

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures					
Operating Costs	\$58,947				
External Revenues	(\$58,947)				
Program Income (County)					
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				

Is Item Included in Current Budget: YES _____ NO X

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

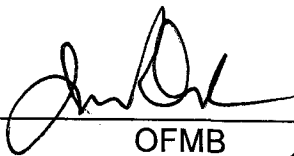
Reporting
Category _____

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

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

III REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:



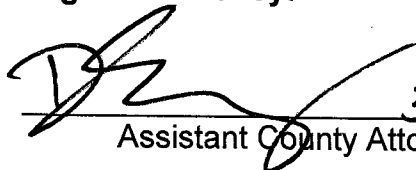
OFMB



Contract Administration

Handwritten notes:
NO 3/18/2010
M/S 3/15/10

B. Legal Sufficiency:



Assistant County Attorney

Handwritten date: 3/15/10

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

FUND 1151 LAW ENFORCEMENT TRUST FUND

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
Expenditures								
Transfers								
160-1690-9498	Trfr to PBSO Fd 1902	0	201,257	58,947	0	\$260,204		
Reserves - New Projects								
160-9900-9908	Reserves - New Projects	1,773,661	1,572,404	0	58,947	1,513,457		
TOTAL FUND				\$58,947	\$58,947			

Palm Beach County Sheriff's Office


INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted

Signatures

Date



3/3/10

By Board of County Commissioners
At Meeting of March 23, 2010

Deputy Clerk to the
Board of County Commissioners



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

Attachment A

APPLICATION

1. **Legal name of Organization:** ASPIRA of Florida, Inc.

Palm Beach County Division

NAME

2. **Address:**

5913 South Dixie Highway, Suite D

STREET ADDRESS

West Palm Beach, FL 33405

CITY, STATE, ZIP

3. **Executive Director:**

Cathy Anaya-Wolf

NAME

Cathy Anaya-Wolf

SIGNATURE

(561) 533-9790

TELEPHONE NUMBER

canaya@fl.aspira.org

E-MAIL ADDRESS

Tax ID #: 59-2105537

4. **Fiscal Agent:**

Cathy Anaya-Wolf

NAME

Cathy Anaya-Wolf

SIGNATURE

(561) 533-9790

TELEPHONE NUMBER

canaya@fl.aspira.org

E-MAIL ADDRESS

5. **Date:**

10-19-09

DATE



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

Attachment A

Organization Name: ASPIRA of Florida, Inc. – Palm Beach County Division

LETTF Funding Request (MUST match total on Financial Application): \$10,000

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 Purpose: The mission of ASPIRA of Florida, Inc. is to empower the Hispanic community through the education and leadership development of its youth. ASPIRA provides targeted after school services including large group meetings, violence prevention training, individual counseling sessions, home visits, parent/teacher consultations and partners with other agencies to provide a seamless continuum of prevention services to reduce violence and delinquency among Hispanic and other youth.

3. Provide a brief summary of program's activities/services to be funded: ASPIRA proposes the ASPIRA Youth Leadership Officer Program, utilizing an educational peer culture model known as the ASPIRA Club System. ASPIRA clubs meet weekly after school at 4 high schools and 7 middle schools with an average of 30 youth in each club. During the meetings, youth participate in leadership training, learn social skills and peer pressure resistance, anger management and violence prevention skills. 6 youth from each school club are nominated and elected by their peers as officers. The officers will be provided with intensive training in leadership development, public speaking, college readiness and community service. The officers will meet from all the schools on a monthly basis and be trained to become trainers themselves. The skills they learn will be brought back to their respective ASPIRA Leadership Clubs at their schools.

4. What results are you committed to achieving? 1) 90% of youth in the ASPIRA Youth Leadership Officer Program will stay in school and be promoted to the next grade. 2) 90% of youth in the ASPIRA Youth Leadership Officer Program will increase their knowledge of peer pressure resistance and violence prevention skills as demonstrated on pre-post test.



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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: 10/01/2009

To: 09/30/2010

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$30,000	\$4,500	15%
2.	Employee Benefits/Payroll Taxes	\$8,306	\$1,430	17%
3.	Professional Fees	\$	\$	%
4.	Occupancy/Utilities	\$	\$	%
5.	Telephone	\$	\$	%
6.	Postage/Shipping	\$	\$	%
7.	Printing & Publications	\$1,875	\$1,875	100%
8.	Supplies/Program	\$1,200	\$1,200	100%
9.	Travel	\$	\$	%
10.	Meetings	\$	\$	%
11.	Miscellaneous Expenses	\$995	\$995	100%
	Total Expenses	\$42,376	\$10,000	24%



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

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): The program is implemented by Keelan O'Carroll the oversight is being managed by Cathy Anaya-Wolf so the compensation is for program compliance.

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

Occupancy/Utilities (list utilities): _____

Telephone (provide telephone numbers): _____

Printing & Publications (list type of material): Violence Prevention T-shirt to be created by youth. The cost the cost runs an average of \$5 per shirt.



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

Attachment A

Supplies (list supplies/equipment): Supplies for the program includes color paper, markers, pens, flip charts, agendas, art supplies, etc.

Travel (individuals traveling, destination and purpose): _____

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

Miscellaneous Expense (specify items): This is to cover food and snacks for the youth meetings and activities.



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

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.

Cathy Anaya - Wolf
Name (please print)

Palm Beach County Director
Title (please print)

Cathy Anaya Wolf
Signature

10/19/2009
Date

NOTARY SECTION:

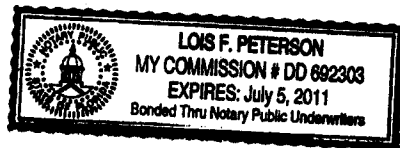
State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 19th day of October, 2009 by Cathy Anaya (name of individual) as Palm Beach Ct. Director (title) of Aspira of Florida (name of organization/ agency), who is personally known to me or who produced _____ as identification.

Lois F. Peterson
Notary Public Lois Peterson

My Commission Expires:





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

Attachment A

APPLICATION

1. **Legal name of Organization:** URBAN LEAGUE OF PALM BEACH COUNTY

NAME

2. **Address:**

1700 N. AUSTRALIAN AVE

STREET ADDRESS

WEST PALM BEACH, FL 33407

CITY, STATE, ZIP

3. **Executive Director:**

PATRICK J. FRANKLIN

NAME

SIGNATURE

(561) 833-1461 EX. 3003 FRANKLN@ULPBC.ORG

TELEPHONE NUMBER

E-MAIL ADDRESS

FEID #: 59-1533710

4. **Fiscal Agent:**

EMANUEL RIDGEWAY

NAME

SIGNATURE

(561) 833-1461 EX. 3008

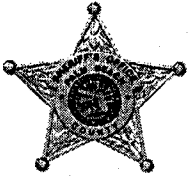
TELEPHONE NUMBER

E-MAIL ADDRESS

5. **Date:**

NOVEMBER 6, 2009

DATE



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

Attachment A

Organization Name: URBAN LEAGUE OF PALM BEACH COUNTY

LETTF Funding Request (MUST match total on Financial Application): 48,947.00

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 Purpose:

The purpose of the organization is to provide programs and services to the youth in Palm Beach County that would assist them in staying Crime and Drug free. 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. Provide a brief summary of program's activities/services to be funded:

The event to be funded is the trip to the 25th Annual Preventing Crime in The Black Community Conference. The date of the Conference is May 26-29, 2010 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.



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

Attachment A

4. What results are you committed to achieving?

We will create community ambassadors of crime free living. Last year, the program took 80 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 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 outs, 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, North Lake, Lake Worth, Boynton, Boca Raton, South Bay, and Delray. Once these youth are better trained they then plan and participate in more community service and crime prevention programs that benefit the Palm Beach Community.



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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: 01 / 01 / 10

To: 06 / 30 / 10

No.	Expense	Program Total	LETf Request	LETf
1.	Salaries	\$ 0.00	\$ 0.00	0%
2.	Employee Benefits/Payroll Taxes	\$ 0.00	\$ 0.00	0%
3.	Professional Fees	\$ 0.00	\$ 0.00	0%
4.	Occupancy/Utilities	\$ 0.00	\$ 0.00	0%
5.	Telephone	\$ 0.00	\$ 0.00	0%
6.	Postage/Shipping	\$ 0.00	\$ 0.00	0%
7.	Printing & Publications	\$ 0.00	\$ 0.00	0%
8.	Supplies	\$ 1,605.00	\$ 1,605.00	100%
9.	Travel	\$ 30,830.00	\$ 30,830.00	100%
10.	Meetings	\$ 16,075.00	\$ 16,075.00	0%
11.	Miscellaneous Expenses	\$ 437.00	\$ 437.00	100%
	Total Expenses	\$ 48,947.00	\$ 48,947.00	100%



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

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): N/A

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

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

Supplies (list supplies/equipment): Polo collared shirts: 107 x \$15 = \$ 1,605.00

Travel (individuals traveling, destination and purpose):

Capri's Charter (Coach USA): 3 - 49 passenger buses @ \$3,800 per day x 3 days = \$11,400.00

Transport 100 teens and 27 chaperons from West Palm Beach, FL to attend the 25th Annual Preventing Crime in the Black Community Conference. The date of the conference is May 26-29, 2010 in Orlando, Florida

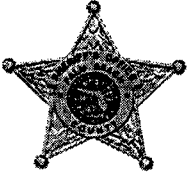
3 Rooms for 3 drivers @ \$80 x 3 rooms x 3 days = \$720.00

25 Rooms for 100 Teens @ \$80 x 25 rooms x 3 days = \$6,000.00

15 Rooms for 27 chaperons @ \$80 x 15 rooms x 3 days = \$3,600.00

Per-diem for 100 teens @ \$19.667 x 3 days x 100 teens = \$5,900.00

Per -diem for 27 chaperons @ \$35 per day x 3 days x 27 chaperons = \$2,835.00



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

Attachment A

Gratuity for 3 drivers @ \$125 x 3 days = \$375.00

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

Registration for 100 teens @ \$100 x 100 teens = \$10,000.00

Registration for 27 chaperons @ \$225 x 27 chaperons = \$6,075.00

Miscellaneous Expense (specify items):

Snacks and drinks for bus ride to and from conference \$437.00



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

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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.

Kevin Bledsoe
Name (please print)

Director, Community Development
Title (please print)

[Signature]
Signature

11/17/09
Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 13th day of November, 2009 by Kevin Bledsoe (name of individual) as Director (title) of Community Development (name of organization/ agency), who is personally known to me or who produced _____ as identification.

[Signature]
Notary Public

My Commission Expires:

