Agenda Item No.

38B-1

PALM BEACH COUNTY						
BOARD OF COUNTY COMMISSIONERS						
AGENDA ITEM SUMMARY						

Meeting Date: December 4, 2012		[×]	Consent	[]	Regular
Department:		[]	Ordinance	[]	Public Hearing
Submitted By: Submitted For:	······		<u>Sheriff's Office</u> Sheriff's Office		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$415,637 from the Law Enforcement Trust Fund (LETF) to the Palm Beach County Sheriff's Office (PBSO).

Summary: Florida Statute 932.7055(5) provides that the seizing agency shall use Forfeiture proceeds for school resource officer, crime prevention, safe neighborhood, drug abuse education and prevention programs, or for other law enforcement purposes, which include defraying the cost of protracted or complex investigations, providing additional equipment or expertise, purchasing AED's, and providing matching grant funds. F.S. 932.7055(5) also 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 2013 estimated donation requirement will not be finalized until year-end close-out. 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 year-to-date transfer for all donations to outside organizations after approval of this item is \$460,537. The funds are requested here are to aid PBSO and qualified organizations that meet the requirements set forth in F.S. 932.7055. Use of LETF requires approval by the Board, upon request of the Sheriff. The current State LETF balance is \$2,528,827. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$2,113,190. 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 organization or agency. No new positions are needed and no additional County funds are required. Countywide (PGE)

ORGANIZATION	AMOUNT
Children's Case Management Organization, Inc.	\$15,000
College for Kids, Inc.	\$25,000
Faith, Hope, Love, Charity, Inc.	\$25,000
Florida Sheriff's Youth Ranches, Inc.	\$133,624
Gratitude House, Inc.	\$25,000
Gulfstream Council of the Boy Scouts of America, Inc.	\$10,000
Horses Healing Hearts, Inc.	\$25,000
Junior Achievement of the Palm Beaches & Treasure Coast, Inc.	\$25,000
Mental Health Association of Palm Beach County, Inc.	\$25,000
Project Lifesaver of Palm Beach County, Inc.	\$9,513
Safety Council of Palm Beach County, Inc.	\$2,500
The ARC of Palm Beach County, Inc.	\$50,000
The Lord's Place, Inc.	\$25,000
United States Naval Sea Cadet Corps, Palm Beach Division	\$20,000
Total Amount	\$415,637

Background and Justification:

(Continued on Page 3)

Attachments:

1. Budget Trans 2. LETF Donatio	fer n Applications (14)	
RECOMMENDED BY:		
APPROVED BY:		DATE
ли ночевын <u>ф</u>	ASSISTANT COUNTY ADMINISTRATOR	DATE

Fiscal Years Capital Expenditures Operating Costs	2013 \$415,637	2014	2015	2016	2017
External Revenues Program Income (County)	(\$415,637)			·	
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0			· _	
Is Item Included in Currer	nt Budget: YES		NO		
Budget Account No.: Fund	Agency _	Org		Object	
	Reporting Category				

Five Year Summary of Fiscal Impact:

Α.

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:



5212 ontract Administration

B. Legal Sufficiency:

11/27/12 Assistant County Atterney

C. Other Department Review:

Department Director

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

13- 0254

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

BOEX 160 111912-427

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED EXPENDED/ BUDGET ENCUMBERED	REMAINING BALANCE
Expenditures							
<u>Transfers</u> 160-1690-9498	Trfr to PBSO Fd 1902	0	667,415	415,637	0	1,083,052	
<u>Reserves - New Projects</u> 160-9900-9908	Reserves - New Projects	3,196,242	2,528,827	0	415,637	2,113,190	
	TOTAL FUND		·····	\$415,637	\$415,637		

Palm Beach County Sheriff's Office

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted

Signatures Date 11/20/2012

By Board of County Commissioners At Meeting of December 4, 2012

Deputy Clerk to the Board of County Commissioners

52/19/12

ATTACHMENT 1



Attachment A

APPLICATION

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Organization Name:	nization Name: Children's Case Management Organization, Inc.					
	FEID #:					
Web Address:	www.familiesfirstp	bc.org				
Address:	3333 Forest Hill B	lvd., 2nd Floor				
	Street ADDRESS West Palm Beach, F	L 33406				
	CITY, STATE, ZIP					
Executive Director:	Julie Swindler, LC	'SW				
	NAME Julie Su	indler				
	SIGNATURE 561-318-4221	jswindler@familiesfirstpbc.org				
	TELEPHONE NUMBER	E-MAIL ADDRESS				
Fiscal Agent:	N/A Name					
	SIGNATURE					
	TELEPHONE NUMBER	E-MAIL ADDRESS				
Date:	6/19/12					
	DATE					

Revised 1/2012

Attachment # 2A

Attachment A



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

Organization Name: Children's Case Management Organization, Inc.

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

\$15,000.00

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

Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Children's Case Management Organization, Inc. (dba Families First of Palm Beach County) established in 1990, is a private, non-profit social service agency that provides family-centered, strength-based coordination of services, to high risk families and children residing in Palm Beach County.

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

The Targeted Outreach for Pregnant Women Program (TOPWA), through this grant, will serve women of child bearing age residing in the county jail as well as throughout Palm Beach County who are considered high risk for substance abuse, high risk for HIV or women who are HIV+. The women who are pregnant and post partum will receive education concerning their pregnancy and post partum medical concerns, risk reduction information, referral and linkage to drug treatment facilities and ongoing medical care referrals. These women will be followed through ongoing case management and supportive services through the Healthy Beginnings System of Care and other prevention and intervention community-based services to ensure healthy birth outcomes and assist the family with their sobriety.

What results are you committed to achieving?

1. To ensure program participants are channeled into medical and social services care network to change risk related behaviors; 2. To foster a change in risk-related behaviors among HIV+ women and women high risk for HIV; 3. To encourage women at high risk of becoming HIV infected to get tested for HIV by providing increased availability to HIV counseling and testing services; 4. To ensure that women needing substance abuse treatment are referred and linked to appropriate services; 5. To ensure that women served are referred and linked to appropriate medical providers.

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Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$163,723.00		7.05%
2.	Employee Benefits/Payroll Taxes	\$58,256.00	\$3,463.00	5.94%
3.	Professional Fees	\$3,648.00		0.00%
4.	Occupancy/Utilities	\$20,114.00		0.00%
5.	Telephone	\$4,215.00		0.00%
6.	Postage/Shipping	\$250.00		0.00%
7.	Printing & Publications	\$500.00	- 	0.00%
8.	Supplies	\$5,492.00		0.00%
9.	Travel	\$13,000.00		0.00%
10.	Meetings	\$400.00		0.00%
11.	Miscellaneous Expenses	\$2,958.00		0.00%
	Total Expenses	\$272,556.00	\$15,000.00	5.50%

Revised 1/2012

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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):

Shantreirra Monroe - 1FTE - Program Supervisor - \$43,000 plus payroll taxes and benefits - \$13,890; Jocelyne Dillard - 1 FTE - Outreach Worker - \$32,028 plus payroll taxes and benefits - \$12,340; Wanda Jones - 1FTE - Outreach Worker - \$26,585 plus payroll taxes and benefits - \$11,572; Bridget Wilburn -1 FTE - Outreach Worker - \$34,610 plus payroll taxes and benefits - \$12,706; Denise Chin - .50 FTE - Program Director - \$27,500 plus payroll taxes and benefits - \$7,748.

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

Prorated share of Nonprofits First for cost of certification and I.T. related expenses. Prorated share of costs for annual single audit from Cocuy and Burns - \$3,648.

Occupancy/Utilities (list utilities): Prorated share of Rent - \$20,114 (utilities are included).

Telephone (provide telephone numbers):

Prorated share of telephone costs 561-721-2887 (WPB) and 561-996-8710 (Belle Glade) + cell phone numbers for each employee (561-603-6845, 561-281-9501, 561-324-1139, 561-324-1101, 561-324-8331) = \$4,215.

Printing & Publications (list type of material):

\$500 for TOPWA brochures, business cards and prorated share of letterhead and envelopes.

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Attachment A



Attachment A

Supplies (list supplies/equipment):

\$5,492 for prorated share of office supplies. \$250 for postage which includes client satisfaction surveys mailed out twice per year.

Travel (individuals traveling, destination and purpose):

\$13,000 to reimburse .51 a mile for outreach workers and program supervisor traveling to client homes, outreach venues, and meetings throughout Palm Beach County.

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

\$400 to reimburse for training meetings that all TOPWA staff are required to attend to increase their skills.

Miscellaneous Expense (specify items):

\$2,958 which includes prorated share of cost for insurance (\$1,200), building maintenance (\$242), equipment maintenance (\$745), Dues for Child Welfare League and ongoing accreditation (\$331), and background screening and other miscellaneous expenses (\$440).

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Attachment A



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

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.

Chief Executive Officer

Title (please print)

6/19/2012

Date

Julie Swindler Name (please print)

Signature

NOTARY SECTION:

State of Florida

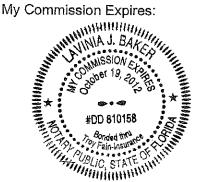
County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this $19 \stackrel{+}{=} day$ of JUNE, 2012 by JULIE SWINGLER (name of individual) as

CHIEF EXECUTIVE OFFICER (title) of FAMILIES FIRST of P.B. COUNTY (name of organization/ agency), who is personally known to me or who produced

as identification.

1D1A Notary Publić



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Attachment A

APPLICATION

Organization Name:	College for Kids Inc. d/b/	/a Take Stock in Children PBC
	FEID #: 20-8077416	
Web Address:	WWW.TAKESTOCKPALMB	EACH.ORG
Address:	1896 Palm Beach La	kes Blvd., #103
	West Palm Beach, Fi	L 33409
	CITY, STATE, ZIP	
Executive Director:	Bettee M. Collister	r, Esq.
	NAME	\bigcirc
	SIGNATURE	
	561-683-1704	bcollister@takestockpalmbeach.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Adam Cohen, CPA	
		Carten
	SIGNATURE	n Ornen
	954-712-7011	ACOHEN@bpbcpa.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	06/27/2012	-
	DATE	

Revised 1/2012

Attachment # _ <u>2</u> b



College for Kids Inc. d/b/a Take Stock in Children PBC

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

\$25,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Take Stock in Children was founded as a solution to the 3 major problems facing Florida; high school dropout, high crime rates and the endless cycle of poverty. Since program inception we have successfully kept students in school, drug & crime free and graduating high school at a 92% success rate.

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

At-risk students in Palm Beach County are given mentors, case management, early intervention and self improvement workshops throughout their middle and high school years. Our program encourages a systematic change in our community with proven, life changing results. Making criminal behavior & drugs a disqualifying factor we're aiding in reducing crime in our neighborhoods. We match students with a positive role model/mentor from outside the family and offer hope for a brighter future, as a result we are providing two research-driven factors for the prevention of crime and drug use. Our students have less reason to give up on their future because we keep the doors of opportunity always open. Successful completion of the program results in a full-tuition college scholarship!

What results are you committed to achieving?

Our goal is to aid students in graduating high school and enrolling into college with the long-term goal of creating productive citizens with meaningful employment. With LETF's donation we will continue to provide direct program services to 300 low-income, minority, at-risk students between the ages of 12-18 living in Palm Beach County. Take Stock students will continue to graduate high school at a soaring rate of 92%, compared to Florida's graduation rate of 71%. By hosting monthly student/parent workshops and one-on-one mentoring to our students we expect to continue at a 92% drug and crime free student rate. Over 80% of students will enroll into college within the first year of high school graduation, all having a guaranteed full-tuition scholarship at hand.

Revised 1/2012



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$216,760.00	\$5,500.00	2.54%
2.	Employee Benefits/Payroll Taxes	\$29,386.00	\$825.00	2.81%
3.	Professional Fees	\$26,600.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$48,591.00	\$449.00	0.92%
5.	Telephone	\$15,727.00	\$0.00	0.00%
6.	Postage/Shipping	\$3,000.00	\$0.00	0.00%
7.	Printing & Publications	\$12,933.00	\$1,200.00	9.28%
8.	Supplies	\$9,664.00	\$0.00	0.00%
9.	Travel	\$16,200.00	\$0.00	0.00%
10.	Meetings	\$107,300.00	\$8,800.00	8.20%
11.	Miscellaneous Expenses	\$304,839.00	\$8,226.00	2.70%
	Total Expenses	\$791,000.00	\$25,000.00	3.16%

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Attachment A



d.

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

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):

Our program went through a recent restructuring of positions, the part-time positions for Mentor Development and Scholarship Coordinator have been eliminated. Our Program Manager now administers all student scholarships and AmeriCorps members recruit and train mentors. Our President/CEO recently took a pay cut and we now operate with only four full-time employees:President/CEO \$90,000; Operations & Grants Manager \$48,685; Program Manager \$51,250; and Projects Coordinator \$24,325.

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

Financial Audit & Tax Services \$12,500 Payroll Services & Quarterly Reporting \$600 Independent Contractor/Bookkeeper/AP Management \$11,500 Website/Marketing Consulting Fees \$1,000 Registrations and Renewal \$500 Permits/Renewals \$250 Bank Fees \$250

Occupancy/Utilities (list utilities):

Rent \$24,814; FPL/Electric \$2,500; A/C Maintenance, Pest Control, Alarm Monitoring & Cleaning Services totals \$4,335; Liability Ins. \$9,404; Property Ins. \$1,079; Directors & Officers Ins. \$2,862; Workers Compensation Ins. \$1,071; and Communications Technology \$2,525.

Telephone (provide telephone numbers):

Main Office Line (561) 683-1704, Main Office Fax (561) 478-5863 President/CEO's direct line (561) 603-9780 Operations & Grants Manager's direct line (561) 603-9718 Program Manager's direct line (561) 603-9742 Program Coordinator's direct line (561) 603-9748 Student Advocacy's direct line (561) 729-4015

Printing & Publications (list type of material):

Printing in relation to organizational business cards, letterhead, and envelopes. As well as program related printing in relation to our annual graduation ceremony, student records, student activity sheets, student goal setting sheets, mentor training packets, mentor recruitment handouts, and student certificates of achievement. Publications in relation to organizational brochures, annual report, signs, quarterly fund-development reports, quarterly president's report and accountability reports.

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Supplies (list supplies/equipment):

General office supplies purchased from various vendors such as Hinson Office Supply, Walmart, Big Lots, Office Depot, and Target. Purchases include general office supplies such as copy paper, pens, markers, ink cartridges, laser toners, binders, index cards, manila folders, labels, tape, staples, etc. In addition to general office supplies other purchases include cleaning supplies, storage containers/boxes, kitchen supplies, and bathroom supplies.

Travel (individuals traveling, destination and purpose):

Mileage reimbursement for program personal to meet with students at school sites, to meet with mentors, to attend required trainings and workshops, donor related travel, to attend community outreach meetings, and other program related travel. As well as travel to attend annual statewide conference in Orlando and annual legislative conference in Tallahassee.

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

Expenses include monthly student/parent workshops geared towards personal development, drug & crime prevention and college readiness. As well as mentor trainings, mentor badges and screening with school district police, mentor appreciation mixers, and donor appreciation mixers. In addition, venue rental, food, and setup fees for our annual events; Graduation Ceremony, Swinging for Scholarship charity golf classic, and 5K Walk/Run.

Miscellaneous Expense (specify items):

Expenses include the cost of five full-time AmeriCorps members that provide student advocacy, college readiness, and mentor coordination & recruitment. Other expenses include donor restricted student expenses and the purchase of scholarships.

With your allocation towards Miscellaneous Expenses you will receive a PBSO Scholar, your funds will be used to purchase a 4-year full-tuition college scholarship (matched dollar-for-dollar thru the STARS program).

Revised 1/2012

Attachment A

Attachment A



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

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.

Name (please print) Signature

<u>UPERations & Grants Manager</u> Title (please print)

 $\frac{(p/21/2012)}{Date}$

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 27 day of <u>JUNE</u>, 2012 by <u>LICIA VARABE Preactional</u> as <u>Operations & Grants Marchaeler</u> (title) of <u>College For Kids, INC</u>, (name of organization/agency), who is personally known to me or who produced <u>V622-583-81-959-1</u> as identification.

Notary Public

My Commission Expires: April 26,2016



ISABELITA ORTEGA MY COMMISSION # EE 193493 EXPIRES: April 26, 2016 Bonded Thru Budget Notary Services

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Attachment A

APPLICATION

Organization Name: Faith*Hope*Love*Charity, Inc.						
	FEID #:	***				
Web Address:	www.standown.org					
Address:	3175 S. Congress Avenue	- Suite 310				
	Palm Springs, FL 33461					
	CITY, STATE, ZIP					
Executive Director:	Roy J. Foster	Å.				
	(561) 968-1612	r129oy@msn.com				
	TELEPHONE NUMBER	E-MAIL ADDRESS				
Fiscal Agent:	Marcia Rainford NAME	A				
	SIGNATURE (561) 968-1612 TELEPHONE NUMBER	Marcr@fdn.com E-MAIL ADDRESS				
Date:	05/18/2012					

Date:

DATE

Revised 1/2012

Attachment # ______

Attachment A



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

Organization Name:______

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

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

Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Faith*Hope*Love*Charity, Inc. provides full family support services to homeless and at risk veterans and their families that are struggling due to addictions, mental health illness, physical limitation or due to the downturn in the economy and have found themselves without employment or housing.

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

We are requesting funding for the Stand Down House program that provides supportive services for homeless veterans struggling with drug/alcohol addiction. Veterans are provided with emergency housing, food, clothing and personal care items. Veterans receives an Individual Development Plan and case management to reach their goals. In addition, they attend AA/NA meetings on-site and off-site and they are transported daily for classes and substance abuse treatment, medical/mental health appointments at WPB VAMC daily.

What results are you committed to achieving?

Veterans in the program at the Stand Down House will achieve the following: (1) 95% of clients will maintain sobriety; (2) 90% of clients will obtain employment or benefits (SSA/VA); (3) 75% of clients will secure permanent housing; and

(4) 60% of clients will complete the program.

Revised 1/2012



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Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$146,247.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$33,637.00	\$0.00	0.00%
3.	Professional Fees	\$13,818.00	\$0.00	0.00%
4	Occupancy/Utilities	\$124,808.00	\$10,000.00	8.01%
5.	Telephone	\$12,254.00	\$0.00	0.00%
6.	Postage/Shipping	\$796.00	\$0.00	0.00%
7.	Printing & Publications	\$9,283.00	\$0.00	0.00%
8.	Supplies	\$111,747.00	\$15,000.00	13.42%
9.	Travel	\$3,900.00	\$0.00	0.00%
10.	Meetings	\$530.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$265.00	\$0.00	0.00%
	Total Expenses	\$457,285.00	\$25,000.00	5.47%

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Attachment A



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

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): $\ensuremath{\mathbb{N}/\mathbb{A}}$

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

N/A

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

Telephone (provide telephone numbers): N/A

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

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

Travel (individuals traveling, destination and purpose): $\ensuremath{\mathbb{N}/\mathbb{A}}$

Meetings (attendees, purpose, items needed for meeting): $\ensuremath{\mathbb{N}/\mathbb{A}}$

Miscellaneous Expense (specify items): $\ensuremath{\mathbb{N}/\mathbb{A}}$

Revised 1/2012

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.

1)00 Name (please print) Signa

(A(29 in Title (please print)

65/18/2012

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 12th day of
They, 2012 by Roa J. Hoster (name of individual) as
Kerntwe Director (title) of Farth Hope Lave (name
of organization/ agency), who is personally known to me or who produced \sim \bigcirc

as identification.

Notary Public

My Commission Expires:



Revised 1/2012

Attachment A



Attachment A

APPLICATION

Organization Name:	FLORIDA SHERIFFS YOUTH RAN	CHES, INC.
	FEID #:	
Web Address:	www.youthranches.org	
Address:	2486 Cecil Webb Place	(P.O. Box 2000)
	Live Oak, FL.	32060-9984
	CITY, STATE, ZIP	
Executive Director:	Roger O. Bouchard, Jr.	
	NAME <u> <u> <u> </u> <u> </u></u></u>)
	(386) 842-5501 	rbouchard@youthranches.org
Fiscal Agent:	Wayne Walden NAME Wayne Way	E-MAIL ADDRESS
	SIGNATURE (386) 842-5501	wwalden@youthranches.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	June 25, 2012	
	DATE	

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Organization Name: FLORIDA SHERIFFS YOUTH RANCHES, INC.

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

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

✓ Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

The Harmony in the Streets (HITS) program delivers fun-filled sessions of day camp to youth in their local communities. Youth are taught how to work together in groups and peacefully resolve conflicts. This is accomplished by teaching various leadership techniques including peer mediation.

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

Harmony in the Streets for calendar year 2013 will consist of sixteen (16) weeks of one-week sessions at sites selected by the Palm Beach County Sheriff's Office based on community needs. This program will be available for children between the ages of 6-14, where opportunities will be presented for them to participate in many recreational activities and workshops. These workshops will include the following: drug awareness education, conflict resolution, anger management, wellness and nutritional education, and introduction to gang resistance education.

What results are you committed to achieving?

Harmony in the Streets is designed to reduce violence and bring the children together with local law enforcement officers within the community to build trust and teach participants that "Law Officers Are Your Friends." The program will help youth to understand cultural diversity and sensitivity to others and help them gain the understanding that drugs, alcohol, and tobacco are negative substances that are not needed for individual self-confidence and self-respect.

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Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From:

From: January 1, 2013

To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$63,766.00	\$42,258.00	66.27%
2	Employee Benefits/Payroll Taxes	\$14,327.00	\$7,874.00	54.96%
3.	Professional Fees			0.00%
4,	Occupancy/Utilities	\$29,120.00	\$29,120.00	100.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$512.00	\$512.00	100.00%
8.	Supplies	\$29,500.00	\$29,500.00	100.00%
9.	Travel	\$22,560.00	\$22,560.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$1,800.00	\$1,800.00	100.00%
	Total Expenses	\$161,585.00	\$133,624.00	82.70%

Revised 1/2012

Attachment A



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

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):

Temp Emp-Site Directors(2 positions)\$530/wk@10 wks=\$10,600 plus \$1,590 prtxs Temp Emp-Group Leaders(10 positions)\$238/wk@9 wks=\$21,420 plus \$3,213 prtxs Program Bkkp(56 days=\$4,704)bill 20 days = \$1,680 salary plus \$504 prtxs/ins Office Asst(56 days = \$4,984)bill 10 days = \$890 salary plus \$267 prtxs/ins Mobile Dir (56 days = \$7,896)bill 28 days = \$3,948 salary plus \$1,184 prtxs Camp Svs Dir(56 days = \$12,712)bill 10 days=\$2,270 salary plus \$681 prtxs/ins HR Dept.Bill 10 days \$1,450 + 435 prtxs

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

None

Occupancy/Utilities (list utilities): LaQuinta Hotel for \$65.00 per night for 8 rooms for 56 nights=\$29,120

Telephone (provide telephone numbers): None

Printing & Publications (list type of material): Printed certificates for all youth and deputies = \$512

Revised 1/2012



Supplies (list supplies/equipment):

Arts & Crafts Supplies =	\$ 3,350
Recreational Supplies =	\$ 2,080
Paper Products =	\$ 1,040
T-Shirts =	\$ 4,160
Food (lunch & snacks) =	\$18,620
Petty Cash =	\$ 250
Total Supplies =	\$29,500

Travel (individuals traveling, destination and purpose):

	\$ 8,000
Fuel=(500 miles/wkx8x4)@15miles/gal@\$3.75/gal =	\$ 4,000
Per Diem for staff (12 staff/day@\$22/day/40 days	\$10,560
Total Travel Expenses	\$22,560

Meetings (attendees, purpose, items needed for meeting): None

Miscellaneous Expense (specify items):

Recruitment and Screeening Fees (12 applicants @ \$150 each) = \$1,800

Revised 1/2012

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.

Roger O. Bouchard, Jr. Name (please print)

Bran Bouchard

President Title (please print)

<u>6-29-12</u> Date

NOTARY SECTION:

State of Florida Sumance County of Paim Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>29th</u> day of <u>June</u>, 2012 by <u>Roger 0. Bouchard Jr(name of individual)</u> as <u>President</u> (title) of <u>Florida Sheriffs Youth Ranch</u>(name of organization/agency), who is personally known to me or who produced

____as identification.

Javetu San Notary Public

My Commission Expir

וכ	S State	JANET W. BASS	Ĭ
	きい 論 ざき	MY COMMISSION # EE 180538	
		EXPIRES: May 6, 2016	
	AL TIME	Bonded Thru Notary Public Underwriters	

Revised 1/2012

Attachment A



Attachment A

APPLICATION

NAME SIGNATURE 561-833-6826 lindak@gratitu TELEPHONENUMBER E-MAIL AN	
STREET ADDRESS West Palm Beach, FL 33407 CITY, STATE, ZIP Executive Director: Inda J. Kane NAME SIGNATURE 561-833-6826 Lindak@gratitu TELEPHONE NUMBER E-MAIL AI	
West Palm Beach, FL 33407 CITY, STATE, ZIP Executive Director: Inda J. Kane NAME SIGNATURE 561-833-6826 lindak@gratitu TELEPHONE NUMBER E-MAIL AI	
CITY, STATE, ZIP Executive Director: Inda J. Kane NAME SIGNATURE 561-833-6826 lindak@gratitu TELEPHONE NUMBER E-MAIL AI Fiscal Agent: Patricia Barnett	
Executive Director: Inda J. Kane NANE Inda J. Kane SIGNATURE Indak@gratitu 561-833-6826 lindak@gratitu TELEPHONE NUMBER E-MAIL AI Fiscal Agent: Patricia Barnett	
Fiscal Agent: Patricia Barnett	
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561-833-6826 lindak@gratitu TELEPHONE NUMBER E-MAIL AI Fiscal Agent: Patricia Barnett	
561-833-6826 lindak@gratitu TELEPHONE NUMBER E-MAIL AI Fiscal Agent: Patricia Barnett	
Fiscal Agent: Patricia Barnett	dehouse.org
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BIGNATURÉ	······
561-833-6826 patriciab@grati	tudehouse.org
TELEPHONE NUMBER E-MAIL AU	
Date: 628/2012	

Ze Attachment # _

Organization Name:_____

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

✓ Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Gratitude House offers rehabilitation & support services with dignity & respect to chemically dependent & dually diagnosed females 18 yrs & older in a safe and nurturing environment. Our primary purpose is to return such women to society as sober, self-sufficient & responsible citizens.

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

Funding is being requested for Intervention, Residential and Day Treatment programs. Our Intervention services coordinate clinical, financial and health assessment aimed at successfully accessing addicted women to treatment. Our Residential (6-9 mos.) and Day (3-4 mos.) programs take a comprehensive, long-term approach to treatment through group & individual counseling, addiction & mental health education, treatment planning, peer socialization, conflict resolution, problem solving and life skills. Comprehensive support services, such as case management, pregnancy-related services, parenting classes, job and vocational training, GED completion, relapse prevention and aftercare are also provided for each client. Our MITT Program permits newborns to reside with their mothers in treatment.

What results are you committed to achieving?

Our treatment programs are divided into three distinct phases. Each Phase has a specific purpose, task(s) and privilege(s) that support the development of basic recovery skills. The length of time in each Phase is determined by the individual's rate of progress and achievement on treatment plan goals and objectives. The following are two indicators of the program's success: Indicator 1- 75% of women in treatment will move from Phase 1 to Phase 2 or 3 prior to leaving treatment; Indicator 2-Based on testing results, 75% of women will be abstinent from drugs and alcohol one month prior to discharge.

Revised 1/2012

Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No. Expense Program LETF LETF Total Request \$386,490.00 \$20,000.00 5.178 1. Salaries Employee \$78,078.00 0.00% 2. Benefits/Payroll Taxes \$40,221.00 0.00% 3. Professional Fees \$104,671.00 0.00% 4. Occupancy/Utilities \$8,250.00 0.00% 5. Telephone \$1,500.00 0.00% 6. Postage/Shipping \$750.00 0.00% 7. Printing & Publications \$74,087.00 \$5,000.00 6.75% 8. Supplies \$12,960.00 0.00% 9. Travel 0.00% 10. Meetings \$194,462.00 0.00% 11. Miscellaneous Expenses **Total Expenses** \$901,469.00 \$25,000.00 2.778

Revised 1/2012



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):

Kaisha Thomas, Clinical Director, 78,000; Jennifer Piva, Nurse 43,000; Jaye Anderson, Intervention & Admissions 33,500; Rosalyn Collins, Supervisor of Residential Svcs, 44,700; Counselors (4): Sandra Davidson, 39,294; Rachel Bailis, 32,700; Rebecca Dumaine, 35,000; Cheryl Blackman, 30,000; See attachment A for funding request

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

Medical Director and ARNP - Physical and psychiatric assessments; Auditors; \$15k In-Kind by various business professionals & a Healthy Mother/Healthy Baby Nurse who comes in once every other week.

Occupancy/Utilities (list utilities):

FP&L, Water, Sewer, Gas; Building maintenance and services; Mortgage;

Telephone (provide telephone numbers):

General & administrative; 561.833.6826 main telephone number; cell phones for some staff - House Director, Resident Managers, Case Manager, Clinical Director: 561-670-4008;670-4064;670-4011;670-4042;

Printing & Publications (list type of material): web design;

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Attachment A



Attachment A

Supplies (list supplies/equipment):

Household supplies; Clinical and medical supplies, such as AA/NA books, drug/alcohol testing; office supplies; computer service agreement; food;etc.

Travel (individuals traveling, destination and purpose):

3 vans for transporting clients to meetings, medical and court appointments; Item includes vehicle insurance and gas.

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

.

Miscellaneous Expense (specify items):

Liability insurance; Human resources; Training & development; client activities; licenses; Indirect Administrative costs; etc

Revised 1/2012



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.

Executive Director Title (please print) ane/ please pri $\frac{6.29.12}{\text{Date}}$ Signature NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this 28th day of funce, 2012 by <u>hinda 1. KANE</u> (name of individual) as <u>EXECUTIONE</u> (title) of <u>SEATITUDE</u> House (name of organization/ agency), who is personally known to me or who produced as identification. Notary Pyblic icià a My Commission Expires:

Revised 1/2012



Attachment A

APPLICATION

Organization Name: Gulf Stream Council of the Boy Scouts of America, Inc.

FEID #: 59-0624407

Web Address:

www.gulfstreamcouncil.org www.learningforlife.org

Address:

8335 N. Military Trail

STREET ADDRESS

Palm Beach Gardens, FL 33410 CITY, STATE, ZIP

Executive Director:

Jeffery Isaac	
Name	/7
Olle	Ć
SIGNATURE	
(561) 694-8585	Jeff.Isaac@Scouting.org
TELEPHONE NUMBER	E-MAIL ADDRESS

Fiscal Agent:

Nancy Maxwell

June 15, 2012

DATE

NAME Hopenell æ SIGNATURE (561) 694-8585 Nancy.Maxwell@Scouting.org E-MAIL ADDRESS TELEPHONE NUMBER

Date:

Revised 1/2012

Attachment # _____



Gulf Stream Council of the Boy Scouts of America, Inc.

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

\$10,000.00

Attachment A

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

✓ Crime Prevention Program

Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The mission of the Gulf Stream Council, through its Learning for Life division, is to develop and deliver engaging, research-based academic, character, leadership and career focused programs aligned to state and national standards that guide and enable all students to achieve their full potential.

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

Exploring is Learning for Life's career education program for young men and women from 14 to 20 years of age. The Gulf Stream Council seeks funding for three activities providing supplemental programming for youth participating in the Law Enforcement Exploring program. Those activities include 1) the Law Enforcement Challenge, a police career skills competition; 2) the Law Enforcement Recognition Luncheon, an opportunity to reinforce exceptional behavior by honoring youth and adult role models and partner organizations; and 3) the Law Enforcement Exploring Academy, a one-week residential program designed to expose participants to career and life skills in a structured and highly discipline environment.

What results are you committed to achieving?

1) 150 Explorers will participate in the Law Enforcement Challenge.

2) 250 Explorers, family members and law enforcement agency representatives will participate in the Law enforcement Recognition Banquet.

3) 60 Explorers will participate in the Law Enforcement Exploring Academy.

4) 90% of Law Enforcement Exploring posts will commit to continuing to deliver the Exploring program by renewing their charters by December 31, 2013.

Revised 1/2012



FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$41,000.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$6,240.00		0.00%
3.	Professional Fees	\$0.00		0.00%
4.	Occupancy/Utilities	\$3,700.00	\$1,700.00	45.95%
5.	Telephone	\$6,000.00		0.00%
6.	Postage/Shipping	\$100.00		0.00%
7.	Printing & Publications	\$275.00		0.00%
8.	Supplies	\$20,965.00	\$8,300.00	39.59%
9.	Travel	\$6,000.00		0.00%
<u>10.</u>	Meetings	\$100.00		0.00%
11.	Miscellaneous Expenses	\$0.00		0.00%
	Total Expenses	\$84,380.00	\$10,000.00	11.85%

Revised 1/2012

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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):

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

Occupancy/Utilities (list utilities):

Site fees and utilities

\$1,700.00

Attachment A

Fees paid for use of venues for the Law Enforcement Challenge and Law Enforcement Exploring Recognition Luncheon as well as utilities and maintenance costs incurred by the Exploring program's use of Tanah Keeta Scout Reservation for the Law Enforcement Exploring Academy. (Florida Power & Light).

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 1/2012



Attachment A

Supplies (list supplies/equipment):Awards for Law Enforcement Challenge (trophies, medals, etc.)\$700.00Uniform T-shirts, caps and water bottles for the Law
Enforcement Exploring Academy.\$1,600.00Food for the Exploring Recognition Luncheon and the
Law Enforcement Exploring Academy.\$6,000.00

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 1/2012



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.

J<u>eff Isaac</u> Chief Executive Officer Name (please print) Title (please print) Sið Date NOTARY SECTION: Notary Public State of Florida y R Cupples asion DD860154 State of Florida ires 02/10/2013 County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this 21^{5} day of June , 20 k by Jeff I saac (name of individual) as Seput Frecutive / CFD (title) of Gulf Stream Council / BSA (name of organization/ agency), who is personally known to me or who produced as identification.

Revised 1/2012

-Pil

My Commission Expires: 2/10/13

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Attachment A

APPLICATION

Organization Name:	Horses Healing Hearts, I	Horses Healing Hearts, Inc.		
	FEID#: 27-1386140			
Web Address:	www.horseshealing	heartsusa.org		
Address:	10359 Oak Meadow :	Lane		
	STREET ADDRESS			
	Wellington, FL 33	449		
	CITY, STATE, ZIP			
Executive Director:	Lizabeth Olszewski	í.		
	NAME	annan a sharan a shar		
	SIGNATURE			
	561-713-6133			
	-	liz@horseshealingheartsusa.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	Phil Diaz			
	NAME Name			

 Phil blaz

 NAME

 Jul. Jul

 SIGNATURE

 561-634-1918

 TELEPHONE NUMBER

 E-MAIL ADDRESS

DATE

Revised 1/2012

1 Attachment # 29



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

Organization Name: Horses Healing Hearts, Inc.

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

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

Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Horses Healing Hearts is a program for children of parents suffering from substance abuse. Using the horse as an experiential learning modality, the participants learn responsibility, confidence and coping mechanisms so they can choose a healthier lifestyle for themselves.

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

Currently, HHH serves over 30 children in Palm Beach County. These participants meet weekly or bi-weekly in sponsor barns in Lake Worth or Delray Beach. Volunteers and mentors teach them about horse care and lead them through a self-care curriculum to teach coping mechanisms. Sessions last two hours. They begin and end with circle time so kids can share. Each child gets 15 minutes of private ride instruction, weather permitting. We work according to a curriculum attached to this application.

What results are you committed to achieving?

We are committed to ensuring that every child that enters our program knows they are loved by their parent regardless of their disease. Furthermore, they are capable of making a difference in their lives by controlling two things; their thoughts and their actions. By controlling these two things they can lead very productive lives and attain incredible goals, whether that involves horses or not. One fourth of our children have either one parent in jail or have had a parent die due to overdose, suicide,murder or disease from addiction. They are in desperate need of role models that our program provides. Our volunteers provide weekly mentoring they may not be getting at home; and the horses provide unconditional acceptance and love they instantly feel.

Revised 1/2012



Period Covered (one year)

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

From: January 1, 2013 To: December 31, 2013

Attachment A

FINANCIAL APPLICATION

No.	Expense	Program	LETF	
	Expense	Total	Request	LETF
1.	Salaries	\$10,000.00		100.00%
2.	Employee Benefits/Payroll Taxes			0.008
3.	Professional Fees	\$12,000.00	\$12,000.00	100.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone	 	· · ·	0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$1,000.00	\$1,000.00	100.00%
8.	Supplies	\$1,000.00	\$1,000.00	100.00%
9.	Travel			0.00%
10.	Meetings	· ·		0.00%
11.	Miscellaneous Expenses	\$1,000.00	\$1,000.00	100.00%
	Total Expenses	\$25,000.00	\$25,000.00	100.00%

Revised 1/2012



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):

Lizabeth Olszewski: Liz is Program Director for this program. Since 2009, Liz has volunteered her time and worked pro bono on a full time basis to see this mission to fruition. Liz is actively involved in the weekly sessions and oversees all executive and administrative functions of HHH. \$10,000 would represent approximate 1/3 of her proposed salary for the 2013 year. Overseeing a program with 30 children, 12 volunteers, 14 Board of Directors members has become a FT position.

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

These fees are being paid weekly to our sponsor barns for our kids to take lessons. We are being "gifted" or given a free lesson and then we pay for the second. Consequently, this is already a discounted amount. This is the "core" of what we do and is a much less expensive way for us to have horses integrated into our program as compared to having our own "place" and our own horses, which would be considerably more expensive. We are basically paying "per ride."

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Printing fees would be spent on the printing of material for weekly sessions for the participants and for the curriculum. Also, for the new parent folders and for new volunteer folders and releases.

Revised 1/2012



Attachment A

Supplies (list supplies/equipment):

Supplies expenses would consist of office supplies directly used in the program such as; paper, ink, pens, art supplies for the participants, paint for projects, etc.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

These expenses may vary but might consist of food for the weekly sessions. Many times in an alcoholic home, children are not getting healthy meals; consequently, we try and give them fruit and healthy snacks when they come to us on the weekends. Sharing over food is also a good time for them to open up about their feelings.

Revised 1/2012



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

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.

Olszewsk Izabeth Name (please print) Signature

Executive Director Title (please print)

*U-30 -1*7− Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>30</u> day of <u>Jene</u>, 20/2 by <u>Lizabeth</u> Olszew ski (name of individual) as <u>Evecutive Disector</u> (title) of <u>Horses Hearing Hearts</u> (name

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

<u>FL DF A Z</u> as identification.

2 Ar Notary Public

My Commission Expires:



Revised 1/2012



Attachment A

APPLICATION

Organization Name: -	Junior Achievement of the Palm Beaches & Treasure Coast	
	FEID #:	EAMiniste For Annothed Instances and an
Web Address:	JuniorAchievement.com	
Address:	6903 Vista Parkway North, Suite 10	
	West Palm Beach, FL 33411	
Executive Director:	Claudia Kirk Barto NAME	
	SIGNATURE V C 561-242-9468 cbarto@juniorachievemer	nt.com
	TELEPHONE NUMBER E-MAIL ADDRESS	
Fiscal Agent:	Cynthia Tulloch NAME Dhallach SIGNATURE	
	561-242-9468 cbeckford@juniorachievem TELEPHONE NUMBER E-MAIL ADDRESS	ent.com
Date:	6/27/12	

DATE

Revised 1/2012

Attachment # $___2h$

Junior Achievement of the Palm Beaches & Treasure Coast

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

\$25,000.00

Attachment A

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

_ Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

The mission of Junior Achievement (JA) of the Palm Beaches & Treasure Coast is to inspire and prepare young people to succeed in a global economy. JA is dedicated to giving young people the knowledge and skills they need to plan for their future, and make sound academic and economic choices.

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

A \$25,000 grant from the Law Enforcement Trust Fund will underwrite one week of summer JA BizCamp. Approximately 80-100 at risk students will participate in the week of JA BizCamp, where they will be taught the skills needed to succeed in the business world. Students will learn their responsibilities as citizens of the community, basics of personal money management, how to go on a job interview, business planning, the role of a business professional and entrepreneurship. Additionally, we will offer an anti-substance abuse curriculum with materials and input from the Caron Foundation.

What results are you committed to achieving?

Based on past performance, over 50% of camp participants will show an increased understanding of basic financial literacy skills, work readiness skills and entrepreneurship. Additionally they will gain an understanding of the necessity of remaining in school to secure a better future. Because of the experiential component of the the JA BizCamp program, participants retain what they are taught over an extended period of time. We also believe that all the participants will have a greater awareness of how substance abuse can negatively impact their future success.

Revised 1/2012



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

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$38,099.00	\$14,740.00	38.69%
2.	Employee Benefits/Payroll Taxes	\$10,901.00	\$2,867.00	26.30%
3.	Professional Fees	\$6,948.00	\$730.00	10.51%
4.	Occupancy/Utilities	\$12,857.00	\$3,214.00	25.00%
5.	Telephone	\$1,070.00	\$128.00	11.96%
6.	Postage/Shipping	\$400.00	\$0.00	0.00%
7.	Printing & Publications	\$0.00	\$0.00	0.00%
8.	Supplies	\$4,425.00	\$1,926.00	43.53%
9,	Travel	\$1,155.00	\$155.00	13.42%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$5,690.00	\$1,240.00	21.79%
	Total Expenses	\$81,545.00	\$25,000.00	30.66%

Revised 1/2012



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

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):

Anne Coughlin, Senior Operations Director (\$55,000), Corinne Pike, Senior Program Manager (\$40,000), Claudia Kirk Barto, President (\$76,000), Matt Henshaw, Program Manager(\$38,000), Heidi Watkoski, Executive Assistant (\$32,000) Cynthia Tulloch @ \$26/Hour. 10 Summer Camp Counselors and 3 Interns whose wages are a direct cost to summer camp. Each counselor will work 35 hours a week, 8 @ \$12.00, 2 @ \$15.00, 3 junior counselors @ \$7.67. Total camp counselor salaries \$5215.35.

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

Professional fees include Hirsch Technologies, on call to assist with program requirements. Also, 4 - 5 employees will setup and break down program equipment at location. Speakers forum to provide Career Insight. JWP Productions to provide closing entertainment.

Occupancy/Utilities (list utilities):

Includes rent, electricity, insurance, and janitorial supplies

Telephone (provide telephone numbers):

Anne Coughlin's Cell Phone: 561-339-9328 Corinne Pike's Cell Phone: 561-281-0474 Matt Henshaw's Cell Phone: 561-315-8052 Office Phone: 561-242-9468 Phones are used for initial contact and arrangements that are necessary to schedule camp with the community based organizations. Since camp is off-site, cell phones are used for ordering food and to provide contact information to the community based organizations attending camp.

Printing & Publications (list type of material):

Revised 1/2012

Supplies (list supplies/equipment):

Lunches, snacks and t-shirts will be provided to the campers. Also equipment that will be used for the program along with consumable items.

Travel (individuals traveling, destination and purpose):

Two trucks will be used to transport equipment to and from the camp site. Reimbursable mileage for professional staff, Anne Coughlin, Corinne Pike, and Matt Henshaw, traveling to and from the camp from the office and other work-related destinations.

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

Miscellaneous Expense (specify items):

Miscellaneous expenses include: Franchise Fees including student fees, interest payments, dues, advertisements, and licenses.

Revised 1/2012

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.

Title (please print) NKIRK print) Lolzle112 Date A Signature NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this _____ day of June 2017 by Claudia Kirk Bartaname of individual) as (title) of JUNIOr Achievement of the Palm Baches & Treasure resident of organization/ agency), who is personally known to me or who produced Personal acquantance as identification. M Notary Public FIDI M COMMISSION

My Commission Expires: Dec. 6, 2015

c. 6,2015

HEIDI M. WATKOSKI 4Y COMMISSION # EEI51508 EXPIRES: December 06, 2015 HOUSINOTARY F. Notary Discount Assoc. Co.

Revised 1/2012



Attachment A

APPLICATION

Legal name of Organization: Mental Health Association of Palm Beach County, Inc. FEID #: 59-0760220 909 Fern Street Address: STREET ADDRESS West Palm Beach, FL, 33401 CITY, STATE, ZIP Pamela Gionfriddo **Executive Director:** NAME SIGNATURE 561-832-3755 pgionfriddo@mhapbc.org TELEPHONE NUMBER E-MAIL ADDRESS Fiscal Agent: Pamela Gionfriddo NAME SIGNATURE 561-832-3755 pgionfriddo@mhapbc.org TELEPHONE NUMBER E-MAIL ADDRESS 7-22-11 Date: DATE

Revised 5/2011

Attachment # _____ 2 i



Attachment A

Organization Name:______

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Since its inception in 1949, the Mental Health Association of Palm Beach County (MHA) has been dedicated to improving the lives of people who are touched by mental illness through education, advocacy, and outreach. MHA operates a support center for people with mental illness.

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

MHA's Peer Place Support Center offers aftercare, rehabilitation and behavioral support groups, peer mentoring, supported employment, care coordination, and life-skills training for adult mental health and co-occurring clients. In addition, we offer AA/NA meetings, Access to Recovery services targeting veterans and others with mental illness. Our RAP program helps clients create recovery plans and work toward their goals. Our licensed mental health counselor provides screenings for basic needs and mental illness through our new Care Access System (CANSS). Established in 1992, Peer Place provides specialized services to about 500 people each month. They will total over 5,500 visits in the coming year. We have grown and are ready to help PBSO by taking people who can benefit.

What results are you committed to achieving?

There is a significant over-representation of people with mental illness in the criminal justice system, mostly for non-violent offenses, and there is often a direct relationship between a person's mental illness and the behavior, which led to being incarcerated. It is also widely accepted that there are far more mentally ill persons in jails than in mental health facilities. By providing services to individuals with mental illness, we hope to divert those individuals away from jails (thereby reducing law enforcement's role) and into treatment and recovery programs.

Revised 5/2011

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2012 To: December 31, 2012

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$85,980.00	\$10,000.00	11.63%
2.	Employee Benefits/Payroll Taxes	\$11,138.00	\$1,500.00	13.47%
3.	Professional Fees	\$0.00		0.00%
4.	Occupancy/Utilities	\$36,100.00	\$13,500.00	37.40%
5.	Telephone	\$4,288.00		0.00%
6.	Postage/Shipping	\$300.00		0.00%
7.	Printing & Publications	\$1,477.00		0.00%
8.	Supplies	\$2,000.00		0.00%
9.	Travel	\$3,500.00		0.00%
10.	Meetings	\$1,500.00	·····	0.00%
11	Miscellaneous Expenses	\$26,301.00		0.00%
	Total Expenses	\$172,584.00	\$25,000.00	14.49%

Revised 5/2011



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

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):

Kathy Anderson Peer Place Coordinator \$42,850 Maryann Roman Office Manager \$33,872 Patrick Majors peer mentor \$8,320 Monica Dougherty peer mentor \$7,602 Fred Orr peer mentor \$8,580 Joseph Pergolizzi peer mentor \$6,435

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

none

Occupancy/Utilities (list utilities):

Rent=\$2300 per month Utilities=\$ 292 per month Insurance and maintenance=\$2000

Telephone (provide telephone numbers): 561-712-0584

Printing & Publications (list type of material): outreach flyers

Revised 5/2011

Attachment A

Supplies (list supplies/equipment):

Program expenses, food, activity supplies

Travel (individuals traveling, destination and purpose): Operation of outreach bus

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

Miscellaneous Expense (specify items):

Equipment rental, website, legal fees, audit, office supplies, security, telecommunications.

Revised 5/2011



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.

Pamela Gionfriddo Name (please print)

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

Chief Executive Officer Title (please print)

June 21, 2012 Date

The foregoing Agreement was acknowledged and subscribed before methis $\frac{2/57}{2/57}$ day of \underline{JUNE} , 20<u>12</u> by \underline{PAMELA} <u>GIONFRIDDO</u>(name of individual) as <u>CHIEF EXECUTIVE OFFICER</u> (title) of <u>MENTAL HEALTH ASSOCIATION OF</u> (name of organization/ agency), who is personally known to me or who produced

as identification.

Maryann C. K. Notary Public max

My Commission Expires:



Revised 5/2011



Attachment A

2

APPLICATION

Organization Name:	Project Lifesaver of Palm Bea	ach County, Inc
	FEID #:	
Web Address:	www.pbcprojectlifesa	ver.org
\ddress:	5800 Corporate Way	
	STREET ADDRESS	
	West Palm Beach, FL	33407
	CITY, STATE, ZIP	
executive Director:	Michelle Damone	
(Mame i clull	1 Danine
	SIGNATURE 561-315-2973	plpbcdamone@aol.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
iscal Agent:	Dr. Jack Scott	
	NAME Arab I	2000
	SIGNATURE	
	561-251-4104	plpbcdamone@aol.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
ate:	6/29/2012	
	DATE	

Revised 1/2012

Attachment # ______



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

Organization Name:_____

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

\$9,513.00

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

Crime Prevention Program

___ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

PLPBC's Mission is to support the efficient and safe return home for individuals who are "at risk" for wandering through the most modern, reliable personal tracking equipment with the secondary impact of providing peace of mind to their caregivers.

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

It is the goal of the Board of Directors and all of PLPBC's partnering agencies to provide personal locator transmitters known as "wristbands" to our most vulnerable population from wandering away from the safety of their homes. We'll provide this service at a reduced to no cost to the caregivers so a financial need does not prevent participation in the program. Although we have reduced all costs to manage the overall program; our organizations needs funding for basic operation costs, including program manager, continued training in the most current technology, web site, internet and promotional materials. We must continue to provide training to law enforcement personnel on updated equipment to participate in PL search and rescues.

What results are you committed to achieving?

PLPBC is committed to providing the Project Lifesaver program at low cost or no cost to the families of known wanderers diagnosed with autism spectrum disorders, Alzheimer's disease, dementia or any other related disorder. PLPBC is committed to provide law enforcement with the most current equipment, training and information needed to perform search and rescues utilizing the Project Lifesaver program.

Revised 1/2012



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$10,700.00	\$5,200.00	48.60%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	
3	Professional Fees	\$500.00	\$100.00	20.00%
4.	Occupancy/Utilities	\$186.00	\$93.00	50.00%
5.	Telephone	\$464.00	\$0.00	0.00%
6.	Postage/Shipping	\$150.00	\$30.00	20.005
7	Printing & Publications	\$180.00	\$90.00	50.00%
8.	Supplies	\$4,200.00	\$2,100.00	50.00%
9.	Travel	\$975.00	\$450.00	46.15%
10.	Meetings	\$1,250.00	\$350.00	28.00%
11.	Miscellaneous Expenses	\$3,500.00	\$1,100.00	31.43%
	Total Expenses	\$22,105.00	\$9,513.00	43.04%

Revised 1/2012



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): L. Boucher - Independent Consultant- Asst. Executive Director

Professional Fees (list vendor and type of service provided): Assisant for purpose of grant writing.

Occupancy/Utilities (list utilities): Program Manager donates location, storage and some utilities. Web site is needed for program.

Telephone (provide telephone numbers): Program Managers utilize personal phone numbers for program at this time. No funded is needed. Michelle Damone 561-315-2973 Linda Boucher 561-723-0372

Printing & Publications (list type of material): Typical printing material for the purpose to promote fund raising or promotion of the Project Lifesaver program. Trifolds, posters and flyers.

Revised 1/2012

4



Supplies (list supplies/equipment):

Office Supplies- example ink, printing paper, paper clips, folders etc. Project Lifesaver Equipment- personal locators (wristbands), batteries, straps and tracking equipment.

Travel (individuals traveling, destination and purpose):

Includes travel to annual Project Lifesaver International conference which includes updates on most current PL equipment and training. Includes mileage reimbursement within Palm Beach County for the sole purpose of PLPBC.

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

PLPBC does not operate out of a commercial building therefore no rent or utilities required. PLPBC may meet with managing agencies, volunteers, potential clients, foundations, board meetings, corporate sponsors, events, training etc. requires meeting in public places and can accumulate expenses. Both food and/or facility expesses may occur.

Miscellaneous Expense (specify items):

I have included our expenses, corporate fees, bank fees, fund raising expenses and insurance premiums in this category.

Revised 1/2012

5



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.

<u>Isesident</u>, Board Director Name (please print) ack Scote 7/12/12_ Date NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this 12t day of JUG, 2012 by JACK SCOT (name of individual) as (title) of PROJECT UFESNAR PAW BRACH (name PRES100-1 of organization/ agency), who is personally known to me or who produced as identification. Notan Public OBERT.I Y COMMISSION # DD 976519 EXPIRES: July 29, 2014 M Commission Expires:

Revised 1/2012

6



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

Attachment A

APPLICATION

Organization Name: safety Council of Palm Beach County Inc. FEID #: 59-1168121 www.safetycouncilpbc.org Web Address: 4152 W Blue Heron Blvd Ste 110 Address: STREET ADDRESS Riviera Beach, FL 33404 CITY, STATE, ZIP Toni Burrows **Executive Director:** NAME SIGNATURE 561-845-8233 Toni@safetycouncilpbc.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** Safety Council of Palm Beach County Inc. NAME

Toni Bunon	2-
SIGNATURE	
561-845-8233	Toni@safetycouncilpbc.org
TELEPHONE NUMBER	E-MAIL ADDRESS

Date:

DATE

5/18/2012

Revised 1/2012

Attachment # $\underline{\mathcal{A}}_{k}$

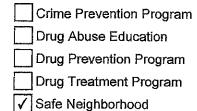


PALM BEACH COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT TRUST FUND DONATION

Organization Name: Safety Council of Palm Beach County Inc.

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

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



School Resource Officers

Organization Purpose:

Mobile Eyes Program

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

The Mobile Eyes program combats impaired driving by enlisting the help of Palm Beach County citizens. Since 2004 the Traffic Safety Committee has implemented the Mobile Eyes program in our county. When a citizen sees what seems to be an impaired driver they call 911 and report it to the police. The communications center dispatches the appropriate police agency. if an arrest is made then the person who made the phone call receives a \$100.00 reward. The arresting agency must code the call as a Mobile Eyes call and fax the information sheet to the Safety Council. 100% of the donations goes to fund the rewards.

What results are you committed to achieving?

We know that Mobile Eyes will reduce the amount of drunk drivers on the road and discourage people from wanting to take the chance of driving intoxicated. The ultimate goal of Mobile Eyes is to increase the impaired driver's paranoia and make him or her reluctant to drive, because the drive behind him will most likely have a cell phone. The single greatest deterrent to impaired driving is the thread of apprehension. Mobile Eyes maximized that threat while helping law enforcement.

Revised 1/2012



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

Attachment A

FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.008
3	Professional Fees	······································		0.00%
4.	Occupancy/Utilities	· .		0.008
5.	Telephone	:		0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
<u>11.</u>	Miscellaneous Expenses	\$2,500.00	\$2,500.00	100.00%
	Total Expenses	\$2,500.00	\$2,500.00	100.00%

Revised 1/2012



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): $\ensuremath{\mathbb{N}/\mathbb{A}}$

Professional Fees (list vendor and type of service provided): $\ensuremath{\mathbb{N}/\mathbb{A}}$

Occupancy/Utilities (list utilities):

N/A

Telephone (provide telephone numbers):

N/A

Printing & Publications (list type of material): \mathbb{N}/\mathbb{A}

Revised 1/2012



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

Supplies (list supplies/equipment):

WE DO PRINT THE FORM FOR THE POLICE AGENCIES. HOWEVER THE SAFETY COUNCIL PROVIDES ONE COPY TO EACH AGENCY THAT THEY MAY DISTRIBUTE.

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

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

Miscellaneous Expense (specify items):

Mobile Eyes Rewards. With this \$2,500.00 we will be able to give 25 \$100.00 rewards to people who call in and report impaired drivers. The responding police agency must witness the impaired driving for the caller to be eligible for the reward.

Revised 1/2012



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

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.

Burrou oni Name (please print)

Signature

Executive Vice-President Title (please print)

18/12

NOTARY SECTION:

State of Florida

County of Palm Beach

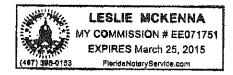
The foregoing Agreement was acknowledged and subscribed before me this 19th day of Marx, 2012 by Toni Burrows (name of individual) as Exec. V.-President (title) of Scherty (ourcil of PBC Inc. (name

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

as identification.

Notary Public

My Commission Expires:



Revised 1/2012



APPLICATION

Organization Name:	The Arc of Palm Beach County	, Inc.
	FEID #:	
Web Address:	www.arcpbc.org	
Address:	1201 Australian Ave STREET ADDRESS	
	Riviera Beach, FL 3	3404
	CITY, STATE, ZIP	a
Executive Director:	Michael Papa	
	NAME	h
	SIGNATURE 561-842-3213	
		mpapa@arcpbc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS

Fiscal Agent:

Russell Greene

NAME

4*00* w SIGNATURE

561-842-3213

rgreene@arcpbc.org

Attachment A

TELEPHONE NUMBER

6/26

DATE

E-MAIL ADDRESS

1

21

_

Date:

Revised 1/2012

Attachment # _____

Organization Name:______ The Arc of Palm Beach County, Inc.

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

To provide positive recreation programs to children and adults with disabilities in Palm Beach County, who would otherwise have no access to these types of structured programs during school days out, during weekdays and weekends. Persons with disabilities are at risk of being a victim of crime.

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

Variety of programs and activities for children and adults with disabilities. A scholarship fund for persons who can not afford the program fees. Funding for staff to host special programs, field trips in town and out, staff trainings, supplies for all programs, storage unit for supplies, specialized classes, add additional time frame to existing programs. Recreational services will offer a variety of programs for children and adults with disabilities either in a self-contained setting or integrating them into their community programs. Programs will be offered during school breaks for children and during the day, evenings and some Saturdays for adults.

What results are you committed to achieving?

Providing safe programs to children and adults with disabilities during school breaks and during the day and some evenings for adults. Programs will provide positive enriching program activities that will also teach participants safe social skills while they are in the community. By hosting a variety of programs during the year the participants will not be alone either in their homes or in the community. They will be in a supervised structured program during these time frames this will prevent these individuals from being victims of crime.

Revised 1/2012

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FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

Attachment A

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$138,874.00	\$11,000.00	7.92%
2.	Employee Benefits/Payroll Taxes	\$12,334.00	\$841.00	6.82%
3.	Professional Fees	\$1,000.00	\$1,000.00	100.00%
_4	Occupancy/Utilities	\$4,848.00	\$0.00	0.00%
5.	Telephone	\$1,440.00	\$1,200.00	83.33%
6.	Postage/Shipping	\$850.00	\$0.00	0.00%
7.	Printing & Publications	\$1,000.00	\$0.00	0.00%
8.	Supplies	\$18,274.00	\$9,690.00	53.03%
9.	Travel	\$3,405.00	\$1,500.00	44.05%
10.	Meetings	\$400.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$59,700.00	\$24,769.00	41.49%
	Total Expenses	\$242,125.00	\$50,000.00	20.65%

Revised 1/2012



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):

Direct care staff for out of town trip and additional programs for children and adults. A list of staff salaries will be provided with each quarterly report submitted.

\$11,000

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

Behavior Services and staff professional development.

\$1,000

Occupancy/Utilities (list utilities): n/a

Telephone (provide telephone numbers): 561-252-8891, Includes text and e-mail services

\$1,200

Printing & Publications (list type of material): n/a

Revised 1/2012

4



Supplies (list supplies/equipment):

Supplies for all recreation programs and activities offered: cooking supplies, Arc T-shirts and rash guards for children and staff, office supplies, camera & equipment. A list of all supplies purchased along with receipts will be provided with each quarterly report submitted.

\$9,690

Travel (individuals traveling, destination and purpose):

An out of town group trip utilizing a tour bus to Orlando.

\$1,500

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

Miscellaneous Expense (specify items):

Program scholarship fund - \$13,000(for persons who can not afford the program fee), Storage facility - \$4,110; Cooking lessons \$700; Various program field trips, activities and special guests (for all programs) \$5,959; Food and Beverages \$1,000.

\$24,769

Revised 1/2012

5



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.

Michier PAPA Name (please print) Signature

Executive Druchon Title (please print)

26 June 2012 Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoin	ng Agreement was ack , 2012 by Michae	nowledged and s	ubscribed befor (name of inc		day of
Exoculive	Drector		And of Pal	in Blach	(name
of organizat	ion/ agency), who is pe	ersonally known	o me or who pro	duced	
		as identif	ication.		

Notary Public

My Commission Expires:



Revised 1/2012

6



Attachment A

APPLICATION

Organization Name: The Lord's Place, Inc. FEID #: 59-2240502 www.thelordsplace.org Web Address: 2808 North Australian Avenue Address: STREET ADDRESS West Palm Beach, FL 33407-6504 CITY, STATE, ZIP Daniel Gibson, Interim Chief Executive Officer Executive Director: NAME 1 an SIGNATURE 561-537-4670 dgibson@thelordsplace.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:**

Toby Douthwright	
NAME	
Ton Doute	J.
SIGNATURE	/
561-537-4653	tdouthwright@thelordsplace.org
TELEPHONE NUMBER	E-MAIL ADDRESS

June 29, 2012

DATE

Date:

Revised 1/2012

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					Stin.	

Attachment A



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

Organization Name: The Lord's Place, Inc.

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

The Lord's Place is dedicated to breaking the cycle of homelessness by providing innovative, compassionate, and effective services to men, women, and children in our community.

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

The Transition from Jail to Community (TJC) Project aligns 28 local agencies and providers to offer a cohesive and cost-efficient approach to reentry services in Palm Beach County. Upon incarceration, clients participate in a battery of assessments, including education, mental and physical health, as well as program readiness. The clients are then assigned a reentry coach, whose focus is to mentor the client prior to release, set up a personal plan for transition back into the community, and help the client administer the plan upon release. Post-Release key services include case management, physical and mental healthcare, recovery services, housing, employment, education, finances/benefits, rights restoration, and family reunification.

What results are you committed to achieving?

The ultimate goal of this project is to reduce recidivism and increase safety in our community: (1.) At least 80% of all clients will stay out of jail, for the duration of the grant and beyond, (2.) All participants will be assessed, assigned a plan of action toward personal success, with at least 80% of clients maintaining the course of action through the duration of the grant and beyond. (3.) Existing "silo" oriented reentry programs around the county will be aligned, more cost-effective, and the pilot will expand to encompass at least 2 additional communities by the end of the grant, (4.) Comprehensive data collection and evaluation process will assist in highlighting needed systemic reform for reentry services.

Revised 1/2012



FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013

No. LETF Expense Program LETF Total Request \$224,933.00 \$0.00 0.00% 1. Salaries Employee \$44,986.00 \$0.00 0.00% 2. Benefits/Payroll Taxes \$121,550.00 \$25,000.00 20.57% З. Professional Fees \$175,000.00 0.00% \$0.00 Occupancy/Utilities 4. \$1,000.00 \$0.00 0.00% <u>5.</u> Telephone \$1,000.00 \$0.00 0.00% 6. Postage/Shipping \$2,000.00 \$0.00 0.00% 7. Printing & Publications \$30,250.00 \$0.00 0.00% 8. Supplies \$4,720.00 \$0.00 0.00% 9. Travel \$500.00 \$0.00 0.00% 10. Meetings \$26,187.00 \$0.00 0.00% 11. Miscellaneous Expenses

\$632,126.00

\$25,000.00

Revised 1/2012

Total Expenses

3

3.95%

Attachment A



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

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):

Project Director (0.25 FTE, annual salary \$58,333), Reentry Coordinator (1.0 FTE, annual salary \$50,400), Reentry Coach (1.5 FTE, annual salary \$46,800), Job Developer (0.5 FTE, annual salary \$45,000), Job Coach (0.5 FTE, annual salary \$38,000), Job Training Instructor (1.0 FTE, annual salary \$38,000), Executive Assistant (0.15 FTE, annual salary \$35,000) and Controller (0.08 FTE, annual salary \$62,500)

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

Family Central (pre-release and community-based mental health and family reunification therapy services), Legal-Aid Society (paralegal services), South County Mental Health Center (identification and assessment of client candidates), Parent-Child Center (mental health therapy services), 211 (production and printing of a resource, use of networked client information computer system that allows all providers to share information about clients) and Mental Health Association (evaluation), etc...

Occupancy/Utilities (list utilities):

Project Space (\$45,000 - prorated costs of the office space used by agency personnel working on the project), Transitional Housing (\$100,000 - temporary housing costs, zero to six months, for clients transitioning from incarceration) and Short-Term Rental Subsidies (\$30,000 - housing rental subsidies, zero to six months, for clients transitioning from incarceration)

Telephone (provide telephone numbers):

Prorated costs for landline and cell phone costs for phones used by agency personnel working on the project.

Printing & Publications (list type of material):

Prorated costs for printing and duplication materials used by agency personnel working on the project.

Revised 1/2012



Supplies (list supplies/equipment):

Office supplies, kitchen supplies, food, GED materials and various other supplies used by agency personnel working on the project.

Travel (individuals traveling, destination and purpose):

Prorated agency vehicle costs for transporting clients to and from various local program sites, and mileage reimbursement costs for personnel travel to and from various local program sites.

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

Costs of meeting room rentals and meals and refreshments for attendees.

Miscellaneous Expense (specify items):

Apprentice program stipends (\$15,000 - weekly stipends paid to clients transitioning from incarceration who enter apprentice programs during the transition period), AmeriCorps Members (\$5,500 - literacy services provided to clients), and Indirect Administration Expenses (\$5,687 - allocated administrative overhead expenses required to provide program services to clients).

Revised 1/2012

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.

Daniel Gibson Name (please print)

Tanul

<u>Jpterim</u> CEO Title (please print)

6/29/12

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this $\underline{294}$ day of \underline{June} , 2012 by \underline{Daniel} (\underline{Gi}) \underline{bson} (name of individual) as $\underline{Taterim}$ (\underline{EO} (title) of <u>The Lord's Place</u> (name

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

as identification.

ra RAllianic Notary Public My Commission Expires: 11/2/12

NOTARY PUBLIC-STATE OF FLORIDA Laura L. Allianic Commission # DD833960 Expires: NOV. 02, 2012 BONDED THRU ATLANTIC BONDING CO., INC.

Revised 1/2012

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Attachment A

APPLICATION

Organization Name: United States Naval Sea Cadet Corps, Palm Beach Division

FEID #: 65-0666741

Web Address:

www.orgsites.com/fl/palmbeachdivisionseacadets

Address:

277 Ponce de Leon St

STREET ADDRESS

Royal Palm Beach, FL 33411 CITY, STATE, ZIP

Executive Director:

Dave Boucher

NAME SIGNATURE

(561) 790-6823

usnsccwpb@hotmail.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

John Froehlich

NAME V MR. *[]* [], [síg

(561) 975-9500

jay@froehlichcpa.com

TELEPHONE NUMBER

6/5/2012

DATE

E-MAIL ADDRESS

Date:

Revised 1/2012

Attachment # $\underline{\sim} \underline{\sim} \underline{\sim}$



Attachment A

Organization Name:______

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

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

Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

The USNSCC is committed to providing youth with a drug and alcohol free environment in which to train them in seagoing skills, and military values such as courage, honor, valor and commitment. We encourage team work, camaraderie and the development of self-reliance and leadership abilities.

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

The Palm Beach Division meets one weekend per month throughout the year. Cadets are instructed in basic seamanship, military drill and leadership. In addition Drug and Sexual Abuse, Equal Opportunity, Human Rights and Hazing Education are mandatory courses given annually. Sea Cadet training consists of Navy Non-Resident Training Courses (NRTC) - and counts toward requirements for actual military service. Advanced training evolutions are also available for an array of interests such as Seaman, Airman, Culinary, Fire Fighting, Medical, Judge Advocate General, Construction, Music, and many more. The unit also participates in community events such as parades, fairs, community clean-ups. and the annual USMC Toys for Tots Program. Cadets earn an average of 25 Community Service Hours each year.

What results are you committed to achieving?

It is the goal of the Palm Beach Division through training and guidance as described above to develop mature young adults that have self esteem, personal values and the commitment to move forward in their lives. Many of the graduates of the program have been awarded scholarships in military academies and/or have gone on to serve the community in law enforcement, fire safety and military service.

Revised 1/2012



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2013 To: December 31, 2013				
No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	· · ·		0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
_6.	Postage/Shipping	\$250.00	\$125.00	50.00%
_7.	Printing & Publications	\$1,000.00	\$500.00	50.00%
8.	Supplies	\$10,000.00	\$5,000.00	50.00%
9.	Travel	\$2,000.00	\$1,000.00	50.00%
10.	Meetings	\$25,000.00	\$12,500.00	50.00%
11.	Miscellaneous Expenses	\$1,750.00	\$875.00	50.00%
	Total Expenses	\$40,000.00	\$20,000.00	50.00%

Revised 1/2012



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):

None - All Volunteers

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

None - All Volunteers

Occupancy/Utilities (list utilities): None - Facilities are Donated

Telephone (provide telephone numbers): None - Volunteers use personal phones

Printing & Publications (list type of material):

Program Brochures & Literature (used for recruiting) Training Materials - Instruction Booklets and testing sheets Printer Paper and Ink - Business Cards

Revised 1/2012

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Attachment A

Supplies (list supplies/equipment):

Uniforms, boots, gloves, camping equipment, awards, insignia for uniforms.

Travel (individuals traveling, destination and purpose):

Expenses for operation and maintenance of donated vehicles for monthly meetings to transport cadets and equipment.

Basic and Advanced training (offered by other Sea Cadet Units throughout the country) is mandatory to achieve Advancement for cadets and adult leaders. Cost of transportation to and from these locations varies depending on location.

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

Monthly meetings (drills) are held throughout the year. During these meetings rental & maintenance of equipment, fuel for boats & vehicles, maintenance and replacement of camping equipment and cooking and cleaning supplies are a regular expense. In addition the purchase of new equipment is needed to meet the growing size of the unit.

Miscellaneous Expense (specify items):

Liability insurance and Vehicle insurance in mandatory to meet the requirements of the USNSCC National Organization.

Revised 1/2012

Attachment A



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

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.

Bauttan Name (please print

Signature

COMMANDING OFFICER

23 SUNE 2012

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before methis $\cancel{\mathcal{R3}}$ day of

June , 20 16 by DANE BOUCHED (name of individual) as COMMAND OFFICER (title) of PACM BEACH DIV. SEA (ADATTime

as identification.

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

Nøtary Public

My Commission Expires:

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S STARY PUR	Notary Public State of Florida 🛛 👌			
> \ \ / `.	Gary E Potts			
> 1 - 2 - 5	My Commission EE134705			
V OFFLOF	Expires 11/01/2015			
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Revised 1/2012