# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY



Meeting Date: Apri	1 10, 2007 [x]	Consent	[	]	Regular
*	[ ]	Ordinance	[	]	Public Hearing
Department:					
Submitted By:	Palm Beach County Sl	neriff's Office			
Submitted For:	Palm Beach County Sl	neriff's Office			

#### I. <u>EXECUTIVE BRIEF</u>

Motion and Title: Staff recommends motion to approve a budget transfer of \$181,096 from the Law Enforcement Trust Fund (LETF) (1151) to the Palm Beach County Sheriff's Office (PBSO) for donations to support or operate drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood or school resource officer programs of various non-profit organizations.

Summary: Florida Statute 932.7055 requires that no less than 15% of the LETF's previous year's revenues be used for the support or operation of drug abuse education, drug prevention, crime prevention, and safe neighborhood programs. The PBSO's FY 2007 estimated donation requirement is \$173,915. The funds are requested to aid qualified organizations that meet the requirements set forth in F.S. 932.7055. The PBSO's support of these programs exemplifies its strong commitment to the prevention and reduction of crime throughout the communities it serves and its desire to put money back into these communities to support organizations that provide such services. The current State LETF balance is \$1,519,054. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$1,337,956. The PBSO certifies that the use of these funds is in accordance with F.S. 932.7055. Below is a table indicating the organizations the PBSO seeks to fund and the corresponding amount of funding proposed per respective agency. No County funds are required. Countywide

ORGANIZATION	AMOUNT
Child Protection Team of Palm Beach, Inc.	\$3,000
Extended Arm; Inc.	\$8,000
Florida Sheriff's Youth Ranches - Harmony in the Streets	\$129,096
NOPE Task Force, Inc.	\$10,000
Palm Beach County Coalition for Children	\$1,000
Palm Beach Recovery Coalition, Inc.	\$10,000
Urban League of Palm Beach County	\$20,000
	And the second s
Total Amount of Donations	\$181,096

**Background and Justification:** The Palm Beach County Sheriff's Office has a long-standing commitment to the reduction of crime and implementation of crime and drug prevention programs within Palm Beach County. Use of LETF requires approval by the Board in accordance with F.S. 932.7055, upon request of the Sheriff. This Statute requires that no less than 15 % of the last fiscal year's 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. The PBSO certifies that the use of these funds is in accordance with F.S. 932.7055.

#### Attachments:

1) Budget Transfer

2) LETF Donation Applications (7)

RECOMMENDED BY:

DEPARTMENT DIRECTOR

AST-COLINITY ADA

DATE

DATE

### II. FISCAL IMPACT ANALYSIS

A.	Five Year Summar	y of Fiscal Impa	ict:			
Capi	al Years tal Expenditures	2007	2008	2009	2010	2011
Oper	rating Costs	\$181,096				
Prog	rnal Revenues ram Income (County) ind Match (County)	(\$181,096)				
N	et Fiscal Impact	0				
	Additional FTE ositions (Cumulative)					
Is Ite	em Included in Current	Budget: YES		NO	<u>X</u>	
Budg	et Account No.: Fund	Agend	су	Org	Object	
		Reporting Cates	gory			
Α.	OFMB Fiscal and/o  OFM	or Contract Adn		n Comments:	J. Joeo Admynistratio	100 1 3 10 7 10 on
В.	Legal Sufficiency:  Assistant Con	anty Attorney	' <i>)</i> ' 0 <b>7</b>			
C.	Other Department	Review:				
	Department I	Director	<u></u> ·			

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

FUND 1151 LAW ENFORCEMENT TRUST FUND

BGEX 420 032607 \* 1279

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 10-19-06	REMAINING BALANCE
Expenditures								
<u>Transfers</u> 160-1690-9498	Trfr to Sheriff Fund 1902	. 0	86,700	181,096	\$0	\$267,796	81,700	186,096
Reserves - New Project		200.040	242.242	_				
160-9900-9908	Reserves - New Projects	299,940	213,240	0	181,096	32,144		
	TOTAL FUND			\$181,096	\$181,096			
			П					
Palm Beach County S	Sheriff's Office	Signatures		Date			_	nty Commissioners April 10, 2007
INITIATING DEPARTM	MENT/DIVISION			3/27	157			
Administration/Budge	et Department Approval	_ del	1	3-27-0	2		Deputy Clerk to to Board of County	
OFMB Department - P	Posted							

03.26.07



#### **APPLICATION**

1.	Legal name of Organi	zation/Program that will serve as fiscal agent:
		Child Protection Team of Palm Beach, Incorporated
		NAME
2.	Address:	2840 6 <sup>th</sup> Avenue South Street Address
		Lake Worth, Florida, 33461
		CITY, STATE, ZIP
3.	Executive Director:	Alison Hitchcock
		NAME OF CHURCH SIGNATURE
		(561)433-3544 x 252
		TELEPHONE NUMBER  Tax ID #:65-0746922
4.	Fiscal Agent:	Child Protection Team of Palm Beach, Incorporated
		Shang Carett Signature
		(561)433-3544 x <b>№</b> 234 TELEPHONE NUMBER
5.	Date:	2-13-07

DATE



#### **APPLICATION**

#### Organization/Program:

LETF Funding Request	(MUST match total on Financial Application):	\$2970.00

- 1. What service will your organization provide through the use of Law Enforcement Trust Funds?
  - School Resource Officers
  - □ Drug Treatment Program

  - □ Safe Neighborhood
  - □ Drug Abuse Education
  - □ Drug Prevention Programs
- 2. <u>Organization/Program Purpose</u>: The purpose of the Child Protection Team (CPT) is to respond to reports of child abuse and neglect, coordinate services provided by CPT and serve as a consultant to the following: Child protection staff of the Department of Children and Families (DCF), community based care (CBC) providers and law enforcement (LE).
- Mission Statement: To promote the safety and well being of Florida's children by providing medically led multidisciplinary assessment services for children suspected of being abused or neglected.
- 4. Provide a brief summary of program's activities/services to be funded: The funding requested will be utilized to set up an interview and observation room in the western communities of Palm Beach County. The interview room will be used to interview children who are alleged victims of child abuse and neglect. The room is specifically designed to record the statement made by the child to reduce the number of times a child must be interviewed, assist DCF and law enforcement in investigative proceedings as it relates to the safety and well being of children. Funding is being requested for the recording/observation equipment and furnishings for the interview and observation rooms. The Department of Children and Family Services has provided the office space needed for the interview and observation room.
- 5. What results are you committed to achieving? 1) Increase the number of services provided to children in the Palm Beach County-western communities. 2) Lower further risk of abuse and neglect to those children who have previously been unable to receive services.
  - 3) Provide comprehensive services for the children in the Western communities. A Case



Coordinator from the Child Protection Team has been designated to receive referrals specifically from the western communities and provide services, in the form of Forensic and Specialized interviews to these children and their families. The Child Protection Team currently provides medical evaluations to these children in the western communities.



#### FINANCIAL APPLICATION

Period Covered (one year) From: 2 / /3 / 07

To: <u>21/3108</u>

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$	\$	%
2.	Employee Benefits/Payroll Taxes	\$	\$	%
3.	Professional Fees	\$375.00	\$375.00	100%
4.	Occupancy/Utilities	\$	\$	%
5.	Telephone	\$	\$	%
6.	Postage/Shipping	\$	\$	%
7.	Printing & Publications	\$	\$	%
8.	Supplies	\$	\$	%
9.	Travel	\$	\$	%
10.	Meetings	\$	\$	%_
11.	Miscellaneous Expenses	\$2595.00	\$2595.00	100%
	Total Expenses	\$ 2970.00	\$2970.00	100%



## **APPLICATION CERTIFICATION**

I hereby certify that donated funds will be used for t	he authorized purpose as indicated on Page
One of this application.	
Alison Hitchcock	Executive Directa
Name (please print)	Title (please print)
alion atcheal	2-13-07
Signature	Date
NOTARY SECTION:	
S <u>tate of Florida</u>	
ss:	
County of <u>Palm Beach</u>	•
On <u>2.13.07</u> , before me, the	undersigned, a Notary Public in and for said
county and state, personally appeared Alison	thitchcock who proved to
me on the basis of satisfactory evidence to be the p	
within instrument and acknowledge that he/she/they	
My Commission expires 3/12/07	WHITE CO.
	MISSION S. MISSION S.
Notary public May MC UM	ett 12, 20, 13, 14
	3 #DD176232
•	Toy Fain-Instruct
	MINISTRATE WITH



## **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
Professional Fees (list vendor and type of service provided):
VENDOR: DISCRETE ELECTRONICS – Installation of interview room electronics which includes installation of TV monitor, camera, microphone and recording
equipment. \$375.00
Occupancy/Utilities (list utilities):
· · · · · · · · · · · · · · · · · · ·
Telephone (provide telephone numbers):
Printing & Publications (list type of material):



Supplies(list supplies/equipment):

#### DCIR-2100 Color Interactive Room Package includes the following:

200Gb DVD recorder with audio

High resolution color board camera

3.7mm pinhole lens

1 – set of felt shapes

20' video and power cable

Discrete microphone with amplifier

20' audio and power cable

15" color monitor with dual inputs

Power supplies for mic and camera

Rates are not broken down by item – this is package price.

Package Price: \$1,595.00

Travel (individuals traveling, destination and purpose):		
Meetings (attendees, purpose, items needed for meeting:	э)	
Miscellaneous Expense (specify items):		
Furniture, to include the following:  2 - chairs  1 - table  1 - felt board		

Approximate cost: \$1,000.00

**TOTAL PROJECT: \$ 2,970.00** 



## **APPLICATION**

1.	Legal name of Organi	zation/Program that will serve as fiscal agent:
		Extended Arm Ministry, Inc
2.	Address:	3361 Belvedere Rd #Unit E
		WEST PALM BEACH, 71. 33406 CITY, STATE, ZIP
3.	Executive Director:	Kenneth Guzman
4.	Fiscal Agent:	SIGNATURE  (S61) 1686-3781 office S61-255-8365 cell  TELEPHONE NUMBER  Tax ID #: 65-101 2365  Linda Gyzman  NAME
		SIGNATURE  (SGI) 853-5151  TELEPHONE NUMBER
5. I	Date:	JANUARY 11, 2007



#### **APPLICATION**

O	rganization/Program:
	LETF Funding Request (MUST match total on Financial Application):
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: A MERCY MINISTRY THAT PROVIDES, SPIRITUAL, emotional, Physical and Societal tools to Educate Underserved Children and families. WE MEET THEIR BASIC NEEDS and EDUCATE and equip These Families with Tool and resources to Become HEATHY PROPACTIVE CITIZENS.
3.	Mission Statement: H Mission THAT SERVES THOSE in DEED WITH a single goal: To upgrade hiving Standards and improve Quality of LIBE FOR Children and Families. To PLACE arms of LOVE appund the needy, LOST and Broken HEARTED.
4.	Provide a brief summary of program's activities/services to be funded: A SOMMER Comp PROGRAM Meeting WEEKIG From 10:00 AM TO 2:00 P.M. Octivities TO INCLUDE SPORTS, DANCE, LIFESKILLS, DICK PREVENTION and SELF ESTEEM. BUILDING WITH TRAINED FOCILITATORS WHO ARE EQUIPPED TO SUPPORT THESE FAMILIES ON an ONGOING BASIS
5.	What results are you committed to achieving? DYSON CIRCLE HAS THE POTENTIAL TO BECOME A TIGHT KNIT PRODUCTIVE COMMUNITY OF P.B.CO. THE CHELDREN WILL BE ABLEGRESPOND TO LIPE'S CHALLENGES IN A HEALTHY MANNER SINCE THE PARENTS WOULD BE GIVEN TOOLS TO BETTER EQUIP THEM IN BEARING PRODUCTIVE CHILDREN AND WOULD EMPOWER THE ELDERLY OF THE NEIGHBORHOOD TO BECOME MORE INVOLVED IN THEIR OWN COMMUNITY.

Page 2



## FINANCIAL APPLICATION

Period Covered (one year) From: 1 / 1 / 2007 To: 1 / 1 / 2008

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$ 11,000.00	\$ 7,000.00	64 %
2.	Employee Benefits/Payroll Taxes	\$	\$	%
3.	Professional Fees	\$ 700.00	\$ 600.00	85 %
4.	Occupancy/Utilities	\$	\$	%
5.	Telephone	\$ 200.00	\$ 100 00	50 %
6.	Postage/Shipping	\$ 100.00	\$ 50.00	50 %
7.	Printing & Publications	\$ 150.00	\$ 100.00	66 %
8.	Supplies	\$ 3000.00	\$ 1500.00	60 %
9.	Travel	\$ 400.00	\$ 200 00	50 %
10.	Meetings	\$ 200.00	\$ 100.00	50 %
11.	Miscellaneous Expenses	\$ 500.00	\$ 50.80	10 %
	Total Expenses	\$ 16,250.00	\$ 10,000.00	62 %



## **APPLICATION CERTIFICATION**

I hereby certify that donated funds will be used for the authorized purpose as indicated on Fage
One of this application.
Name (please print)  Title (please print)
Juda Suzzian 1/20/07
Signature
NOTARY SECTION:
State of Florida
ss: County of Palm Beach
On, before me, the undersigned, a Notary Public in and for said county and state, personally appeared who proved to
county and state, personally appeared Linda Guzman 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 11/16/07  Notary public 12/16/07  Lynn M McGee  Expires November 16, 2007



#### **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.

Salaries (list employees and individual compensation):

Linda Guzman Kenneth Guzman Kitty Bachand Antwan Towns Jordan Ilibrink Lindsey Guzman	Director/ Sr. Counselor Sr. Counselor Sr. Counselor Jr. Counselor Jr. Counselor Jr. Counselor	1500,00 1500,00 500.00 500.00 500.00
--	--	--

\$7000.00

2000.00

## Professional Fees (list vendor and type of service provided):

Linda Guzman Administrator

Camp Program Development/organizer, Coordinating and monitoring of summer camp and special events. \$600.00

Occupancy/Utilities (list utilities):

Southern Storage Unit @\$ 53.00 per month for 2 months

\$106.00

Telephone (provide telephone numbers):

1/2 of monthly bill for 2 months Office 561-686-3781 Fax 561-686-3779

\$200.00

Printing & Publications (list type of material):

**Announcement Fiyers** Registration Forms **Emergency Contact Forms** Liability Release Forms Schedules for campers and workers Misc.

\$200.00 Paper

Supplies(list supplies/equipment):

\$900.00

Arts and crafts from S&S Supplies to Include; paint, glue, chalk, markers, crayons, paper, and projects.

lnk

fax

copier



Supplies cont.

Sports equipment to include: Baseballs, bats, bases, gloves, masks guards, playground balls, dodge balls, scooters, pogo sticks, hoops, basketballs, kick balls, jump ropes, board games, ropes, slip & silde, and more

## Travel (individuals traveling, destination and purpose):

Box truck : To transport all equipment to and from camp site on a daily basis. Equipment cannot be left at the camps. Sr. counselors will rotate driving. Expenses: Gas, all fluids, all maintenance. \$400.00

## Meetings (attendees, purpose, items needed for meeting):

Weekly meetings:

All Sr. and Jr. counselors will attended weekly meetings to update scheduling and monitoring of the issues that arise weekly. This will take place at the end of the camp day (day to be decided). Food will be provided for attendees due to the time of this meeting.

Material: folders, printouts, overhead projector(optional).

\$200.00

#### Miscellaneous Expense (specify items):

All activities are held outside in summer heat. Some type of liquid drink i.e. orange drink, water to prevent dehydration.

First Aid Kit

Sanitizers

Chairs

Tarps

\$600.00

**Ice** 

Hose Cd's Prizes

Cups

TV

Gas (generator) Special Events

PA system parts

Bins and Bags



#### **APPLICATION**

1.	Legal name of Organiz	ation/Program that will serve as fiscal agent:
		Florida Sheriffs Youth Ranches, Inc.
		Name
2.	Address:	County Road 795 Street address
		Boys Ranch, Florida 32060
		CITY, STATE, ZIP
3.	Executive Director:	Roger O. Bouchard, Jr., President and CEO
		NAME ROGE O Bouchan
		SIGNATURE <sup>0</sup> (800) 795-3797
		TELEPHONE NUMBER
4.	Fiscal Agent:	Wayne Walden, Vice President Finance
		NAME Walden
		SIGNATURE
		(800) 795-3797 TELEPHONE NUMBER
5.	Date:	1/18/07



#### **APPLICATION**

#### Organization/Program:

LETF Funding Request (MUST match total on Financial Application): \$129,096.00

- 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 Florida Sheriffs Youth Ranches, Inc. Harmony in the Streets program is designed to incorporate fun-filled programming to help resolve conflicts, reduce violence, and help develop a greater understanding of leadership skills and peer mediation. During this week-long session we provide the boys and girls the necessary skills to become productive and constructive members within their community.
- 3. Mission Statement: <u>To prevent juvenile delinquency and develop lawful, productive</u> citizens through a broad range of family-centered services.
- 4. Provide a brief summary of program's activities/services to be funded: <u>Harmony in the Streets consists of eight-teen (18) one-week sessions at sites selected by the Palm Beach County Sheriff's Office based on community needs. The program is for high-risk children, ages 6–15, to participate in recreational activities including arts & crafts, drug awareness programs, conflict resolution and anger management techniques, along with other violence prevention measures and will incorporate wellness and nutrition.</u>
- 5. What results are you committed to achieving? Our program is designed to reduce violence within the community and bring the children together with local law enforcement to build trust and corporation and to instill within the children our motto of "Law Officers are Your Friends". To help youth understand Cultural diversity, conflict resolution and sensitivity with others. To help them gain the understanding that drugs, alcohol and tobacco are all negative substances that they are not need for their individual self-confidence and self-respect.

## FINANCIAL APPLICATION \* Revised February 15, 2007

Period Covered (one year) From: <u>06/01/07</u>

To: <u>08/30/07</u>

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$39,600	\$34,000	86%
2.	Employee Benefits/Payroll Taxes	\$ 6,079	\$ 5,219	86%
3.	Professional Fees	\$0	\$ -0-	0%
4.	Occupancy/Utilities	\$57,960	\$43,290	75%
5.	Telephone	\$0	\$ -0-	0%
6.	Postage/Shipping	\$150	\$ 150	100%
7.	Printing & Publications	\$700	\$ 700	100%
8.	Supplies	\$17,837	\$17,837	100%
9.	Travel	\$39,600	\$27,900	70%
10.	Meetings	\$0	\$ -0-	-0-%
11.	Miscellaneous Expenses	\$0	\$ -0-	0%
	Total Expenses	\$161,926	\$129,096	Approx 80%



#### **APPLICATION CERTIFICATION**

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

Roger O. Bouchard, Jr.

Name (please print)

President/CEO

Title (please print)

Marile (picase print)	Title (please print)	
Signature South		
NOTARY SECTION:		
State of Florida		
O second to of Occurrence of	ss:	
County of Suwannee		
On, befo	ore me, the undersigned, a Notary Pu	ublic in and for said
county and state, personally appeared _	Roger O. Bouchard, Jr.	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 l	he/she/they executed the same	
My Commission expires	KAREN K. MCGALLIAI MY COMMISSION # DD 3 EXPIRES: June 8, 200 Sonded Thru Notery Public Unde	27083 08
Notary public KMN K. Mcl	Adhad	**************************************

#### FINANCIAL APPLICATION – NARRATIVE

The Florida Sheriffs Youth Ranches will provide eighteen one-week sessions of Harmony in the Streets programming utilizing two six person teams during the period June through August 2007. Calculations assume 18 weeks of programming will be completed by two teams in a nine week period. This request totals \$129,096, the same amount as our original proposal dated January 18<sup>th</sup>, 2007, but some adjustments have been made in specific categories.

Below is a description of each cost category:

- 1. Salaries Each team has a Senior Program Leader at an annualized salary of \$26,000 (\$500/week) and five team members at an annualized salary of \$12,000 (\$230/week). All employees are temporary salaried employees and are not paid overtime. See worksheet for exact calculations. These employees will be hired at a later date for this summer's programming; therefore specific names are not available at this time.
- 2. Employee Benefits/Payroll Taxes Total salary expense is increased by 15.35% to reflect the Youth Ranches' share of FICA, 7.65%, and Workmen's Compensation insurance premiums, 7.70%.
- 3. Occupancy/Utilities This expense category reflects housing expenses for two six-person teams. The teams stay at local hotels with a projected room cost of \$90 per room per night. Seven rooms are required each night; two rooms are required for Program Leaders, and five rooms are required for the balance of the teams (two persons per room). This expense category also includes school rental fees in the amount of \$3,600.00. See worksheet for exact calculations.
- 4. Postage/Shipping Mailing costs related to administrative paperwork between field work and our central office. Example Employee timesheets and expense reports.
- 5. Printing & Publications Printing costs for programming materials. Example Each youth is presented a personalized certificate upon program completion.
- 6. Supplies This category reflects the following expense items; a T-shirt issued to each youth in program, various recreational supplies, paper products, and refreshments for youth provided at various times throughout a very busy day. See worksheet for specific amounts per category.
- 7. Travel This expense category includes vehicle rental and gasoline expense for two vehicles for each team (one mini-van and one passenger car). It also includes an average daily per diem food allowance of \$25 (standard Youth Ranches per diem allowance for lunch and dinner) for each Youth Ranches employee. The teams will travel to training locations in the Palm Beach County local area to complete 18 weeks of Harmony in the Streets programming.

All cost estimates may vary significantly due to scheduling and actual facilities/materials utilized. Some expense categories in this request are based upon prior year requests.

#### 18 weeks HITS – Palm Beach County – 2007 Detail

## 18 weeks/1 Team or 9 weeks/2 Teams Salary –

2 leaders @ \$500 p/wk - 9 wks HITS/2 wks training = 11 wks 11 X \$500 = \$5,500 each X 2 = \$11,000 10 team members @ \$230 p/wk - 9 wks HITS/1 wk training = 10 wks 10 X \$230 = \$2,300 each X 10 = \$23,000

Total Salary \$34,000

#### Benefits -

\$34,000 X 15.35% = \$5,219.00

Benefits \$5,219

#### Occupancy/Utilities -

Lodging: 9 wks @ 7 days p/wk = 63 days @ \$90 per night = \$5,670 p/room-7 rooms X \$5,670 = \$39,690

School rental fees:

\$ 3,600

#### Total Occupancy/Utilities \$43,290

Postage/Shipping \$150 Printing/Publications \$700

#### Supplies –

Assumptions: 65 youth per day

T-shirts \$ 2,340
Recreational Supplies \$ 4,680
Paper Products \$ 1,170
Food items \$ 9,647

Total Supplies \$17,837

#### Travel:

Vehicle Rental/Gas \$ 9000 Meal Expense (Teams) \$ 18900 (63 days @, \$25/day x 12)

Total Travel:

\$27,900

**GRAND TOTAL EXPENSES:** 

\$129,096



#### FINANCIAL APPLICATION

Period Covered (one year) From: <u>06/01/07</u>

To: <u>08/30/07</u>

No.	Expense	Program Total	LETF Request	LETF
<u>1.</u>	Salaries	\$63,700	\$44,590	70%
2.	Employee Benefits/Payroll Taxes	\$ 9,778	\$ 9,778	100%
3.	Professional Fees	\$ -0-	\$ -0-	0%
4.	Occupancy/Utilities	\$79,380	\$47,628	60%
5.	Telephone	\$ -0 -	\$ -0-	0%
6.	Postage/Shipping	\$ 150	\$ 150	100%
7.	Printing & Publications	\$ 700	\$ 700	100%
8.	Supplies	\$15,000	\$15,000	100%
9.	Travel	\$15,000	\$11,250	75%
10.	Meetings	\$ -0-	\$ -0-	-0-%
11.	Miscellaneous Expenses	\$ -0-	\$ -0-	0%
	Total Expenses	\$183,708	\$129,096	Approx 70%



## **APPLICATION**

1.	Legal name of Organiz	nization/Program that will serve as fiscal agent:	
		NOPE TASK FORCE, INC.	
		Name	
		3223 COMMERCE PLACE, SUITE 101	
2.	Address:		
		STREET ADDRESS	
		WEST PALM BEACH, FL 33407	
		CITY, STATE, ZIP	
3.	Executive Director:	KAREN H. PERRY	
		NAME Xare A D. 1	
		SIGNATURE / / <b>&gt;</b> (561) 478-1055	
		TELEPHONE NUMBER	
		Tax ID #: 20-1289080	
4.	Fiscal Agent:	NOPE TASK FORCE, INC.	
		NAME	
		SIGNATURE THES, THE ST	
		,	
		(561) 478-1055 TELEPHONE NUMBER	
5.	Date:	2-9-07	
		0	



#### **APPLICATION**

Orga	nizatio	on/Pi	rogra	m
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LETF Funding Request (MUST match total on Financial Application): 20,000.00

- 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
  - X Drug Abuse Education
  - X Drug Prevention Programs
- 2. Organization/Program Purpose: <u>TO EDUCATE YOUTH AND FAMILIES ABOUT CONSEQUENCES</u>
  OF DRUG ABUSE; TO REDUCE THE NUMBER OF OVERDOSE AND DRUG RELATED DEATHS; TO
  REDUCE THE NUMBER OF STUDENTS WHO FIRST USE ALCOHOL AND ILLICIT SUBSANTACES AT AN EARLY AGE.
- 3. Mission Statement: TO SAVE LIVES THROUGH DRAMATIC PERSONAL PRESENTATIONS ABOUT
  THE DEADLY CONSEQUENCES OF DRUG ABUSE COMBINED WITH ONGOING EFFORTS TO
  INFLUENCE ANTI-DRUG LEGISLATION AND THE PROVISION OF VITAL INFORMATION ABOUT WHERE
  YOUNG PEOPLE WITH A SUBSTANCE ABUSSE PROBLEM-AND THEIR FAMILIES-CAN GO FOR HELP.
- 4. Provide a brief summary of program's activities/services to be funded: NOPE WILL PROVIDE

  A 90 MINUTE PRESENTATION TO MIDDLE AND HIGH SCHOOL STUDENTS IN PALM BEACH COUNTY

  DESIGNED TO EDUCATE STUDENTS ABOUT ADDICTION, DRUG ABUSE, LAW ENFORCEMENT AND

  THE, IMPORTANCE OF ASKING FOR HELP.
- 5. What results are you committed to achieving? 1. REDUCE THE NUMBER OF MIDDLE AND HIGH SCHOOL STUDENTS WHO EXPERIMENT WITH DRUGS FOR THE FIRST TIME 2. INCREASE THE NUMBER OF MIDDLE AND HIGH SCHOOL STUDENTS WHO WILL NOT USE DRUGS IN THE FUTURE FROM THE GROUP THAT HAVE PREIOUSLY USED DRUGS AT LEAST ONCE 3. INCREASE THE NUMBER OF MIDDLE AN HIGH SCHOOL STUDENTS THAT SEEK HELP FROM THE GROUP WHO ARE ADDICTED TO DRUGS OR KNOW SOMEONE WHO IS ADDICTED TO DRUGS 4. REDUCE THE MUMBER OF DRUG OVERDOSE DEATHS AMONG THE STUDENT POPULATION WHO HAVE COMPLETED THE NOPE PROGRAM



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: 1/1/07

To: 12/31/07

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$112,000.00	\$ 10,000	9%
2.	Employee Benefits/Payroll Taxes	\$ 6,944.00	\$	%
3.	Professional Fees	\$ 16,830.00	\$	%
4.	Occupancy/Utilities	\$ 36,000.00	\$	%
5.	Telephone	\$ 1,800.00	\$	%
6.	Postage/Shipping	\$ 10,000.00	\$	%
7.	Printing & Publications	\$ 25,000.00	\$ 10,000	40%
8.	Supplies	\$ 18,000.00	\$	%
9.	Travel	\$ 3,000.00	\$	%
10.	Meetings	\$ 3,500.00	\$	%
11.	Miscellaneous Expenses	\$ 15,000.00	\$	%
	Total Expenses	\$248,074.00	\$ 20,000	8%



#### **APPLICATION CERTIFICATION**

I hereby certify that donated funds will be used for the authorized purpose as indicated on Page One of this application. Additionally, I certify that the agency requesting the funds is considered not-for-profit, holding a 501(c)3 status in the state of Florida.

Karen H. Perry	Executive Director
Name (please print)	Title (please print)
Lund Ro	1-9-07
Signature	Date
NOTARY SECTION:	Christina Owens
State of Florida	Expires: NOV. 30, 2009  WWW.AARONNOTARY.com
county of Palm Beachss:	- William Charles and Charles
On $2 \cdot 9 \cdot \cancel{\phi} + \cancel{\phi}$ , before me, the	undersigned, a Notary Public in and for said
county and state, personally appeared	
me on the basis of satisfactory evidence to be the p	erson(s) whose name is subscribed to the
within instrument and acknowledge that he/she/they	executed the same.
My Commission expires 11.30.09	
Notary public Quura	· · · · · · · · · · · · · · · · · · ·



## **APPLICATION**

1.	Legal name of Organization/Program that will serve as fiscal agent:		
		Palm Beach County Coalition for Children	
		NAME	
2.	Address:	PO BOX 3592	
		STREET ADDRESS	
		West Palm Beach, FL 33402	
		CITY, STATE, ZIP	
3.	Executive Director:	Eva Nowakowski, PhD, LCSW, MPH	
		NAME EVANOWAKOWS	
		SIGNATURE	
		(561) 951 5787	
		TELEPHONE NUMBER	
		Tax ID #:59-2422001	
4.	Fiscal Agent:	Daniel Gibson, MSW	
		HAME	
		+ Janx MSW	
		SIGNATURE	
		(561) 533 9699	
		TELEPHONE NUMBER	
5.	Date:	12/21/2006	
		DATE	



#### **APPLICATION**

Orga	ıniz	atio	n/P	ro	gram	1
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LETF Funding Request (MUST match total on Financial Application): \$1,000

- 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 Palm Beach County Coalition for Children exists for agencies, families, and professionals to network and collaborate on children's issues in Palm Beach County. The goals for the Coalition include: To promote the development and well being of children and families throughout Palm Beach County; To advocate and increase public awareness about the issues impacting children and families; and To promote a multidisciplinary environment for the community to work in a collaborative manner toward the healthy development of children and families.

#### 3. Mission Statement:

The mission of the Palm Beach County Coalition for Children is to enhance the quality of life and safety for children and families in Palm Beach County through education, advocacy, and collaboration.

4. Provide a brief summary of program's activities/services to be funded:

The Coalition is presenting an innovative and skills building conference at the Palm Beach County Convention Center on March 19<sup>th</sup>, 2007, entitled, *Joining Hands: Engaging Families*. There will be 24 workshops covering a variety of topics related to working with families in Palm Beach County. Some topics include: Diversity and respecting differences; family play therapy; engaging difficult families; family support during times of grief and loss; and many more. It is anticipated that more than 400 professionals will attend the conference.



#### 5. What results are you committed to achieving?

At the completion of the program, the participant will identify strategies to empower families to effectively interact with their children. Subject matter: practical, skill-building, and interactive learning opportunities to enhance participants' work with families. Teaching strategies include hands on learning techniques (i.e. lecture, question and answer sessions, case study, role play, experiential group exercises and discussions). Evaluation: an overall conference evaluation, to include a question asking participants to identify strategies to empower families to effectively interact with their children.

At the completion of the program, the participant will specify how the skills learned from the workshops will be applied to their work with children and families. Subject matter: practical, skill-building, and interactive learning opportunities to enhance participants' work with families. Teaching strategies include hands on learning techniques (i.e. lecture, question and answer sessions, case study, role play, experiential group exercises and discussions). Evaluation: an overall conference evaluation, to include a question asking participants to specify new skills they will use in their work with families.



## FINANCIAL APPLICATION

Period Covered (one year)

From: \_03/19/2007\_

To: \_03/19/2007\_

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$0	\$0	%
2.	Employee Benefits/Payroll Taxes	\$0	\$0	%
3.	Professional Fees	\$0	\$0	%
4.	Occupancy/Utilities/rent	\$1800	\$800	%
5.	Telephone	\$0	\$0	%
6.	Postago/Shipming			
0.	Postage/Shipping	\$250	\$0	%
7.	Printing & Publications	\$1250	\$200	%
8.	Supplies: registration materials; AV requests	\$500	\$0	%
9.	Travel	\$0	\$0	%
10.	Meetings	\$0	\$0	%
11.	Miscellaneous Expenses: Scholarship, insurance, parking, volunteers	\$2834	\$0	%
	Total Expenses	\$ app. 6634	\$1000	%



Page 3

## **APPLICATION CERTIFICATION**

i nereby certify that donated funds will be used for the authorized purpose as indicated on Pagi
One of this application.
FVA NoWAKOW SK;  Name (please print)  President  Title (please print)
Signature 12/21/06 Date
NOTARY SECTION:
State of Florida
ss: County of Palm Beach
On 12/21/06 , before me, the undersigned, a Notary Public in and for said
county and state, personally appeared <u>Eva Mowa Kowski</u> 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 same the secuted the same.
My Commission expires ** ***  *** *** *** *** *** *** *** **
Notary public OTATE OF STATE O



Supplemental information received on February 23, 2007:

Reasons as to how the conference will contribute to safer neighborhoods:

The Palm Beach County Coalition for Children serves to promote the safety and well being of children and families in Palm Beach County through education, advocacy and collaboration. The upcoming conference, Joining Hands: Engaging Families is a 1 day conference with 24 available workshops over 4 sessions. Workshop titles include: teaching parents how to play with their families, recognizing when your child is depressed, understanding diverse family structures and appreciating diversity, learning about dating violence, partnering with the schools, and helping families cope with trauma and grief. All of these topics focus on the family and family involvement is a significant protective factor against children becoming involved in gangs, violence, alcohol/drug use, and teen pregnancy, which ultimately contributes to safer neighborhoods.

- By promoting family togetherness, families are more likely to work through their problems using conflict resolution techniques rather than violence.
- By understanding diversity, youth are more likely to see how they are similar rather than different, reducing gang violence.
- By helping families cope with loss and grief they are more likely to work through pain rather than react by using drugs and alcohol.
- By educating about the effects of teen pregnancy, youth are less likely to engage in unprotected premarital sex, therefore creating better health outcomes.

All of the topics discussed at the conference contribute to safer neighborhoods by educating professionals how to keep children on the right track by communicating with their parents, going to school, and building a better future for themselves.



## **APPLICATION**

1.	Legal name of Organi	zation/Program that will serve as fiscal agent:
	• •	PALM BEACH RECOVERY COALITION INC.
		Name
2.	Address:	14434 PADDOCK DRIVE STREET ADDRESS
		WELLINGTON, FL 33414
		CITY, STATE, ZIP
3.	Executive Director:	ANDREW SKOLNICK
		NAME And Shuk
		SIGNATURE
		(561) 313-0399 TELEPHONE NUMBER
		Tax ID # (EIN): 51- 0608130
4.	Fiscal Agent:	GRANT SKOLNICK
		NAME SIGNATURE
		(561) 602-1776
		TELEPHONE NUMBER
5.	Date:	January 26, 2007
		DATE



#### **APPLICATION**

#### Organization/Program:

LETF Funding Request (MUST match total on Financial Application): \$50,000.00

- 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: Palm Beach Recovery Coalition Inc. is a Florida not-for-profit 501(c)3 Charitable Organization which provides transitional living and treatment services for females suffering from homelessness and addiction related disorders.
- 3. Mission Statement: The mission of Palm Beach Recovery Coalition Inc. is to take women suffering from homelessness and addiction related disorders and to help them become sober, fully-employed, productive, self-sufficient members of society once again.
- Provide a brief summary of program's activities/services to be funded: With facilities in West Palm Beach (unincorporated Palm Beach County) and Royal Palm Beach, women at Palm Beach Recovery Coalition are provided therapy, food, shelter, transportation, job-coaching, recovery-coaching and support counseling, as well as other support services. Palm Beach Recovery Coalition Inc. is a Department of Children and Family Services (DCF) Access to Recovery (ATR) provider, a member of the Homeless Coalition of Palm Beach County and an affiliate of the Public Defender's Office Project Reap Success and Palm Beach/Treasure Coast 211 program. Moreover, Palm Beach Recovery Coalition was named "the Regents Bank 2006 Official Charitable Organization of the Holiday Season." Currently, the staff of Palm Beach Recovery Coalition has never been paid a salary. With barely enough money to stay open, PBRC has not been able to collect any money for paychecks and as such, the staff has been forced to work for free. Since its inception, salaries have never been a part of the normal operating needs of the company. PBRC is not able to continue operating in this capacity. The LETF funds are proposed to be used toward the salaries of the staff. The funds requested will allow Palm Beach Recovery Coalition to take its charitable work to a new level and assist even more needy individuals in the year to come.
- 5. What results are you committed to achieving? <u>Based upon the Dade County Community Partnership for the Homeless modality (a successful case is one in which the client leaves for a better situation)</u>, <u>Palm Beach Recovery Coalition Inc.</u> has a current success rate of 64%. As we look to the future, <u>PBRC is committed to helping more women in Palm Beach County who suffer from homelessness and addiction related disorders to become sober, fully-employed, productive, self-sufficient members of society once again.</u>



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: 1/1/2007

To: 12/31/2007

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$86,400.00	\$50,000.00	57.87%
2.	Employee Benefits/Payroll Taxes	\$41,208.00	\$0	0%
		7.1,200.00		7,0
3.	Professional Fees	\$1,000.00	\$0	0%
	Occupancy/Utilities (rent, FPL, ground maintenance, water			
4.	maintenance, satellite)	\$40,920.00	\$0	0%
5.	Telephone	\$1,200.00	\$0	0%
6.	Postage/Shipping	\$120.00	\$0	0%
7.	Printing & Publications	\$1,200.00	\$0	0%
8.	Supplies (food and toiletries)	\$19,200.00	\$0	0%
9.	Travel	\$0	\$0	0%
10.	Meetings	<b>\$0</b>	\$0	0%
11.	Miscellaneous Expenses (Insurance, exterminators)	\$19,006	<b>c</b> o	
11.	GALGITIIIIalUIS)	\$18,096	\$0	0%
	Total Expenses	\$209,344.00/ year	\$50,000	23.88%



#### **APPLICATION CERTIFICATION**

I hereby certify that donated funds will be used for the authorized purpose as indicated on Page

One of this application. **GRANT SKOLNICK** CFO/ LEGAL COUNSEL Name (please print) Title (please print) January 26, 2007 **NOTARY SECTION:** State of Florida\_ County of Palm Beach On <u>And.</u> 26, 2007, before me, the undersigned, a Notary Public in and for said county and state, personally appeared <u>Mraut</u> <u>Medical</u> 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 ELIZABETH A. WEINER Notary public Elizabeth G. Weiner MY COMMISSION # DD 408582

EXPIRES: April 24, 2009



#### **APPLICATION**

		URBAN LEAGUE OF PALM BEACH COUNTY
		NAME
•	Address:	1700 N. AUSTRALIAN AVE
		WEST PALM BEACH, FL 33407 CITY, STATE, ZIP
	Executive Director:	PATRICK J. FRANKLIN
		SIGNATURE ( 561 ) 833-1461 EXT. 22 TELEPHONE NUMBER
		Tax ID #: 59-1533710
	Fiscal Agent:	EMANUEL RIDGEWAY
		SIGNATURE L'Agricage
		( 561 ) 833-1461 EXT. 24 TELEPHONE NUMBER
	Date:	February 23, 2007



#### Organization/Program:

LETF Funding Request (MUST match total on Financial Application):	\$43,352.00
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- 1. What service will your organization provide through the use of Law Enforcement Trust Funds?
  - □ School Resource Officers
  - Drug Treatment ProgramCrime PreventionSafe Neighborhood

  - □ Drug Abuse Education
  - □ Drug Prevention Programs
- 2. Organization/Program Purpose: The purpose of the organization is to provide programs and services to the youth in Palm Beach County that would assist them in the prevention of crime and drug use. In addition our program partners with a number of Law Enforcement agencies to provide these same youth with enhance life skills, self esteem building, conflict resolution training, and anger management training. Opportunities are also provided to do joint community service projects.
- 3. Mission Statement: The mission of the Urban League of Palm Beach County, Inc. is to assist African-Americans and other minorities in the achievement of social and economic equality.
- 4. Provide a brief summary of program's activities/services to be funded: The event to be funded is the trip to the 22<sup>nd</sup> Annual Preventing Crime in The Black Community Conference. The date of the Conference is May 30<sup>th</sup> – June 2<sup>nd</sup>, 2007 in Orlando Florida. 100 Youth, from all over Palm Beach County, escorted by 25 chaperons will have the opportunity to receive training from law enforcement and community experts from all over the country, on the best practices to prevent crime in the black community. They will also have the chance to see other positive teens across the county and review other model programs.



#### 5. What results are you committed to achieving?

We will create community ambassadors for crime free living. Last year, the program took 100 youth from all over Palm Beach County who are now setting the standard in community service and crime prevention. Based on the positive effects of last year's trip, the Urban League has increased its youth group participation. We partner and mentor with other youth groups as well. The youth have been very active in crime prevention activities like Stop The Violence marches, crime prevention basket ball shoot out, door to door crime prevention campaigns, serving senior citizens, and community clean-ups. These youth are located in West Palm Beach, Riviera Beach, Belle Glade, Pahokee, Lake Worth, Boynton Beach, Boca Raton, South Bay, and Delray Beach. Once these youth are better trained, they will participate in more community service and crime prevention programs that benefit our community.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From: <u>05 / 30 / 07</u>

To: <u>06 / 02 / 07</u>

No.	Expense	Program	LETF	LETF
		Total	Request	
_1.	Transportation/Bus	\$10,500.00	\$10,500.00	100%
2.	Rooms for drivers	\$891.00	\$891.00	100%
3.	Gratuity	\$375.00	\$375.00	100%
4.	25 rooms/100-Teens	\$7,425.00	\$7,425.00	100%
5.	13 rooms/25-Chaperons	\$3,861.00	\$3,861.00	100%
6.	Per diem (Students)	\$6,300.00	\$6,300.00	100%
7.	Per diem (Chaperons)	\$2,400.00	\$2,400.00	100%
8.	Polo Collard Shirts	\$1,875.00	\$1,875.00	100%
9.	Registration (Students)	\$5,000.00	\$5,000.00	100%
10.	Registration (Chaperons)	\$4,375.00	\$4,375.00	100%
11.	Miscellaneous Expenses	\$350.00	\$350.00	100%
	Total Expenses	\$43,352.00	\$43,352.00	100%



#### **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.

#### **Program Expenditures:**

**Transportation/Bus (list vender and transportation):** Marie's/Midnight Sun (Coach USA): 3-49 passenger buses @  $\$3,500 \times 3 = \$10,500.00$ 

Rooms for drivers (list of service): Rooms @ \$99 x 3 drivers x 3 nights = \$891.00

Gratuity (list service): Gratuity @ 41.67 x 3 drivers x 3 days = \$375.00

Rooms (Teens) (list service): Rooms @  $$99 \times 25 \text{ rooms } \times 3 \text{ days} = $7,425.00$ 

Rooms (Chaperons) (list service): Rooms @ \$99 x 13 rooms x 3 days = \$3,861.00

Per diem (Students (list service): Per diem @ \$21 per day x 100 students = \$6,300.00

Per diem (Chaperons) (list service): Per diem @ \$32 per day x 25 chaperons = \$2,400.00

Shirts (type of item): Polo Collard Shirts @ \$15 per shirt x 125 students & chaperons = \$1,875.00

Registration (Students): Registration @ \$50 x 100 students = \$5,000.00

Registration (Chaperons): Registration @ \$175 x 25 chaperons = \$4,375.00

Miscellaneous Expense (specify items): Snacks to and from conference @ \$350.00



#### **APPLICATION CERTIFICATION**

I hereby certify that donated funds will be used for the authorized purpose as indicated on Page One of this application. Additionally, I certify that the agency requesting the funds is considered not-for-profit, holding a 501(c)3 status in the state of Florida.

Name (please print)  Title (please print)  Title (please print)  Signature  NOTARY SECTION:  State of Florida  SS:  County of Palm Beach  On Mach of 2007, before me, the undersigned, a Notary Public in and for said county and state, personally appeared  County appeared  County and state, personally appeared  County appeared  C
NOTARY SECTION:  State of Florida
State of Floridass:  County of Palm Beach  On Mwc \ 01, \ \ 007 \ , before me, the undersigned, a Notary Public in and for said county and state, personally appeared \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ss:  County of Palm Beach  On March Ol 2007, before me, the undersigned, a Notary Public in and for said county and state, personally appeared South State, before me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the
On March of 2007, before me, the undersigned, a Notary Public in and for said county and state, personally appeared Paralle vol. Franchism who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the
me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the
the moral and additioned go that he of he was a second and dame.
My Commission expires <u>8 \ στ \ 2009</u>
Notary public & a surey

