#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Agenda Item No. 3881

Meeting Date: (	October 2, 2007	[×]	Consent	]	]	Regular
Department: Submitted By: Submitted For:	<u>Palm Beach Co</u> Palm Beach Co			I	]	Public Hearing

#### I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve a budget transfer in the amount of \$30,000 from the Law Enforcement Trust Fund (LETF) (1151) to the Palm Beach County Sheriff's Office (PBSO).

**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 treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood and school resource officer programs of various non-profit organizations. 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 \$947,878. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$917,878. 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 new positions are needed and no County funds are required. <u>Countywide</u> (DW)

ORGANIZATION	AMOUNT
Inner City Youth Golfers, Inc.	\$25,000
Lake Worth High School - Criminal Justice Academy	\$ 5,000
Total Amount of Donations	\$30,000

**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 Applica	ations (2)	
RECOMMENDED BY:		9/4/17
APPROVED BY:	MENT DIRECTOR	DATE 9/18/81
	NT COUNTY ADMINISTRATOR	рате/

#### II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2007	2008	2009	2010	2011
Operating Costs	\$30,000				
External Revenues Program Income (County)	(\$30,000)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curre	int Budget: Y	ES	NO	<u>X</u>	
Budget Account No.: Fund	Agenc	y O	erg	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:

Ch.

2114/07 Contract Ad

B. Legal Sufficiency:

Assistant County

C. Other Department Review:

**Department Director** 

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



### **APPLICATION**

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

-		Inner City Youth Golfers', Incorporated		
		NAME		
2.	Address:	P.O. Box 31901		
		STREET ADDRESS		
		Palm Beach Gardens, FL 33420		
		CITY, STATE, ZIP		
3.	Executive Director:	Esmeralda H. Knowles		
		Someraldon & Currele		
		(561) 758-4272 TELEPHONE NUMBER		
		Tax ID #: <u>65-0978868</u>		

4. Fiscal Agent:

Barbara B. Edwards

NAME

SIGNATURE

(561) 827-5081 TELEPHONE NUMBER

5. Date:

June 9, 2007

DATE



Attachment A

#### Organization Name: Inner City Youth Golfers', Inc. (ICYG)

LETF Funding Request (MUST match total on Financial Application): \_ \$74,500

- 1. What service will your organization provide through the use of Law Enforcement Trust Funds?
  - a School Resource Officers
  - Drug Treatment Program
  - Crime Prevention
  - Safe Neighborhood
  - X Drug Abuse Education
  - Drug Prevention Programs
- Organization Purpose: <u>ICYG was established to fill a community need for at risk children of</u> ages 7-18. We use the game of golf as a catalyst to cause children to refocus their attention on doing the right things – "golf is the karat and education is the key."
- 3. Provide a brief summary of program's activities/services to be funded: <u>To provide our</u> youth with drug abuse educational information from various creditable federal, public and private sources; to integrate drug abuse education and information in our clinics, camps and greenside chit chats; to organize a few demonstration (Saturday and holiday) youth drug education discussion forums and workshops for our youth golfers and others; to divert the attention of some of our youth from their neighborhoods by hosting cultural and educational tours, youth golf camps, clinics and other activities that give our youth positive experiences.

4. What results are you committed to achieving? <u>To keep our youth off the streets and out of the gangs; to educate our youth about drug abuse; to underscore the importance of doing the right things in life; to teach them to be good citizens and to instill in our youth the life skills of honesty, punctuality and good sportsmanship; to introduce our youth to various collegiate and golf careers.</u>

.



Attachment A

### FINANCIAL APPLICATION

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

To: \_\_\_\_/\_\_\_/\_\_\_\_

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$0	\$0	0%
2.	Employee Benefits/Payroll Taxes	\$0	\$0	0%
3.	Professional Fees	\$10,000.00	\$10,000.00	100%
<u>4.</u>	Occupancy/Utilities	\$0	\$0	0%
5.	Telephone	\$500.00	\$500.00	100%
6.	Postage/Shipping	\$1,000.00	\$1,000.00	100%
7.	Printing & Publications	\$5,000.00	\$5,000.00	100%
8	Supplies	\$3,000.00	\$3,000.00	100%
9.	Travel	\$30,000.00	\$30,000.00	100%
10.	Meetings	\$10,000.00	\$10,000.00	100%
11.	Miscellaneous Expenses	\$15,000.00	\$15,000.00	100%
	Total Expenses	 _\$74,500.00	\$74,500.00	100%



Attachment A

### **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): -0-

Professional Fees (list vendor and type of service provided): <u>Drug Educators from public and private</u> facilities and organizations shall be used as presenters of drug education information. PGA golf professionals shall be used to provide organized golf lessons

Occupancy/Utilities (list utilities): -0-

Telephone (provide telephone numbers): Local and long distance communications to youth and parental participants, to locate materials, develop schedules, manage all aspects of the program, etc.

Printing & Publications (list type of material): Program flyers, reading material, training lessons, speeches, and brochures. Educational materials will be packaged from the National Institute on Drug Abuse for Students and Young Adults (http://www.drugabuse.gov/students.html); National Clearinghouse for Drug Information; Florida Alcohol and Drug Abuse Association; The Florida Department of Children and Families; SAMHSA Model Programs; PBSO, PBCo School District, and others.



Attachment A

Supplies (list supplies/equipment): <u>The supplies and equipment will be directly supportive of the above</u> materials used: videos, tapes, worksheets, workbooks, paper, pens, movies, tees, balls, golf life skills literature, prizes, etc.

Travel (individuals traveling, destination and purpose): Youth golfers, parents, chaperones and ICYG Volunteers to John Prince Golf Learning Center (Lake Worth, FL), Links at Madison Green (Royal Palm Beach, FL), North Palm Beach Country Club, PGA Learning Center (Port St. Lucie, FL), World Golf Hall of Fame (St. Augustine, FL), other Florida destinations, Washington, DC to experience structured golf lessons (clinics/camps) and cultural activities.

Meetings (attendees, purpose, items needed for meeting): Youth golfers, parents, teachers and ICYG volunteers to provide drug education workshops, forums, speakers; do the right thing green side chit chats and open dialogue for our youth to explore and understand drugs. Most of the supplies required will be used in these "meeting" as well as overhead teaching equipment, projectors, etc.

Miscellaneous Expense (specify items): <u>This certainly includes unforeseen items not included above and</u> refreshments/food, certificates, awards, local parking, gas.



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

Esmeralda H. Knowles

Name (please print)

Kunte

Executive Director

Title (please print)

NOTARY SECTION:

State of Florida

County of Palm Beach\_

On June 11 2007, before me, the undersigned, a Notary Public in and for said county and state, personally appeared Esmeraldo +1. Knowles 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.

SS:

My Commission expires <u>June</u>	5 2009
Notary public Liphany	N. Harper





Attachment A

### APPLICATION

1. Legal name of Organization: LAKE WORTH HIGH SCHOOL

CRIMINAL JUSTICE ACADEMY

2. Address:

1701 LAKE WORTH RD. STREET ADDRESS

LAKE WORTH, FL 33460 CITY, STATE, ZIP

3. Executive Director:

ROBERT E. PRICE CAPT. NAME me SIGNATURE pricer@palmbeach.K12.Fl.us E-MAIL ADDRESS (531) 540-6103 TELEPHONE NUMBER 60-22-113432-53C Tax ID #: eboran Cox SIGNATURE (561) 333.6415 COXDE TELEPHONE NUMBER E-MAIL ADDRESS

4. Fiscal Agent:

5. Date:

6-1-07 DATE



Attachment A

# Organization Name: CRIMINAL JUSTICE ACADEMY - LAKE WORTH H.S.

LETF Funding Request (MUST match total on Financial Application): 45000.00

- 1. What service will your organization provide through the use of Law Enforcement Trust Funds?
  - x School Resource Officers
  - Drug Treatment Program
  - Sa Crime Prevention
  - □ Safe Neighborhood
  - Section Drug Abuse Education
  - Drug Prevention Programs
- 2. Organization Purpose: TO ENCOURAGE + PREPARE HIGH SCHOOL STUDENTS FOR A CAREER IN LAW ENFORCEMENT, CORRECTIONS, LAW, AND FOREMSIC SCIENCE WHILE DEVELOPING CITIZENSHIP + PROBLEM SOLVING SKILLS
- 4. What results are you committed to achieving? <u>ENCOURAGE + TRAIN YOUNG</u> <u>PEOPLE TO BE PRODUCTIVE CITIZENS, ATTEND COLLEGE, AND</u> <u>ACHIEVE A SUCCESSFUL CAREER IN THE FIELDS OF THE</u> <u>CRIMINAL SUSTICE SYSTEM.</u>



Attachment A

### FINANCIAL APPLICATION

Peric	od Covered (one year) Fro	om: _	08 116 107		To: <u>06   15</u>	108
No.	Expense		Program Total		LETF Request	LETF
1.	Salaries	\$	N/A	\$		%
2.	Employee Benefits/Payroll Taxes	\$	N/A	\$_		%
3.	Professional Fees	\$	N/A	\$		%
4.	Occupancy/Utilities	\$	N/A	\$		%
5.	Telephone	\$	NA	\$		%
6.	Postage/Shipping	\$	NA	\$		%
7.	Printing & Publications	\$	N/A N/A N/A	\$		<u>%</u>
8.	Supplies	\$	10,000.00	\$	5000.00	<u>50 %</u>
9.	Travel	\$	N/A	\$		%
10.	Meetings	\$	10,000.00 N/A N/A	\$		%
11.	Miscellaneous Expenses	\$	N/A	\$		%
	Total Expenses	\$	5000.00	\$	G,000.00	%

## **Budget Narrative**



Attachment A

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

Salaries (list employees and individual compensation): N/A Professional Fees (list vendor and type of service provided): N/A Occupancy/Utilities (list utilities): N/A Telephone (provide telephone numbers): N/APrinting & Publications (list type of material): N/A

	Ρ
X	LA

۲

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

Attachment A

Supplies (list supplies/equipment): UNIFORMS (SHIRTS, PANTS, JACKETS,
BELTS, POLO SHIRTS), UNIFORM RECONDITIONING/FITTING,
TRAINING EQUIPMENT, TEXTBOOKS
Travel (individuals traveling, destination and purpose): N/A
Meetings (attendees, purpose, items needed for meeting): N/A
Miscellaneous Expense (specify items): N/A



Attachment A

### **APPLICATION CERTIFICATION**

I hereby certify that any LETF funds received will be used for the authorized purpose as indicated on Page 3 of this application. Additionally, I certify that the agency requesting the funds is a not-for-profit agency or organization, which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code, and is registered as a Non Profit organization with the State of Florida, Department of State, Division of Corporations.

ROBERT E. PRICE CAPT Name (please print)

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

DEPT. CHAIRMAN Title (please print)

6/1/07

The foregoing Agreement was acknowledged and subscribed before me this <u>5</u><sup>+tt</sup> day of <u>JUNE</u>, 2007 by <u>ROBERT E. PRICE</u> (name of individual) as <u>DEPARTMENT OHAIR</u> (title) of <u>ORIMINAL</u> JUSTILE ACADEMINATE

of organization/ agency), who is personally known to me or who produced

as identification.

Notary Public

My Commission Expires:

Notary Public State of Florida Vickie L Schaffer My Commission DD618737 Expires 02/17/2011

7