

\$1,000.00



SPONSORSHIP APPLICATION

FISCAL YEAR 2024-2025

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: West Mississippi Medical Society
Physical Address of the Event: Anchuca 1010 First East St. Vicksburg
Mailing Address: 39183
Telephone Number: 601-661-0111
Website Address: anchuca.com
Primary Contact Name: Geri Weiland, MD
Title: Sec-Treasurer WMMS Telephone No: 601-831-1455
Email Address: gkwmmd@yahoo.com
Secondary Contact Name: Carlos LaTorre, MD
Title: President WMMS Telephone No: 787-409-9968
Email Address: ca-latorre@hotmail.com

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:

5-13-25

(Must be between October 1, 2024-September 30, 2025)

1. Is your request for:

(Check all that apply)

☐ In-Kind Sponsorship (specify in question 6)

☒ Cash Sponsorship Amount Requested: \$ 1000.00

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

West Mississippi Medical Society is an affiliate of Mississippi State Medical Association. Our mission is to represent local & state physicians in their effort to promote a healthy mississippi.

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

The WMMMS meeting provides members with information on our goal to promote healthcare in mississippi, esp in the Vicksburg-Warren community. Vicksburg leaders (mayor & alderman) will be

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

on hand to give an update on the city of Vicksburg

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

The \$1000 requested will partially fund the meeting

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
None			\$
			\$
			\$
			\$
			\$
			\$
			\$

8. Anticipated Attendance: 30

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.

Requestor

Date

Printed Name of Requestor from Above

Gere Wealand, MD
Sec-Treas
West MS Medical Society

5-10-25

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above West Mississippi Medical Society	
Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Business Acct	
Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) P.O. Box 32	Requester's name and address (optional)
City, state, and ZIP code Vicksburg MS 39181-0032	
List account number(s) here (optional) Trustmark Bank acct # 810-170-3684	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
64	-	0690355						

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 on page 3.

Sign Here	Signature of U.S. person ▶ J. Weiland	Date ▶ 5-10-25
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that the FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.