PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS <u>AGENDA ITEM SUMMARY</u>

Agenda Item No. 3002

Meeting Date: Aug	just 19, 2008	[x]	Consent]]	Regular
Department:		[]	Ordinance	ſ]	Public Hearing
Submitted By: Submitted For:			Sheriff's Office Sheriff's Office			

EXECUTIVE BRIEF

Ι.

Motion and Title: Staff recommends motion to approve a budget transfer in the amount of \$80,760 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 2008 estimated donation requirement is \$122,726. 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 \$1,646,028. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$1,559,268. 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 additional County funds are required. <u>Countywide</u> (DW)

ORGANIZATION	AMOUNT			
Extended Hands Community Outreach, Inc.	\$25,860			
Faith-Hope-Love-Charity, Inc.	\$25,000			
The Juvenile Transition Center, Inc.	\$29,900			
Total Amount of Donations	\$80,760			

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 (3)	
RECOMMENDED BY:	
APPROVED BY:ASSISTANT COUNTY ADMINISTRATOR	8-11-08 DATE

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2008	2009	2010	2011	2012
Operating Costs	\$80,760				
External Revenues Program Income (County)	(\$80,760)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curre	nt Budget: YE	S	NO	X	
Budget Account No.: Fund	1151 Agency	Or	g	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 additional County Funds are required.

III REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

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B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL CURRENT BUDGET BUDGET	INCREASE D	ECREASE	ADJUSTED EXPENDE BUDGET ENCUMBER	
Expenditures Transfers 160-1690-9498	Trfr to Sheriff Fund	0 232,054	80,760		\$ 040.044	
Reserves - New Projects		0 232,034	80,780	\$0	\$312,814	
	Reserves - New Projects	1,253,854 1,615,028	0	80,760	1,534,268	

Palm Beach County Sheriff's Office

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted

Signatures	Date
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	// 4/0 \

By Board of County Commissioners At Meeting of August 19, 2008

Deputy Clerk to the Board of County Commissioners



GENERAL INFORMATION

PURPOSE/GUIDELINES OF DONATION

- 1. Law Enforcement Trust Fund (LETF) donations are intended to assist agencies and organizations with the following purposes:
 - Drug Treatment Program Drug Abuse Education Drug Prevention Crime Prevention Safe Neighborhood School Resource Officer Program(s)

An agency or organization that wishes to receive such funds shall complete an application accompanied by a written certification, signed by the Executive Director or Fiscal Agent, that the funds will be used for one or more of the authorized purposes as listed above.

- Pursuant to FSS 932.7055(5)(c), any agency or organization that receives money from a law enforcement trust fund shall provide an accounting for such monies. An "Accounting of Funds" form must be completed and is due 60 days after the earlier of termination of any funding Agreement or upon completion of the activities funded by any LETF donation.
- 3. Failure to comply with any of the provisions set forth in this application will result in denial of future funding.
- 4. Inclusion of printed program/organization brochure is optional.
- 5. In order to establish a clear understanding of the proposed program, applicants shall respond to all questions and complete the current year budget.
- 6. Each agency is asked to provide a contact person who will be available for further information, follow up and/or interviews.

✤ FUNDING DECISIONS/APPROVAL

The Palm Beach County Sheriff's Office has final approval to determine which programs will receive any designated funding. The Palm Beach County Board of County Commissioners must then approve the request prior to donation award.

* AUTHORITY

The use of LETF as donations is authorized under section 932.7055, Florida State Statutes.



APPLICATION

1. Legal name of Organization:

Extended Hands Community Outreach, Inc.

NAME

2. Address:

528 Cheerful Street

West Palm Beach, Florida 33407 CITY, STATE, ZIP

3. Executive Director:

Shandra Stringer

NAME SIGNATURE

(561) 315-5463 myhandscando@aol.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Tax ID #: 03-0484951

4. Fiscal Agent:

same as above

oho

SIGNATURE

NAME

(Sih 315-5463 TELEPHONE NUMBER

My Mands cando Daul-cor E-MAIL ADDRESS

3/08 DATE

5. Date:

02-13-2008 RCVS



Organization Name: Extended Hands Community Outreach, Inc.

LETF Funding Request (MUST match total on Financial Application): _\$25,860.25

- What service will your organization provide through the use of Law Enforcement Trust Funds?
 School Resource Officers
 - Drug Treatment Program
 - X Crime Prevention
 - X Safe Neighborhood
 - X Drug Abuse Education
 - X Drug Prevention Programs
- 2. Organization Purpose: Extended Hands Community Outreach, Inc. strives to help individuals achieve a life of self-sufficiency and improve their quality of life by providing tangible services like literacy programs, job training, job placement, temporary shelter, food distribution, substance abuse awareness and prevention, after-school care and counseling.
- 3. Provide a brief summary of program's activities/services to be funded: <u>A series of 4 ten-week</u> Parent Project workshops, held at a total of three locations in West Palm Beach, Riviera Beach and Belle Glade, and Boynton Beach as an alternate delivered to parents of high-risk and acting out teenagers and adolescents. Workshops meet once a week. These workshops are designed to improve parenting skills and techniques to reduce children's destructive behavior, illegal drugs, cutting classes, dropping out of school, running away, violence, theft, gang activity, other criminal activity, etc.). The Parent Project has been successful across the county in reducing juvenile crime and improving school attendance and performance including successes in court-mandated diversion programs and the Florida Department of Juvenile Justice. Each course series will enroll 12 parents for a total of 48 participants. Some participants will be voluntary, others court mandated.
- 4. What results are you committed to achieving? We will facilitate 4 of 10 weeks classes in three different locations. We expect 75% of participants to complete the course (36 out of 48). Although the parents are taking the course, the goal is to improve parenting skills and outcomes for children, so we are measuring progress of the children of attendees. We expect to achieve the following outcomes after parents complete the course:
 - 25% of minors on probation will not violate probation
 - 25% of minors will not re-offend
 - 25% of minors not in the juvenile justice system will remain out of the system
 - 25% of minors will increase their school attendance or return to school after dropping out
 - 25% of minors will improve their school grades in at least two classes by a full letter grade



FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$133.660.00	16,800.00	11.3%
2.	Employee Benefits/Payroll Taxes	\$33,415.0		
3.	Professional Fees	\$ 10,000	\$2,000.00	20%
4.	Occupancy/Utilities	\$ 9,000	\$0	0%
5.	Telephone	\$ 1,788	\$0	0%
6.	Postage/Shipping	\$5,000	\$ 500.00	10%
7.	Printing & Publications	\$8,000	\$1.056.00	25%
8.	Supplies	\$ 10,000	\$1,000.00	10%
9.	Travel	\$ 4,644	\$ 0	0%
10.	Miscellaneous Expenses	\$9,600	\$3,240.00	25%
11.	Miscellaneous Expense: Indirect Costs	\$25,285	1,264.25	5%
	Total Expenses	\$250,392.00	\$25,860.25	10.25%

02-13-2068 RCV0



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): Program Coordinator: \$40,000,2 Program Specialists at \$36,000.00 equals to \$72,000, Office Assistant \$10,140, requesting(15 hours monthly at \$13/hour x 52 weeks). Benefits: 25% of salaries = \$33,415.00. Courses will be taught by Program Coordinator and two Program Specialists Two Additional Assistance at \$5,760..00 each equals to \$11,520.00. Requesting amount \$16,800.00. 120 hours for 4- 10 weeks class at 2 facilitators for each class at \$35.00 per hour is \$16,800.00. 120 hours X \$35.00 =\$4,200.00 with 4 facilitators.

Professional Fees (list vendor and type of service provided): \$10,000: Requesting amount \$2,000.00. Fee for Professional Evaluations for multiple sites on an annual basis by the University of Tennessee, the evaluation tool recommended by the Parent Project. \$500.00 for each 4 – 10 – week class.

Occupancy/Utilities (list utilities): \$9,000: Occupancy and Utilities: Rent: \$6,000 (Office space: \$500/month for 12 months. Utilities: \$3,000 (250.00/month at 12 months for electric, water and sewer).

<u>Telephone (provide telephone numbers):</u> \$1,788: \$149/month x 3 cell phones x 12 months. Phone numbers are (561) 315-5463, (561) 512-7300, and (561) 261-4501.

Postage/Shipping: \$5,000.00 Requesting amount \$500.00 for postage, shipping of program materials, participants notice, and other mailings as deemed necessary for the operation of the program.



Printing & Publications (list type of material): \$8,000: Requesting amount \$1.056.00; Program materials/workbooks, flyers for all meetings, brochures about the program, guarterly newsletter with program highlights, updates meeting locations as well. Workbooks for all students: \$22/each x 48 participants = \$1,056.00

Supplies (list supplies/equipment): \$10,000.00: Requesting amount: \$2,000, Paper, pens, pencils, markers, digital camera, presentation board/chart, copier, software, and fax machine.

Travel (individuals traveling, destination and purpose):\$4,644 Mileage throughout Palm Beach County. 300 miles/month x 3 staff x .43/mile x 12 months = \$4,664.

Miscellaneous Expenses (specify items): \$0----. Food: \$9,600 Requesting \$2,400.00. Food for workshop participants. 90 class sessions x 12 students/class x \$3/person = \$3,240.00.

Miscellaneous Expense: Indirect Costs: \$25,285. Requesting: 1,264.25 5% of budget.



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.

ringer Name (please print)

Signature

Executive Director Title (please print) 2-12-2008

Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 22 day of February, 2008 by Shandra Stringer (name of individual) as Executive Director (title) of Extended Hands Community autreadame Rc. of organization/ agency), who is personally known to me or who produced

as identification.

Notary Public

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA
Shari Speed Commission # DD735977 Expires: NOV. 19, 2011
Commission # DD735977
BONDED THEU ATLANTIC BONDING CO. INC.



GENERAL INFORMATION

✤ PURPOSE/GUIDELINES OF DONATION

- 1. Law Enforcement Trust Fund (LETF) donations are intended to assist agencies and organizations with the following purposes:
 - Drug Treatment Program Drug Abuse Education Drug Prevention Crime Prevention Safe Neighborhood School Resource Officer Program(s)

An agency or organization that wishes to receive such funds shall complete an application accompanied by a written certification, signed by the Executive Director or Fiscal Agent, that the funds will be used for one or more of the authorized purposes as listed above.

- 2. Pursuant to FSS 932.7055(5)(c), any agency or organization that receives money from a law enforcement trust fund shall provide an accounting for such monies. An "Accounting of Funds" form must be completed and is due 60 days after the earlier of termination of any funding Agreement or upon completion of the activities funded by any LETF donation.
- 3. Failure to comply with any of the provisions set forth in this application will result in denial of future funding.
- 4. Inclusion of printed program/organization brochure is optional.
- 5. In order to establish a clear understanding of the proposed program, applicants shall respond to all questions and complete the current year budget.
- 6. Each agency is asked to provide a contact person who will be available for further information, follow up and/or interviews.

FUNDING DECISIONS/APPROVAL

The Palm Beach County Sheriff's Office has final approval to determine which programs will receive any designated funding. The Palm Beach County Board of County Commissioners must then approve the request prior to donation award.

* AUTHORITY

The use of LETF as donations is authorized under section 932.7055, Florida State Statutes.

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11-13-2007 RCV0



APPLICATION

1. Legal name of Organization: Faith*Hope*Love*Charity, Inc.

Faith*Hope*Love*Charity, Inc.

NAME

2. Address:

3175 South Congress Avenue, Suite 304 STREET ADDRESS

Palm Springs, FL 33467 CITY, STATE, ZIP

3. Executive Director:

Roy J. Foster

NAME SIG

(561) 968-1612 TELEPHONE NUMBER

r129oy@msn.com E-MAIL ADDRESS

FEID #:___65-0464807

4. Fiscal Agent:

Marcia Rainford

SIGNATURE

(561) 968-1612 TELEPHONE NUMBER

Marcr@fdn.com E-MAIL ADDRESS

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5. Date:

October 23, 2007

11-13-2007 REVO

DATE



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Organization Name: Faith*Hope*Love*Charity, Inc.

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
 - x Drug Abuse Education
 - Drug Prevention Programs
- 2. Organization Purpose: <u>The purpose of the program is to reintegrate homeless veterans with</u> substance abuse back into the community as full-time, employed, sober citizens able to maintain independent living.
- 3. Provide a brief summary of program's activities/services to be funded: <u>Services provided</u> in Phase 1 of the program included emergency/transitional housing, food, clothing, case management, peer groups, AA/NA meetings(on and off site). The West Palm Beach Veteran's <u>Medical Center collaborated with (FHLC, Inc.) to assess eligible veterans to enter Stand-Down's</u> 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.

4. What results are you committed to achieving? <u>The goals of achievements are: (1) clients</u> returning to employment - 90%, (2) completion of phase 1- 90%, (3) securing independent housing – 75%, and clients moving through all phases of program – 60%.



FINANCIAL APPLICATION

Period Covered (one year) From: _01/_01/_2008___ To: _12/_31/_2008__

No.	Expense	Program Total	LETF Request	LETF
				
1.	Salaries	\$ 141,987.00	\$ 0.00	0%
•	Employee			
2.	Benefits/Payroll Taxes	\$ 32,657.00	\$ 0.00	0%
3.	Professional Fees	\$ 13,416.00	\$ 0.00	0%
4.	Occupancy/Utilities	\$ 104,674.00	\$ 10,000.00	9.55%
5.	Telephone	\$ 11,897.00	\$ 0.00	0%
6.	Postage/Shipping	\$ 773.00	\$ 0.00	0%
7.	Printing & Publications	\$ 9,013.00	\$ 0.00	%
8.	Supplies	\$ 93,720.00	\$ 15,000.00	16%
9.	Travel	\$ 3,605.00	\$ 0.00	0%
10.	Meetings	\$ 515.00	\$	
			0.00	0%
11.	Miscellaneous Expenses	\$ 257.00	\$ 0.00	0%
	Total Expenses	\$ 412,514.00	\$ 25,000.00	6.06%

11-13-2007 RCV0

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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): N/A

Professional Fees (list vendor and type of service provided) <u>N/A</u>

Occupancy/Utilities (list utilities): Liability Insurance - \$5,000.00 and Utilities - \$5,000.00

Telephone (provide telephone numbers): N/A

Printing & Publications (list type of material) N/A

11-13-2007 KCVD

Attachment A



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The second second	olies/equipment): Food - \$15,000.00
avel (individuals	traveling, destination and purpose): N/A
eetings (attendee	s, purpose, items needed for meeting): N/A
eetings (attendee	s, purpose, items needed for meeting): N/A
eetings (attendee	s, purpose, items needed for meeting): N/A
eetings (attendee	s, purpose, items needed for meeting): N/A
	ense (specify items): N/A

11-13-2007 KCVD



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.

Roy J. Foster

Name (please print)

atype

NOTARY SECTION:

State of Florida

County of Palm Beach

Executive Director

Title (please print)

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as identification.

The foregoing Agreement was acknowledged and subscribed before me this 23rd day of __October, 2007 by Roy J. Foster (name of individual) as Executive Director (title) of Faith*Hope*Love*Charity, Inc. (name of organization/ agency), who is personally known to me

of who produced Notary Public

My Commission Expires:



11-13-2007 RCV0

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Attachment A



GENERAL INFORMATION

✤ PURPOSE/GUIDELINES OF DONATION

- 1. Law Enforcement Trust Fund (LETF) donations are intended to assist agencies and organizations with the following purposes:
 - Drug Treatment Program Drug Abuse Education Drug Prevention Crime Prevention Safe Neighborhood School Resource Officer Program(s)

An agency or organization that wishes to receive such funds shall complete an application accompanied by a written certification, signed by the Executive Director or Fiscal Agent, that the funds will be used for one or more of the authorized purposes as listed above.

- Pursuant to FSS 932.7055(5)(c), any agency or organization that receives money from a law enforcement trust fund shall provide an accounting for such monies. An "Accounting of Funds" form must be completed and is due 60 days after the earlier of termination of any funding Agreement or upon completion of the activities funded by any LETF donation.
- 3. Failure to comply with any of the provisions set forth in this application will result in denial of future funding.
- 4. Inclusion of printed program/organization brochure is optional.
- 5. In order to establish a clear understanding of the proposed program, applicants shall respond to all questions and complete the current year budget.
- 6. Each agency is asked to provide a contact person who will be available for further information, follow up and/or interviews.

✤ FUNDING DECISIONS/APPROVAL

The Palm Beach County Sheriff's Office has final approval to determine which programs will receive any designated funding. The Palm Beach County Board of County Commissioners must then approve the request prior to donation award.

♦ AUTHORITY

The use of LETF as donations is authorized under section 932.7055, Florida State Statutes.

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APPLICATION

1. Legal name of Organization: THE JUVENILE TRANSITION CENTER, INC.

NAME

· 1. - 1.

2. Address:

1901 NORTH SEACREST BLVD.

STREET ADDRESS

BOYNTON BEACH, FLORIDA 33435 CITY, STATE, ZIP

3. Executive Director:

STEPHANIE MINGO-MCKOY

NAME -40-U SIGNATURE

 (561)
 306-0252
 CHILLOUT@BELLSOUTH.NET

 TELEPHONE NUMBER
 E-MAIL ADDRESS

FEID #: 65-0770795

4. Fiscal Agent:

NAME

SIGNATURE

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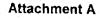
TELEPHONE NUMBER E-MAIL ADDRESS

5. Date:

December 13, 2007

DATE

01-03-2008 RC





LETF Funding Request (MUST match total on Financial Application): \$29,900.
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
Organization Purpose: The Juvenile Transition Center presently offers a highly structured
educational enrichment program that emphasizes delinquency prevention among teens 13-18. Our
agency intends to address gang violence and juvenile delinquency by concentrating on personal,
social and cultural development activities designed to cultivate productive citizens.
Provide a brief summary of program's activities/services to be funded:
40 Anti-Gang participants will participate in the largest Crime Prevention Conference & international
Forum of South Florida on March 26-28, 2008. This conference will equip the youth with valuable
skills, inspiration and prevention knowledge in the fight against crime, violence and drugs. In addition
this conference will assist to challenge and motivate these youth to make their communities and
schools safer places in an effort to reduce delinguency and victimization.
Other activities that play a key role in the transformation of our community youth are: On-going
tutoring (all disciplines), internet accessibility, quarterly community youth forums that will give youth a
voice, quarterly newsletters disseminated to neighborhood associations, and at the conclusion of the
prevention program students will be recognized for their accomplishments (crime-free living, taking
ownership for their communities, improving academically, making referrals to the program).
What results are you committed to achieving? 85 % of Anti-Gang participants will
improve reading and/or math skills evidenced by FCAT scores by February 28, 2009

01-03-2008 RCVD



FINANCIAL APPLICATION

Period Covered (one year) From: 03/01 /2008 02 / 28/ 2009

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$165,895	\$5,000	%
2.	Employee Benefits/Payroll Taxes	\$28,546	\$-0	%
				/0
3.	Professional Fees	\$7,984	\$-0-	%
4.	Occupancy/Utilities	\$28,578	\$-0-	%
				70
5.	Telephone	\$6,350	\$-0-	%
6.	Postage/Shipping	\$1,000	\$500	%
7.	Printing & Publications	\$4,002	\$2,000	50%
8.	Supplies	\$ 9,441	\$4,000	42%
9.	Travel	\$29,473	\$14,500	49%
10.	Meetings	\$4,338	\$2,000	46%
11.	Miscellaneous Expenses	\$8,304	\$1,900	23%
	Total Expenses	\$293,911	\$29,900	10%



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):

Instructors (2) each instructor will provide on-going tutoring sessions to students with a demonstrated academic deficiency approximately \$250 per week each for a total of ten (10) weeks for a grand total this line item \$5, 000.

Telephone (provide telephone numbers): _____ This line item not requested

Printing & Publications (list type of material): Stationary, Brochures, Quarterly Newsletters, Applications, Program Documents for intake, assessments, evaluations, follow-up forms.

01-03-2008 RCVD

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Attachment A



Attachment A

Supplies (list supplies/equipment): <u>Cases of Paper. Ink Cartridges, Imaging Drums, FCAT software,</u> Pens, pencils, diskettes, cd-roms, folders, envelopes, portfolios, instructional materials, training software, test fees, modules, etc

TOTAL budget this line item \$4,000

Travel (individuals traveling, destination and purpose):40 youth and 6 chaperones to Miami, FL to attend the National Crime Prevention Conference & International Forum in March 2003. This a 3-day conference and accommodations are necessary as well as transportation currently the lowest quote is from Midnight Sun @ \$ 3, 500. Accommodations at the Raddison are \$135 per night which will sleep 4 ppl to a room, the estimate for this is \$3,000 and finally each student will pay a cost of \$200 to register for this event @ \$8,000 to register

Meetings (attendees, purpose, items needed for meeting): Quarterly crime-prevention forums to be attended by Palm Beach County youth for the purpose of living crime-free. The forums will cover the following: Anti-gangs & truces, Drug & Alcohol Prevention, Laws and Legislation, Prevention through Performance

Miscellaneous Expense (specify items): Postage for mailing newsletters and other letters to parents, schools, religious and government institutions. Costs associated with the end-of the year youth recognition banquet that will include (caterer, decorations, awards/trophies, and incentives)



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.

STEPHANIE MINGO-MCKOY Name (please print)

ngo-0 Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this	13 da	v of
Pecen re , 20#7 by Stephonic Mingo-Meloy (name of individual) as	ua	y Ui
Creedice Viredor (title) of previle Transition, Center	ner 1	(name

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

FC. Drives Cicente _____as identification.

Notary Public

My Commission Expires: June2, 2010

H. MICHAEL SKLAR COMMISSION # DD 549176 EXPIRES: June 2, 2010

EXECUTIVE DIRECTOR

DECEMBER 13, 2007

Title (please print)

Date

01-03-2003 RCVD