

II. FISCAL IMPACT ANALYSIS

A. **Five Year Summary of Fiscal Impact:**

Fiscal Years	2007	2008	2009	2010
Capital Expenditures				
Operating Costs	\$25,000			
External Revenues	(\$25,000)			
Program Income (County)				
In-Kind Match (County)				
Net Fiscal Impact	0			
# Additional FTE Positions (Cumulative)				

Is Item Included in Current Budget: YES _____ NO X

Budget Account No.: Fund _____ Agency _____ Org _____ Object _____

Reporting Category _____

B. **Recommended Sources of Funds / Summary of Fiscal Impact:**

The funds are being requested from the State Law Enforcement Trust Fund. No County Funds are required.

III. REVIEW COMMENTS

A. **OFMB Fiscal and/or Contract Administration Comments:**

Elizabeth Blaise 11/28/06 N/A
OFMB Contract Administration
OTW 11-28-06 CM 11/27/06

B. **Legal Sufficiency:**

[Signature] 11/30/06
Assistant County Attorney

C. **Other Department Review:**

Department Director

This summary is not to be used as a basis for payment.

07-

0277

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET TRANSFER

FUND 1151 LAW ENFORCEMENT TRUST FUND

BGEX 420 112800 & 543

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 10-19-06	REMAINING BALANCE
<u>Expenditures</u>								
<u>Transfers</u>								
160-1690-9498	Trfr to Sheriff Fund 1902	0	56,700	25,000	\$0	\$81,700		
<u>Reserves - New Projects</u>								
160-9900-9908	Reserves - New Projects	299,940	243,240	0	25,000	218,240		
TOTAL FUND				\$25,000	\$25,000			

Palm Beach County Sheriff's Office
INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted

Signatures

Date

[Signature] _____ 11/28/06
[Signature] _____ 11/28/06

By Board of County Commissioners
At Meeting of December 19, 2006

Deputy Clerk to the

Board of County Commissioners

OSH
11-28-06



**PALM BEACH COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT TRUST FUND DONATION**

APPLICATION

1. Legal name of Organization/Program that will serve as fiscal agent:

Faith-Hope-Love-Charity, Inc.

NAME

2. Address:

3175 South Congress Ave # 304

STREET ADDRESS

Palm Springs, Fl. 33461

CITY, STATE, ZIP

3. Executive Director:

Roy J Foster

NAME

SIGNATURE

(561) 968-1612

TELEPHONE NUMBER

4. Fiscal Agent:

Marcia M Rainford

NAME

SIGNATURE

(561)-968-1612

TELEPHONE NUMBER

5. Date:

November 2, 2006

DATE



**PALM BEACH COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT TRUST FUND DONATION**

APPLICATION

Organization/Program:

LETF Funding Request (MUST match total on Financial Application): 25,000.00

1. What service will your organization provide through the use of Law Enforcement Trust Funds?

- School Resource Officers
- Drug Treatment Program
- Crime Prevention
- Safe Neighborhood
- Drug Abuse Education
- Drug Prevention Programs

2. Organization/Program Purpose: The purpose of the program is to assist homeless veterans with substance abuse issues to reintegrate into the community as full-time employed, sober citizens able to maintain independent living while promoting community awareness and involvement.

3. Mission Statement: Faith, Hope, Love, Charity's (Stand Down House) mission is to provide emergency housing and transitional housing to homeless veterans who have lost their residence as a result of their struggle with substance abuse issues.

4. Provide a brief summary of program's activities/services to be funded: Phase 1 services include emergency/transitional housing, food, clothing, case management, peer groups, AA/NA meetings(on and off site). The West Palm Beach Veteran's Medical Center (VAMC) has collaborated with (FHLC, INC) to assess eligible veterans to enter Stand-Down's program. Transportation to and from the (VAMC) several times daily where the veterans are expected to engage in out patient substance abuse treatment as well as job training/employment on a daily basis

5. What results are you committed to achieving? Results to be achieved are: clients returning to employment 90%, completion of phase 1 90%, securing independent housing 75%, and clients moving through all phases of program 60%.



**PALM BEACH COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT TRUST FUND DONATION**

FINANCIAL APPLICATION

Period Covered (one year) from: 12 / 01 /2006 to: 11 / 30 /2007

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$ 137,852.00	\$ 0.00	0%
2.	Employee Benefits/Payroll Taxes	\$ 31,706.00	\$ 0.00	0%
3.	Professional Fees	\$ 13,025.00	\$ 2,500.00	18.34%
4.	Occupancy/Utilities	\$ 101,625.00	\$ 11,500.00	11.32%
5.	Telephone	\$ 11,550.00	\$ 1,000.00	8.7%
6.	Postage/Shipping	\$ 750.00	\$ 0.00	0%
7.	Printing & Publications	\$ 8,750.00	\$ 1,000.00	11.43%
8.	Supplies	\$ 90,990.00	\$ 9,000.00	9.9%
9.	Travel	\$ 3,500.00	\$ 0.00	0%
10.	Meetings	\$ 500.00	\$ 0.00	0%
11.	Miscellaneous Expenses	\$ 250.00	\$ 0.00	0%
	Total Expenses	\$ 400,498.00	\$ 25,000.00	6.24%



**PALM BEACH COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT TRUST FUND DONATION**

I hereby certify that donated funds will be used for the authorized purpose as indicated on Page One of this application.

ROY FOSTER
Name (please print)

EXECUTIVE DIRECTOR
Title (please print)

Roy Foster
Signature

11/6/06
Date

NOTARY SECTION:

State of Florida _____

SS:

County of Palm Beach _____

NOTARY PUBLIC-STATE OF FLORIDA
Sharon Finch
Commission # DD600873
Expires: OCT. 01, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

On 11-6-06, before me, the undersigned, a Notary Public in and for said county and state, personally appeared ROY FOSTER who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument and acknowledge that he/she/they executed the same.

My Commission expires 10-1-10

Notary public Sharon Finch