Event date: 12/10
Received 10/28

SPONSORSHIP APPLICATION

FISCAL YEAR 2025-2026

SUBMIT TO

City of Vicksburg
Attn: Office of the City Clerk
P. O. Box 150
Vicksburg, MS 39181-0150

Or email:
dnickson@vicksburg.org

INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE COMMITTEE

Organization Name: National Black Caucus of State Legislators, Inc.

Physical Address of the Event: Beau Rivage Resort in Biloxi, MS

Mailing Address: 122 C St NW, Ste 540, Washington DC 20001

Telephone Number: (202)624-5457

Website Address: www.nbcsl.org

Primary Contact Name: LaKimba DeSadier

Title: CEO Telephone No: (202)271-9109

Email Address: lakimba@nbcsl.org

Secondary Contact Name: Nancy Beams

Title: CFO Telephone No: (202)867-6795

Email Address: nancy@nbcsl.org

If you are applying on behalf of another organization, please provide contact information for that organization:

Organization: _____

Contact Name: _____

Telephone No: _____ Email Address: _____

Complete The Following Questions Regarding Your Request For City Sponsorship Consideration

Event Date: 12/10/2025
(Must be between October 1, 2025-September 30, 2026)

1. **Is your request for:**
   (Check all that apply)

   ☐ In-Kind Sponsorship (specify in question 6)

   ☑ Cash Sponsorship Amount Requested: $ 1,500.00

2. **Briefly state your organization's mission and purpose.**

   The National Black Caucus of State Legislators (NBCSL) is a bipartisan membership organization dedicated to promoting education, research and training initiatives that assist its members to make informed decisions on legislation and public policy impacting black and underserved communities.

3. **Describe the event in which funds are being requested to support.**

   President's Reception: "Soul of the South: Honoring Mississippi's Legacy of Culture, Courage, and Community" -- celebrates the State's rich heritage and recognizes Mississippi legends whose influence continues to inspire. This signature evening will immerse guests in the rhythms, flavors, and traditions that define the Magnolia State -- from its trailblazing contributions to music, literature, and civil rights, to the enduring spirit of resilience and unity that lives within its people. Attendees will experience an unforgettable night of live entertainment, local cuisine, and heartfelt tributes honoring those whose artistry, advocacy, and leadership continue to shape the South and the nation.

4. **Explain how your organization and/or event further a charitable cause, economic or community growth, or serve a public interest?**

   As a 501(c)3 organization, NBCSL is dedicated to the education of State legislators across the country. With over 700 members who unite the voices of more than 50 million African Americans, NBCSL is a dynamic network that champions collaborative action on key issues impacting under-served communities.

5. **Provide detail on how the requested funds will be used support the event partially or in full.**

   The funds will be used towards the venue expense for that evening.

6. **Select all in-kind services the organization is requesting for the event:**

☐ a) Park and facilities fees

☐ b) Park Personnel (maintenance and building attendants)

☐ c) Police Personnel

☐ d) Fire Personnel

☐ e) Other services not listed (please specify) _____

☑ f) Not requesting in-kind services

7. **Identify and provide all other funding requests for this event. Provide attachments if needed.**

Source	Pending	Approved	Dollar Amount
Mississippi Association of Realtors		X	$ 5,000
Atmos Energy Corporation		X	$ 5,000
Nucor Steel		X	$ 1,500
Hinds County		X	$ 5,000
Mississippi Legislative Black Caucus		X	$ 5,000
Butler Snow		X	$ 5,000
Mississippi Farm Bureau & Casualty Insurance		X	$ 1,500

8. **Anticipated Attendance:** 500

9. **Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The information provided in this application is for the purpose of obtaining sponsorship funding from the City of Vicksburg on behalf of the undersigned. Each undersigned representative warrants the information provided within this application and its attachments are true and complete until a written notice of change is provided to the City of Vicksburg. The City of Vicksburg is authorized to make all inquiries necessary to verify the accuracy of the provided information.

Nancy Beams
Requestor

10/28/2025
Date

Printed Name of Requestor from Above: Nancy Beams, CFO

NBCSL
122 C St NW
Ste 540
Washington, DC 20001-2102
+12026245457
lakimba@nbcsl.org
https://nbcsl.org/

INVOICE

BILL TO
City of Vicksburg Mississippi
Mr. Brian Boykins

SHIP TO
City of Vicksburg Mississippi
Mr. Brian Boykins

INVOICE # 2211
DATE 10/28/2025
DUE DATE 11/27/2025
TERMS Net 30

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
10/28/2025	**2025 MS ALC Sponsorship**	Sponsorship of the President's Reception – Soul of the South: Honoring Mississippi's Legacy of Culture, Courage, and Community to be held on December 10, 2025 during NBCSL's 49th Annual Legislative Conference in Biloxi, Mississippi.	1	1,500.00	1,500.00

Thank you for your commitment.

BALANCE DUE **$1,500.00**

CRT Membership Dues Processing via online -
- https://nbcsl.org/crt/crt-membership-dues/

(No funds are used for lobbying purposes.)

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

National Black Caucus of State Legislators, Inc.

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

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

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

122 C St NW, Ste 540

Requester's name and address (optional)

6 City, state, and ZIP code

Washington, DC 20001

7 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

			–			–				

or

Employer identification number

5	2	–	1	2	1	8	8	3	2

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** Tony Brame, CFO **Date** 1-6-2025

General Instructions

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

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

What's New

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

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

Purpose of Form

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