇATE LIMIT APPLIES PER: | AGGREGATE \$ 2,000,000 | | |
| POLICY PRO- LOC PRODUC | S-COMP/OP AGG \$ 2,000,000 | | |
| OTHER: | \$ | | |
| AUTOMOBILE LIABILITY COMBIN | SINGLE LIMIT \$ | | |
| | URY (Per person) \$ | | |
| AUTOS ONLY AUTOS | URY (Per accident) \$ | | |
| HIRED NON-OWNED AUTOS ONLY PROPER (Per acci | DAMAGE \$ | | |
| | \$ | | |
| | URRENCE \$ | | |
| EXCESS LIAB CLAIMS-MADE AGGREC | E \$ | | |
| DED RETENTION S WORKERS COMPENSATION | \$ \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N PE STA | JTE OTH- ER | _ | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE N/A E.L. EAC | ACCIDENT \$ | \dashv | |
| If yes, describe under | SE - EA EMPLOYEE \$ | | |
| DESCRIPTION OF OPERATIONS below E.L. DISE | SE - POLICY LIMIT \$ | = | |
| | | | |
| | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | |
| Willard, Mo., September 13: "Willard City of HOPE" | | | |
| Setup: 9:00-10:45 am Event Hours: 11:00 noon - 3:00 pm Cleanup: 3:00-4:00 pm | | | |
| Event Location: Jackson Street Park, 222 W. Jackson St., Willard Mo. | | | |
| CERTIFICATE HOLDER CANCELLATION | | | |
| CANCELLATION CANCELLATION | | $\neg \neg$ | |
| SHOULD ANY OF THE ABOVE DESCRIBED THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISE ACCORDANCE WITH | VILL BE DELIVERED IN | 1 | |
| 233 N State Hwy Z AUTHORIZED REPRESENTATIVE | | \neg | |
| Willard MO 65781 | | | |