

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

Meeting Date: July 20, 2010 ☒ Consent ☐ Regular
 ☐ Ordinance ☐ Public Hearing

Department:
 Submitted By: Palm Beach County Sheriff's Office
 Submitted For: Palm Beach County Sheriff's Office

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$64,000 from the Law Enforcement Trust Fund (LETf) 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 2010 estimated donation requirement is \$158,962. 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 \$1,761,685. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$1,697,685. The year-to-date transfer for all donations after approval of this item is \$606,607. 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. Countywide (DW)

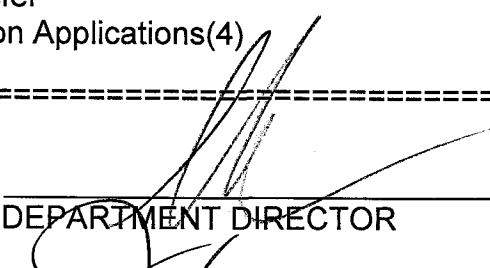
ORGANIZATION	AMOUNT
Faith Hope Love Charity, Inc.	\$25,000
Lupus Foundation of America, Southeast Florida Chapter, Inc.	\$4,000
Palms West Community Foundation, Inc.	\$5,000
Palm Beach County P.A.L., Inc.	\$30,000
Total Amount of Donations	\$64,000

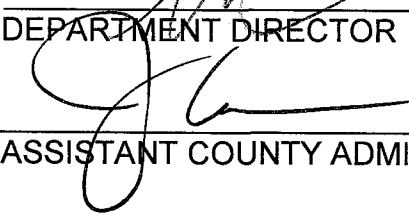
Background and Justification: The Palm Beach County Sheriff's Office has a long-standing commitment to the reduction of crime and implementation of crime and drug prevention programs within Palm Beach County. Use of LETf requires approval by the Board in accordance with F.S. 932.7055, upon request of 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 Applications(4)

=====

RECOMMENDED BY:  7/7/2010
 DEPARTMENT DIRECTOR DATE

APPROVED BY:  7/16/10
 ASSISTANT COUNTY ADMINISTRATOR DATE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures					
Operating Costs	\$64,000				
External Revenues	(\$64,000)				
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:

* No fiscal impact. No additional funds required. Funding source is State Law Enforcement Trust Fund (LETF).

OFMB
mcb
7/13/10
7/14/2010
2/2/10

Contract Administration
7/14/10

B. Legal Sufficiency:

Assistant County Attorney
7/15/10

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

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
<u>Expenditures</u>								
<u>Transfers</u>								
160-1690-9498	Trfr to PBSO Fd 1902	0	542,607	64,000	0	\$606,607		
<u>Reserves - New Projects</u>								
160-9900-9908	Reserves - New Projects	2,304,292	1,761,685	0	64,000	1,697,685		
TOTAL FUND				\$64,000	\$64,000			

Palm Beach County Sheriff's Office

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

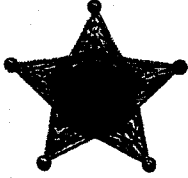
OFMB Department - Posted

Signatures

Date

By Board of County Commissioners
At Meeting of July 20, 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: Faith*Hope*Love*Charity, Inc.

Faith*Hope*Love*Charity, Inc.

NAME

2. Address:

3175 S. Congress Avenue, Ste. 304

STREET ADDRESS

Palm Springs, FL 33461

CITY, STATE, ZIP

3. Executive Director:

Roy J. Foster

NAME

Roy J. Foster

SIGNATURE

(561) 968-1612

TELEPHONE NUMBER

r129oy@msn.com

E-MAIL ADDRESS

FEID #: 65-0464807

4. Fiscal Agent:

Marcia Rainford

NAME

Marcia Rainford

SIGNATURE

(561) 968-1612

TELEPHONE NUMBER

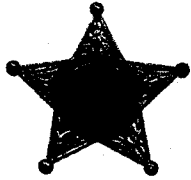
Marcra@fdn.com

E-MAIL ADDRESS

5. Date:

11/16/2009

DATE



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

Attachment A

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

LETf Funding Request (MUST match total on Financial Application): \$25,000.00

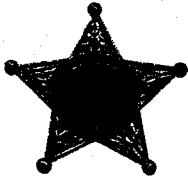
1. What service will your organization provide through the use of Law Enforcement Trust Funds?

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

2. Organization Purpose: Reintegrating homeless veterans struggling with alcohol and drug addictions back into the community as viable citizens, maintaining independent living with full time employment or benefits (SSA/VA).

Provide a brief summary of program's activities/services to be funded: _____
Faith*Hope*Love*Charity, Inc. through the Stand Down House provides for homeless veterans emergency housing, food, clothing, personal care items during their stay. In addition, case management, one-on-one psychological assessment, peer-to-peer groups, and AA/NA meetings (on-site and off site). Transportation is provided daily to and from the West Palm Beach VA Medical Center for medical/mental health appointments and out-patient substance abuse treatments and classes.

3. What results are you committed to achieving? Our achievable goals are (1) clients maintaining sobriety – 95%, (2) clients returning to work or receiving benefits (SSA/VA) – 90%, (3) Independent living – 75%, and clients moving through all phases of program – 60%.



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

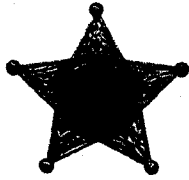
Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: 01/01/ 2010

To: 12/31/2010

No.	Expense	Program Total	LET Request	LET F
1.	Salaries	\$141,987.00	\$0.00	0%
2.	Employee Benefits/Payroll Taxes	\$32,657.00	\$0.00	0%
3.	Professional Fees	\$13,416.00	\$0.00	0%
4.	Occupancy/Utilities	\$115,403.00	\$10,000.00	8.67%
5.	Telephone	\$11,897.00	\$0.00	0%
6.	Postage/Shipping	\$773.00	\$0.00	0%
7.	Printing & Publications	\$9,013.00	\$0.00	0%
8.	Supplies	\$ 103,326.00	\$15,000.00	14.52%
9.	Travel	\$3,786.00	\$0.00	0%
10.	Meetings	\$515.00	\$0.00	0%
11.	Miscellaneous Expenses	\$257.00	\$0.00	0%
	Total Expenses	\$433,030.00	\$25,000.00	5.77%



**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.**

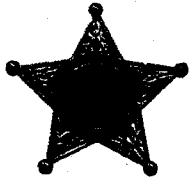
Salaries (list employees and individual compensation): N/A

Professional Fees (list vendor and type of service provided): N/A

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

Telephone (provide telephone numbers): N/A

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



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

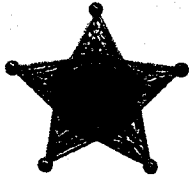
Attachment A

Supplies (list supplies/equipment): Food - \$15,000.00

Travel (individuals traveling, destination and purpose): N/A

Meetings (attendees, purpose, items needed for meeting): N/A

Miscellaneous Expense (specify items): N/A



**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.

Roy J. Foster

Name (please print)

Executive Director

Title (please print)

Roy J. Foster
Signature

11/16/09
Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 16th day of November, 2009 by Roy J. Foster (name of individual) as Executive Director (title) of Faith Hope Love Charities, Inc. (name of organization/ agency) who is personally known to me or who produced _____ as identification.

Casimiro Hampton-Crockett
Notary Public

My Commission Expires:





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

Attachment A

APPLICATION

1. Legal name of Organization:

Lupus Foundation of America, Southeast Florida Chapter, Inc.
NAME

2. Address:

75 NE 6th Avenue, Suite 110
STREET ADDRESS

Delray Beach, Florida 33483
CITY, STATE, ZIP

3. Executive Director:

Claudia Kirk Barto
NAME


SIGNATURE

(561) 279-8806

claudia_barto@lupusfl.org

TELEPHONE NUMBER

E-MAIL ADDRESS

FEID #: 59-1752601

4. Fiscal Agent:

Robert Weiss, Treasurer
NAME


SIGNATURE

(561) 369-3301

sisiwoody@aol.com

TELEPHONE NUMBER

E-MAIL ADDRESS

5. Date:

2/18/10

DATE



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

Attachment A

Organization Name: Lupus Foundation of America, Southeast Florida Chapter, Inc.

LETF Funding Request (MUST match total on Financial Application): \$4,000

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: _____

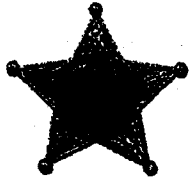
The Chapter's purpose is to provide ongoing support, information and hope to any persons touched by lupus. To this end, the Chapter:

- Encourages research to discover the causes and improve the methods of diagnosing, treating, curing and preventing lupus;
- Promotes programs of public and professional education about lupus;
- Provides patient education and encourages support and understanding for individuals impacted by the disease;
- Promotes the exchange of knowledge about lupus and cooperates with health professionals to improve the standards of diagnosis, care, services and treatment of those impacted by lupus;
- Represents those who have lupus, their families, friends and associates, and serves as their spokesperson and advocate;
- Provides and advocates for such services that would benefit and improve the health and welfare of lupus sufferers; and
- Raises, disburses and administers funds in order to accomplish all of the above.

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

An educational seminar entitled: *LIFE: Lupus is a Full Experience* to be presented by the Lupus Foundation of America, Southeast Florida Chapter in cooperation with the Palm Beach County Sheriff's Office.

Prescription drug abuse poses a serious threat to the welfare of our community and to the 1.5 million Americans living with lupus. Many individuals mistakenly believe that taking prescription and over-the-counter medications are safer than using illicit drugs, and every day 2500 teens in the United States try prescription drugs such as painkillers, to get high for the first time. In 2008, the Center for Disease Control reported that drug overdose deaths are second only to car crashes for unintentional injury deaths, and these are largely due to misuse and abuse of prescription drugs. Palm Beach County statistics reveal 300 prescription drug-related deaths last year, and most often, a combination of controlled substances was involved.



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

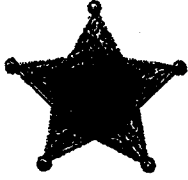
Attachment A

The LFA – SE Florida Chapter has determined that increased public awareness and education are critical in the fight against Systemic Lupus Erythematosus, as well as the fight against prescription drug abuse and overdose related deaths. This program is designed for the purpose of enhancing the training of nurses, mental health professionals, and law enforcement officials, as well as educating those living with lupus and their loved ones.

Successful management of lupus and related autoimmune diseases generally includes various medications, both prescription and OTC, and often patients are required to combine a number of different substances. Too often unrelated symptoms and adverse side effects, including death, may occur. The seminar will focus on the biophysical and psychological aspects of the management of systemic lupus erythematosus and related illnesses with a particular emphasis on treatment education – including medication usage and compliance, as well as prescription medication abuse and addiction prevention. Information will be provided by and participants will have the opportunity to communicate with professionals knowledgeable in such fields as rheumatology, pharmacology, psychology, pain management and drug abuse education and prevention. This seminar will focus on the distribution of information and resources that may help ease the burden of living with chronic illness, and prevent abuse of related medications. It will also provide attendees with the opportunity to dispose safely of their unused and unwanted medications.

PROGRAM OUTLINE:

- | | |
|-----------------|---|
| 8:15 AM | Registration |
| 9:00 AM | Welcome |
| 9:05 AM | Rheumatologist: <i>Lupus and Overlapping Conditions 101</i> |
| 10:05 AM | Pharmacist: <i>Current Treatments – Prescription and OTC
Appropriate Methods and Usage Procedures – Overlap Concerns -
Proper Disposal Methods including 'Operation Medicine Cabinet'</i> |
| 11:05 AM | Psychologist: <i>Treatment Compliancy and Coping Mechanisms –
Psychological Effects of Chronic Illness and Prolonged Drug Usage</i> |
| 12:05 PM | Lunch |
| 12:45 PM | Captain Karl Durr, PBCSO: <i>Understanding Prescription Drug
Abuse - Addiction Awareness and Prevention - Warning Signs of Abuse
and Addiction – When and Where to Get Help for Ourselves, Loved
Ones and Patients</i> |
| 1:45 PM | Pain Management Physician: <i>Managing Pain without Dependency
and Addiction</i> |
| 2:45 PM | Evaluations & Closing |



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

Attachment A

4. What results are you committed to achieving? _____

The Lupus Foundation, Southeast Florida Chapter, Inc. is committed to produce a seminar that will educate those living with lupus and related chronic illnesses, as well as their families, caregivers, law enforcement officials and the medical community with regard to living successfully with these autoimmune diseases. In addition, due to the necessity of combining medications, the resulting side effects, and the growing problem of improper usage and abuse of prescription and over-the-counter medications, we will emphasize proper and effective strategies for managing pain and other disease manifestations with respect to proper drug usage. We are committed to preventing medication addiction and to preventing prescription drug-related deaths.



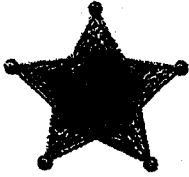
**PALM BEACH COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT TRUST FUND DONATION**

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: 6 / 01 / 2010 To: 5 / 31 / 2011

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$4580	\$1832	40%
2.	Employee Benefits/Payroll Taxes	\$	\$	%
3.	Professional Fees	\$2400	\$960	40%
4.	Occupancy/Utilities	\$	\$	%
5.	Telephone	\$	\$	%
6.	Postage/Shipping	\$1320	\$528	40%
7.	Printing & Publications	\$500	\$200	40%
8.	Supplies	\$	\$	%
9.	Travel	\$1000	\$400	40%
10.	Meetings	\$200	\$80	40%
11.	Miscellaneous Expenses	\$	\$	%
	Total Expenses	\$ 10,000	\$ 4,000	40%



**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 Coordinator will spend 76.5 hours on the project at a rate of \$20.00 per hour.
The Director of Operations will assist as well for 30 hours at a rate of \$25.89 per hour.
The Executive Director will spend approximately 60 hours supervising the project at an hourly rate of \$38.08.

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

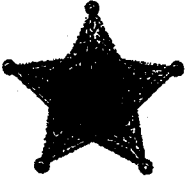
The caterer will be paid for 140 people at a cost of \$900 for breakfast and lunch for 140 people at \$1340. There will also be a charge for set up, breakdown and servers \$150.

Occupancy/Utilities (list utilities): _____

Telephone (provide telephone numbers): _____

Printing & Publications (list type of material): _____

3000 postcards will be printed and mailed for the seminar. Set up and printing is \$485;
Flyers \$25: Postage for mailing to our database is \$1320.



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

Attachment A

Supplies (list supplies/equipment): _____

Travel (individuals traveling, destination and purpose): \$1000
This is to cover the airfare and hotel for speakers.

Meetings (attendees, purpose, items needed for meeting): \$200
Program for the seminar for \$35, Folders \$28, Pamphlets \$63, Giveaways \$54 and
Paper Handouts \$20.

Miscellaneous Expense (specify items): _____



**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.

CLAUDIA KIRK BARTO
Name (please print)
[Signature]
Signature

EXECUTIVE DIRECTOR
Title (please print)
2-18-10
Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 18 day of February, 2010 by Claudia Kirk Barto (name of individual) as Executive Director (title) of LORIS Fan of Am-SE FL Chapter (name of organization/ agency), who is personally known to me or who produced _____ as identification.

Kathleen Sokolowski Laca
Notary Public

My Commission Expires:





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

Attachment A

APPLICATION

1. **Legal name of Organization:** Palms West Community Foundation (non-profit arm of the

Palms West Chamber of Commerce)

NAME

2. **Address:**

13901 Southern Boulevard

STREET ADDRESS

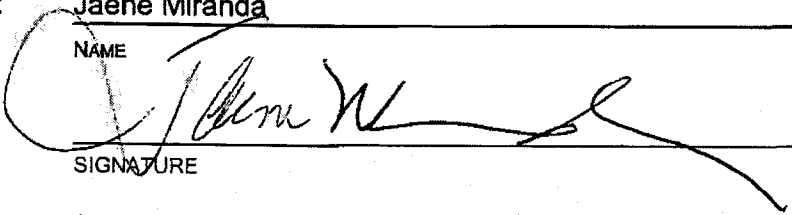
Loxahatchee Groves, FL 33470

CITY, STATE, ZIP

3. **Executive Director:**

Jaene Miranda

NAME



SIGNATURE

(561) 790-6200

TELEPHONE NUMBER

E-MAIL ADDRESS

FEID #: 20-5476733

4. **Fiscal Agent:**

Faye Ford

NAME



SIGNATURE

(561) 790-6200

TELEPHONE NUMBER

E-MAIL ADDRESS

5. **Date:**

February 10, 2010

DATE



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

Attachment A

Organization Name: Palms West Community Foundation (non-profit arm of the Palms West Chamber of Commerce)

LETf Funding Request (MUST match total on Financial Application): \$5,000

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: To enhance the quality of life in central Palm Beach County by providing outreach programs that advance the educational, cultural and economic interests of the community; and by providing a community center for non-profits, community groups and business organizations to gather and exchange ideas.

3. Provide a brief summary of program's activities/services to be funded: Through collaboration with local organizations, public officials, and local businesses, the Palms West Community Foundation will present a Crime Prevention & Safe Neighborhood Outdoor Fair at Royal Palm Art & Music Festival targeting Palm Beach County's families living in our Western Communities (Wellington, Royal Palm Beach, Loxahatchee and the Acreage. The event will take place on March 20-21, 2010. Fair components include: Safe Baby Program, Water Safety, Care giving to relatives & neighbors, CPR program, Pet First Aid, Kid Print Program, Emergency Response Training (when and how to access 911), Home Safety, Drug Prevention, Bullying Program, Bike Safety, Internet Safety for Kids & Adults, Fire Safety, Protection Programs for Crimes against the Elderly, Rules of the Road (Driving Safety Tips), Neighborhood Crime Watch, Self Defense demonstration, and Identify Theft Prevention.

3. What results are you committed to achieving? Total event is expected to draw 20,000+ - the goal for the Crime Prevention & Safe Neighborhood Outdoor Fair is to reach 1,000 children and 3,000 adults of Royal Palm Art & Music participants with the educational and prevention programs. Families will be provided punch cards that will confirm participation and allow goody bag gift if turned in completed.



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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: 1 / 15 / 10 To: 6 / 15 / 10

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$	\$	%
2.	Employee Benefits/Payroll Taxes	\$	\$	%
3.	Professional Fees	\$	\$	%
4.	Occupancy/Utilities	\$	\$	%
5.	Telephone	\$	\$	%
6.	Postage/Shipping	\$	\$	%
7.	Printing & Publications	\$	\$	%
8.	Supplies	\$ 25,850	\$ 4,000	15.5%
9.	Travel	\$	\$	%
10.	Meetings	\$	\$	%
11.	Miscellaneous Expenses	\$ 2,600	\$ 1,000	38.5%
	Total Expenses	\$28,450	\$ 5,000	17.6%



**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): _____

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

Occupancy/Utilities (list utilities): n/a _____

Telephone (provide telephone numbers): n/a _____

Supplies (list supplies/equipment): Tenting (\$9,000), staging (\$5,350), light towers/generators (\$5,000), fencing (\$1,500), Signage (\$5,000)

Travel (individuals traveling, destination and purpose): n/a _____

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

Miscellaneous Expense (specify items): Fun kid activities – Face Painting Clowns (\$600), Street performers (\$2,000),



**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.

Jane Miranda
Name (please print)

CEO
Title (please print)

[Signature]
Signature

2/10/10
Date

NOTARY SECTION:

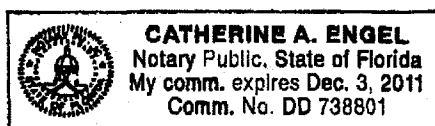
State of Florida

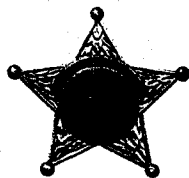
County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 15th day of February, 2010 by Jane Miranda (name of individual) as CEO (title) of Palms West Chamber (name of organization/ agency), who is personally known to me or who produced Drivers License as identification.

Catherine Engel
Notary Public

My Commission Expires:





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

Attachment A

APPLICATION

1. **Legal name of Organization:** Palm Beach County P.A.L., Inc.

Palm Beach County P.A.L., Inc.

NAME

2. **Address:**

3228 Gun Club Road

STREET ADDRESS

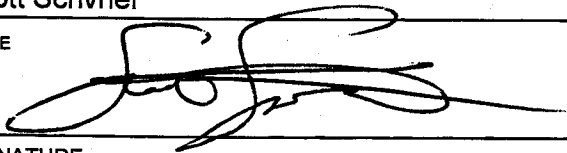
West Palm Beach, FL 33406

CITY, STATE, ZIP

3. **Executive Director:**

Scott Scrivner

NAME



SIGNATURE

(561) 688-4087

TELEPHONE NUMBER

scrivners@pbso.org

E-MAIL ADDRESS

FEID #: 65-0461384

4. **Fiscal Agent:**

Christopher Johnson

NAME



SIGNATURE

(561) 346-5893

TELEPHONE NUMBER

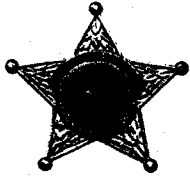
johnsonc1207@bellsouth.net

E-MAIL ADDRESS

5. **Date:**

4/26/10

DATE



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

Attachment A

Organization Name: Palm Beach County P.A.L., Inc.

LETTF Funding Request (MUST match total on Financial Application): \$30,000

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

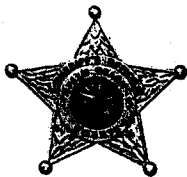
- ☐ School Resource Officers
- ☐ Drug Treatment Program
- ☐ Crime Prevention
- ☒ Safe Neighborhood
- ☐ Drug Abuse Education
- ☐ Drug Prevention Programs

2. Organization Purpose: To furnish children who without our assistance would not be able to afford school supplies or backpacks.

3. Provide a brief summary of program's activities/services to be funded: Funded items will include a school district approved backpack, an age appropriate educational kit which contains most of the supplies that children are required to have when starting the new school year. We have partnered with Community Back to School Bash & Christ Fellowship to utilize their resources to service more children and to have one central event inviting those persons identified by our Community Policing units who need help with school supplies. We are also devising a logistically sound way to deliver the school supplies to the designated school centers and enable the teacher and all materials to distribute the supplies to the children as needed. We will distribute pamphlets on gang violence outlying facts on gangs and tips for parents and teachers. The additional pamphlets will be on stop the bullying facts and the methods to use if you are a victim and what adults should watch out for to recognize if their children are being bullied. We will include those pamphlets in the backpacks that will be distributed to the children as well as there will be an open forum for parents to speak to deputies who will have a table at the event that day. The On the Force with Finnegan and Dakota books will be distributed to all elementary schools that participate in the event, this book contains bicycle safety tips, traffic safety tips and personal safety instructions.

4. What results are you committed to achieving?

Are efforts geared towards starting the child off with the necessary tools to have a successful learning experience, and to on the same playing field as students who are supported financially by their families. As well as to inspire the rapport with the deputies who identify and assist with distribution of supplies.



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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: 04/01/10

To: 12/31/2010

No.	Expense	Program Total	LET Request	LET
1.	Salaries	\$	\$	%
2.	Employee Benefits/Payroll Taxes	\$	\$	%
3.	Professional Fees	\$	\$	%
4.	Occupancy/Utilities	\$	\$	%
5.	Telephone	\$	\$	%
6.	Postage/Shipping	\$	\$	%
7.	Printing & Publications	\$	\$	%
8.	Supplies	\$ 30000	\$30000	100%
9.	Travel	\$	\$	%
10.	Meetings	\$	\$	%
11.	Miscellaneous Expenses	\$	\$	%
	Total Expenses	\$30,000	\$30,000	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.**

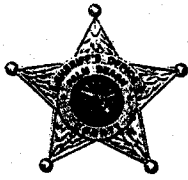
Salaries (list employees and individual compensation): _____

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

Occupancy/Utilities (list utilities): _____

Telephone (provide telephone numbers): _____

Printing & Publications (list type of material): _____



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

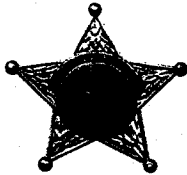
Attachment A

Supplies (list supplies/equipment): 1500 Elementary educational kits \$16,500.00
2300 Backpacks \$11,155.00
2345 Composition books & crayons \$2345.00

Travel (individuals traveling, destination and purpose): N/A

Meetings (attendees, purpose, items needed for meeting): N/A

Miscellaneous Expense (specify items): N/A



**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.

SCOTT SCRIVNER
Name (please print)

DIRECTOR
Title (please print)

[Signature]
Signature

5/11/10
Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 11th day of May, 2010 by Scott Scrivner (name of individual) as Director (title) of Palm Beach County PAL (name of organization/ agency), who is personally known to me or who produced _____ as identification.

Dawn S Hall
Notary Public

My Commission Expires:

