Agenda Item No.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: May	7, 2013	[×]	Consent	Ľ]	Regular
Department:		[]	Ordinance	1]	Public Hearing
Submitted By: Submitted For:			Sheriff's Office Sheriff's Office			

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$267,612 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 automated external defibrillators, 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 is \$59,110. 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 \$964,739. 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 \$1,814,350. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$1,546,738. 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. <u>Countywide</u> (PGE)

ORGANIZATION	AMOUNT
2-1-1 Palm Beach Treasure Coast, Inc.	\$30,000
Alzheimer's Community Care, Inc.	\$10,000
Big Dog Ranch Rescue, Inc.	\$25,000
Boys & Girls Club of PBC, Inc Belle Glade	\$25,412
Crime Stoppers of Palm Beach County, Inc.	\$35,000
Florida Crime Prevention Association	\$7,000
Homesafe, Inc.	\$10,000
Leadership Palm Beach County, Inc.	\$20,000
The National Center for Missing & Exploited Children	\$15,000
Palm Beach County Sheriff's Foundation	\$30,000
Palm Beach Recovery Coalition, Inc.	\$25,200
Palms West Community Foundation – ReggaeFest 2013	\$5,000
Palms West Community Foundation – SalsaFest 2013	\$5,000
West Palm Beach Library Foundation	\$25,000
Total Amount	\$267,612

Background and Justification:

(Continued on Page 3)

Attachments:

1. Budget Trans 2. LETF Donatic	fer on Applications (14)	
RECOMMENDED BY: _		
	DEPARTMENT DIRECTOR	DATE
	4ª Cana	4/24/13
l	ASS/STANT COUNTY ADMINISTRATOR	DÁTE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2013	2014	2015	2016	2017
Operating Costs	\$267,612				
External Revenues Program Income (County)	(\$267,612)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curre	ent Budget: YES	.	NO <u>X</u> .		
Budget Account No.: Fund	Agency	Org		Object	·
	Reporting Category				

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

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

III REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:



Contract Administration

B. Legal Sufficiency:

4/23/13 Assistant County ttorney

C. Other Department Review:

Department Director

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

(Continued from Page 1)

Background and Justification: The Palm Beach County Sheriff's Office is dedicated to providing the most efficient and effective law enforcement services and also has a long-standing commitment to the reduction of crime and implementation of crime and drug prevention programs within Palm Beach County. Use of LETF requires approval by the Board in accordance with F.S. 932.7055, upon request of the Sheriff. This Statute also requires that no less than 15 % of the last fiscal year's revenues be donated or expended for the support or operation of drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood or school resource officer programs. The PBSO certifies that the use of these funds by the organizations listed above is in accordance with F.S. 932.7055.

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13-

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

BEEX 160 041813-143)

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
Expenditures								· · · · · · · · · · · · · · · · · · ·
<u>Transfers</u> 160-1690-9498	Trfr to PBSO Fd 1902	0	1,382,094	267,612	0	1,649,706		
<u>Reserves - New Projec</u> 160-9900-9908	<u>ets</u> Reserves - New Projects	3,196,242	1,428,336	0	267,612	1,160,724		
	TOTAL FUND			\$267,612	\$267,612			
Palm Beach County S	Sheriff's Office	Signatures		Date			By Board of Count At Meeting of Ma	
INITIATING DEPARTIN			\bigwedge					
Administration/Budge	et Department Approval	M	Biaz_	418/20	B.		Deputy Clerk to the Board of County C	
OFMB Department - F	Posted			5/18/13				



Attachment A

APPLICATION

Organization Name: 211 Palm Beach / Treasure Coast

FEID #: 23-7153017

Web Address:

www.211palmbeach.org

Address:

P.O. Box 3588

STREET ADDRESS

Lantana, FL 33465

CITY, STATE, ZIP

Executive Director:

NAME SIGNATURE skbuza@211pbtc.org 561-533-1099

TELEPHONE NUMBER

Susan K. Buza

E-MAIL ADDRESS

Fiscal Agent:

Mindy A. Gonzalez

NAME SIGNATURE () mindy.gonzalez@211pbtc.org 561-533-1096

TELEPHONE NUMBER

12/27/12

DATE

E-MAIL ADDRESS

Date:

Revised 10/2012

Attachment # 2a

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:

211 Palm Beach / Treasure Coast provides Palm Beach County residents with information and referrals to health and human service agencies, crisis counseling and suicide prevention / intervention via telephone 24/7. 211 also offers an advocacy program for the elderly--Elder Crisis Outreach.

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

211 is requesting funds for 37% of the salary and benefits of a 211 Resource Center specialist and 45% of the salary and benefits of an Elder Crisis Outreach advocate. In the 2011 - 2012 Fiscal Year, our Resource Center specialists answered more than 140,000 calls--70% of them from Palm Beach County residents. Elder Crisis Outreach serves Palm Beach County seniors who are in emotional, financial or social distress by providing intensive, short-term intervention services. In the 2011 - 2012 Fiscal Year, 550 seniors received assistance through this program.

What results are you committed to achieving?

211 callers who report abuse, neglect or other criminal activity will be referred to law enforcement agencies. Callers with substance abuse issues will be referred to various substance abuse treatment programs. Suicidal callers will be "de-escalated" and referred to various mental health agencies. (Please see enclosed 211 statistical reports for data on the number of callers with the problems or needs described.) Elder Crisis Outreach advocates will contact Adult Protective Services or law enforcement agencies as appropriate when there is evidence that their clients are being physically or emotionally abused or victimized financially.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)

From:

July 1, 2013 To: June 30, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$722,124.00	\$25,042.00	3.47%
2.	Employee Benefits/Payroll Taxes	\$132,742.00	\$4,958.00	3.74%
3.	Professional Fees	\$39,031.00		0.00%
4.	Occupancy/Utilities	\$26,459.00		0.00%
5.	Telephone	\$32,820.00		0.00%
6.	Postage/Shipping	\$3,034.00		0.00%
7.	Printing & Publications	\$12,828.00		0.00%
8.	Supplies	\$9,928.00	-	0.00%
9.	Travel	\$12,136.00		0.00%
10.	Meetings	\$1,104.00	·.	0.00%
11.	Miscellaneous Expenses	\$19,015.00		0.00%
	Total Expenses	\$1,011,221.00	\$30,000.00	2.97%

Revised 10/2012



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):

Resource Center specialist: \$32,109 salary plus \$6,285 in benefits = \$38,394 37% of salary = \$11,880; 37% of benefits = \$2,325

ECO advocate: \$29,250 salary plus \$5,850 in benefits = \$35,100 45% of salary = \$13,162; 45% of benefits = \$2,633

\$11,880 + \$13,162 = \$25,042 in salaries \$2,325 + \$2,633 = \$4,958 in benefits

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

Suson K. Buza Name (please print)

Signature Suga

Executive Director Title (please print)

<u>/1-2 9 - /し</u> Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>28th</u> day of <u>DECEMBER</u>, 2012 by <u>BUSAN K. BUZA</u> (name of individual) as <u>EXECUTIVE DIFECTOR</u> (title) of <u>DIFECTOR</u> (title) of <u>DIFECTOR</u>

of organization/ agency), who is personally known to me or who produced Personally Known as identification.

MULLY COM aliz

My Commission Expires: Feb. 3, 2014

MINDY GONZALEZ Notary Public - State of Florida My Comm. Expires Feb 3, 2014 Commission # DD 950187 **Bonded Through National Notary Ass**



APPLICATION

Organization Name: Alzheimer's Community Care

FEID #: 31-1481653

Web Address:

www.alzcare.org

Address:

800 Northpoint Parkway, Suite 101-B

STREET ADDRESS

CITY, STATE, ZIP

West Palm beach, FL 33407

Executive Director:

Mary M. Barnes

NAME 11 SIGNATURE

561 683-2700 TELEPHONE NUMBER mbarnes@alzcare.org

E-MAIL ADDRESS

Attachment A

IBER

Fiscal Agent:

Mark Cornett, COO

NAME U SIGNATURE 561 683-2700 mcornett@alzcare.org

561 683-2700 TELEPHONE NUMBER

E-MAIL ADDRESS

Attachment # ____ 25

1

Date:

12/19/2012 DATE

2



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

Organization Name:______Alzheimer's Community Care

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 mission of Alzheimer's Community Care is to promote and provide specialized, quality, compassionate care within a community-based environment to patients and caregivers living with Alzheimer's disease and related disorders. Our goal is to help maintain quality of life after diagnosis.

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

Funding will be used to support the Alzheimer's 24-Hour Crisis Line (800 394-1771). The Crisis Line serves all of Palm Beach County and is staffed by dementia nurse specialist who are on-call 24 hours daily. There are 60,000 people with Alzheimer's disease in Palm Beach County. 60% are at risk for wandering. We collaborate with the Sheriff's office to provide electronic bracelets for high-risk patients, increasing the likelihood of safe, timely rescue. There may be incidents of patient shoplifting, erratic driving or aggression when law enforcement is involved. The 24-Hour Crisis Line connects law enforcement with a nurse specialist to assist.

What results are you committed to achieving?

1. Respond to law enforcement crisis calls within 15 minutes to assist via telephone or on-site as needed $% \left({{{\left[{{{\left[{{{\left[{{{c_{{}}}} \right]}}} \right]}}}} \right.} \right.} \right)$

2. Provide and maintain electronic bracelets for high risk wanderers 3. Provide quarterly dementia training for Crisis Intervention Team Training (CIT)



FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2013 To: June 30, 2014

Attachment A

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$18,725.00	\$8,000.00	42.72%
2.	Employee Benefits/Payroll Taxes	\$4,675.00	\$800.00	17.11%
3.	Professional Fees	\$2,400.00	\$1,200.00	50.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone	\$550.00		0.00%
6.	Postage/Shipping	\$200.00		0.00%
7.	Printing & Publications	\$2,250.00		0.00%
8.	Supplies	\$500.00		0.00%
9.	Travel	\$500.00		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$600.00		0.00%
	Total Expenses	\$30,400.00	\$10,000.00	32.89%

Revised 10/2012

4



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):

Family Nurse Consultants (6 RNs, 1 LPN) rotate on-call responsibilities for the 24-Hour Crisis Line (average salary \$44,000). Each is paid an additional \$2.00 per hour for their on-call time and \$28.00 for crisis work.

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

211 answers calls that come to the Alzheimer's 24-Hour Crisis Line after hours and on weekends. They immediately contact the nurse on-call. The fee for this phone service is \$200 per month for a total of \$2,400 per year

Occupancy/Utilities (list utilities):

n/a

Telephone (provide telephone numbers):

A portion of each nurse's cell phone bill is cover for the time they are on-call for the Crisis Line: (561)310-1234; (561)308-5530 (561)308-5230; (561)758-1259; (772)214-8016; (772)807-2951

Printing & Publications (list type of material):

Law enforcement Quick Reference Guides and Roll Call Training Videos, available at no charge to all law enforcement officers. Brochures to inform the community of the availability of the Crisis Line.



Attachment A

Supplies (list supplies/equipment):

General office supplies, training handouts

Travel (individuals traveling, destination and purpose):

Local travel at .44 per mile for nurses when responding to a crisis call.

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

Miscellaneous Expense (specify items): Allocated administrative expenses

6



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

Mary M. Barnes Name (please print)

Margh. Damen Signature

President and CEO Title (please print)

<u>/2-/9-20/2</u> Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>19</u> day of <u>December</u>, 2012 by <u>Mary M. Barnes</u> (name of individual) as <u>President and CEO</u> (title) of <u>Altheimer's Community Care</u> (name of organization/ agency), who is personally known to me or who produced <u>as identification</u>.

Teresa Long

My Commission Expires:

TERESA LONGFIELD MY COMMISSION # EE 213986 EXPIRES: July 4, 2016 Bonded Thru Budget Notary Services



Attachment A

APPLICATION

Organization Name: Big Dog Ranch Rescue

FEID #: 263184971

Web Address:

http://www.bigdogranchrescue.org

Address:

10948 Acme Rd.

Wellington, FL 33414

CITY, STATE, ZIP

STREET ADDRESS

Executive Director:

Lauren R. Simmons

NAME la SIGNATURE

561-747-9099

lauree.simmons@bdrr.org

Δ

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Beth C. Crowell, C.P.A.

NAME SIGNATURE

561-747-0272

jupitercpa@gmail.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

12/21/12

DATE

Revised 10/2012

Attachment # ______ 2C



Attachment A

Organization Name: _____Big Dog Ranch Rescue

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:

To provide shelter, care and affection to homeless and unwanted dogs and place them in loving human homes. In support of those objectives, BDRR also promotes animal welfare and celebrates the special bond between dogs and people through education, awareness and community outreach.

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

BDRR's program rescues, rehabilitates, and provides medical and spay/neuter services to stray or abandoned dogs. It also involves loc youth from all backgrounds and abilities. It offers a place for young It also involves local people and people with disabilities to interact with dogs while developing social skills and enhanced self-esteem by aiding in the rehabilitation of dogs with which they identify. The program reduces the number of unwanted, loose and abandoned animals, and the spay/neuter service addresses public safety issues relating to animal bites. We visit schools regularly explaining the importance of responsible pet ownership and encouraging students to come out and volunteer time caring for the dogs. We also emphasize the importance of staying away from drugs and alcohol.

What results are you committed to achieving?

BDRR is projecting to rescue more than 2000 unwanted and abandoned dogs in calendar year 2013, provide medical attention for each, and spay/neuter services for approximately 1400 of them. Additionally, the organization estimates serving 2500 children and teenagers from diverse socio-economic and special needs backgrounds in its after-school program, and provides community service hours required by schools or courts. Studies have shown that students who participate in after-school programs are three times less likely than non-participating peers to become involved in drugs, alcohol and other criminal behavior. BDRR feels that its combination of animal and youth welfare is a strong contributing factor to the Palm Beach County Sheriffle Department a grant of granting restricts County Sheriff's Department's goal of creating safe neighborhoods.

Revised 10/2012



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2013 To: June 30, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees		\$25,000.00	0.00%
4.	Occupancy/Utilities			0.00%
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%
11.	Miscellaneous Expenses	-		0.00%
	Total Expenses	\$0.00	\$25,000.00	0.00%



Attachment A

4

Budget Narrative

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

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

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

Big Dog Ranch Rescue - The fees will be used to pay for spay/neuter services. BDRR has a veterinarian that works on-site that it will pay to perform the spay/neuter services.

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

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



Attachment A

Supplies (list supplies/equipment): N/A

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

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

Miscellaneous Expense (specify items): N/A



Attachment A

APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purpose as indicated on Page 3 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

DIMMONS Name (please print)

Executive Director / Pres. Title (please print)

12/26/12

NOTARY SECTION:

State of Florida

anature

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 20th day of <u>OCCENTRE</u>, 2012 by LOLECO SIMMONS (name of individual) as <u>EXECUTICE DIFECTOC</u> (title) of <u>BID</u> DO <u>BOTCO</u> (name of organization/ agency), who is personally known to me or who produced

as identification.

Notary Public

My Commission Expires:

State Aller	SUZANNE E BRYDON
	MY COMMISSION # EE137045
	EXPIRES October 10, 2015
(407) 398-0153	FloridaNolaryService.com



Attachment A

1

APPLICATION

Organization Name: The Boys & Girls Clubs of Palm Beach County

Web Address:

www.bgcpbc.org

FEID #: 23-7060561

Address:

800 Northpoint Parkway

West Palm Beach, FL 33407

CITY, STATE, ZIP

Executive Director:

Mary T. O'Connor

NAM SIGNATURE 561-683-3287

,

TELEPHONE NUMBER

www.bgcpbc.org E-MAIL ADDRESS

Fiscal Agent:

Trudy Director of Finance Crowetz.

! O'Connor

CO. TA

SIGNATURE (561-683-3287

TELEPHONE NUMBER

11/19/2012

tcrowetz@bgcpbc.org E-MAIL ADDRESS

Date:

DATE

Attachment #____2d

*

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

Organization Name: The Boys & Girls Clubs of Palm Beach County

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

\$25,412.00

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 Boys & Girls Clubs of Palm Beach County is to inspire and assist all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens

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

The program to be funded is for services provided at our Teen Center in Belle Glade. The Boys & Girls Club's Teen Center is open when teens need a safe haven during those critical hours after school and when school is not in session, from 2pm - 8pm on school days and from 7:30am - 6pm on days school is not in session. Without the Club, the majority of these teens would spend those hours in unsupervised situations and be more likely to become involved in negative behaviors such as drug and/or alcohol abuse, gang involvement or other criminal activities, premature sexual activity, truancy and poor academic performance. And, the likelihood that unsupervised teens become victims of all sorts of crime is just as high. Currently, the Teen Center serves more than 350 teenagers each year.

What results are you committed to achieving?

The Boys & Girls Clubs is committed to keeping young people out of trouble with the law and in school. In addition to providing a safe, supervised and educational haven, the Club provides an array of opportunities which help youth improve academically, emotionally, physically and socially. As youth who are significantly behind in school are much more likely to drop out, the Club provides certified teachers to tutor them. Club staff also provide encouragement and incentives for the youth. Attendance is tracked as well as reading and math FCAT scores, reading Lexile scores and school attendance. The Club experience works as statistically, our young people stay in school longer, graduate at a much higher rate and outperform their same school peers.

Revised 10/2012



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

FINANCIAL APPLICATION

Period Covered (one year) From:

July 1, 2013 To: June 30, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$242,225.00	\$22,765.00	9.40%
2.	Employee Benefits/Payroll Taxes	\$40,973.00	\$2,519.00	6.15%
3.	Professional Fees	\$2,500.00		0.00%
4.	Occupancy/Utilities	\$83,932.00		0.00%
5.	Telephone	\$11,809.00		0.00%
6.	Postage/Shipping	\$0.00		0.00%
7.	Printing & Publications	\$0.00	·	0.00%
8.	Supplies	\$20,396.00	\$128.00	0.63%
9.	Travel	\$23,000.00		0.00%
10.	Meetings	\$3,000.00		0.00%
11.	Miscellaneous Expenses	\$2,000.00		0.00%
	Total Expenses	\$429,835.00	\$25,412.00	5.918

Revised 10/2012

4



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):

two part-time staff members at 10.76 per hour X 20 hours per week X 52 weeks, which will enable us to serve 40 young people daily.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Attachment A

Supplies (list supplies/equipment):

Program supplies include sports equipment, arts supplies, and educational materials.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):



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.

MARY T. O'CONNOR Name (please print) Mary J. O'Connor Signature Date

PRESIDENT & LEO Title (please print)

Attachment A

6

NOTARY SECTION:

State of Florida

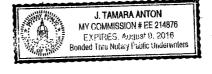
County of Palm Beach

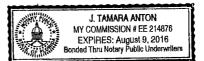
The foregoing Agreement was acknowledged and subscribed before me this <u>19</u>th day of <u>November</u>, 2012 by <u>Mary T. O'CONNOY</u> (name of individual) as <u>President & CEO</u> (title) of <u>Boys & Girls Clubs of</u> (name of organization/ agency), who is personally known to me or who produced Palm Beach County, Inc.

___ as identification.

<u>Janara actor</u> Notary Public

My Commission Expires: 08/09/12





Revised 5/2011



Attachment A

APPLICATION

Organization Name: Crime Stoppers of Palm Beach County, Inc.

FEID #: 59-2112742

Web Address:

crimestopperspbc.com

Address:

P.O. Box 6245

STREET ADDRESS

West Palm Beach, Florida 33405

CITY, STATE, ZIP

Executive Director:

John Z. Shwiner - President

NAME

SIGNATURE

561-876-5425

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Dale W. Grimm NAME

561-684-2498

TELEPHONE NUMBER

E-MAIL ADDRESS

1

Date:

12/27/12

DATE



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

Organization Name:______Crime Stoppers 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?

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

✓ School Resource Officers

Organization Purpose:

Assist all law enforcement agencies throughout Palm Beach County with vital information that will be beneficial in the apprehension of criminal activity. Provide Student Crime Stoppers information to all middle, high, private and alternative schools in Palm Beach County. Making our schools a safer

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

Providing informational materials to all middle, high, private and alternative schools in Palm Beach County. Increase the "Wanted Fugitive" program throughout the media. Promote team building and problem solving with law enforcement, media and the civilian Board of Directors for Crime Stoppers of Palm Beach County, Inc., as a valuable component for the apprehension of criminals.

What results are you committed to achieving?

Increasing public awareness of the Crime Stoppers and Student Crime Stoppers programs to all law enforcement agencies, schools and the citizens of Palm Beach County. Increase criminal apprehension. To promote and maintain Crime Stoppers and Student Crime Stoppers programs on a state, regional and international level as a role model organization for others

Revised 10/2012



Attachment A

FINANCIAL APPLICATION

No.	Expense	Program Totai	LETF Request	LETF
1.	Salaries	\$23,500.00	\$0.00	0.004
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.005
3.	Professional Fees	\$4,000.00	\$0.00	0.005
4.	Occupancy/Utilities	\$3,000.00	\$0.00	0.005
5.	Telephone	\$20,000.00	\$9,500.00	47.50
6.	Postage/Shipping	\$1,200.00	\$0.00	0.00
7.	Printing & Publications	\$85,000.00	\$21,200.00	24.94
8.	Supplies	\$10,000.00	\$0.00	0.00
9.	Travel	\$9,000.00	\$0.00	0.00
10.	Meetings	\$1,200.00	\$0.00	0.00
11.	Miscellaneous Expenses	\$15,000.00	\$4,300.00	28.67
	Total Expenses	\$171,900.00	\$35,000.00	20.36

Revised 10/2012

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

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

None

Occupancy/Utilities (list utilities): None

Telephone (provide telephone numbers):

1-800-458-TIPS (8477) a twenty four (24) hour, seven (7) day per week anonymous phone line.

Printing & Publications (list type of material):

PBSO Homicide Conference Portfolio's - Crime Stoppers "Pens for the Public" -Crime Stoppers Miscellaneous Advertisement - Other Crime Stoppers Promotional Items (ex:T-shirts) - Crime Stoppers (ex: banners, bus shelters for Violent Crimes, billboards, etc.) - Crime Stoppers Internet (equipment, programs video equipment, etc., for Twitter, Face Book & You Tube).

Revised 10/2012

4

Attachment A



Attachment A

Supplies (list supplies/equipment): None

Travel (individuals traveling, destination and purpose): None

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

Miscellaneous Expense (specify items):

Officers & Directors Insurance - Organization Liability Insurance - Other Insurance Coverage - Internet Expense - Audio/Video Programs/Equipment -JusticeXchange program

Revised 10/2012

6



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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 provisione of e. 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.

JOHN Z. SHWINGK Name (please print)

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 27^{11} day of December, 2012 by Juhn 2. Shuint 7 (name of individual) as

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

Drever's License as identification.

une Notary Public Vicki Lynn Smith My Commission Expires: 5/6/2016

Notary Public State of Florida Vicki Lynn Smith mission EE 187276 pires 05/06/2016

1 PETSIDONT

12/27/12

Title (please print)

Date



Attachment A

APPLICATION

Organization Name: Florida Crime Prevention Association

FEID #: 85-8015310966C-0

Web Address:

floridacrimeprevention.org

Address:

3228 Gun Club Road

STREET ADDRESS

West Palm Beach, Florida 33406

CITY, STATE, ZIP

Executive Director:

Chip Wells

NAME SIGNATURE chip.wells@stpete.org 727-893-4993

TELEPHONE NUMBER

12-12-12

DATE

E-MAIL ADDRESS

Fiscal Agent:

Laura Passan	esi
Name Lama	P. Passen"
SIGNATURE	
772-320-4749	lgpassanesi@sheriff.martin.fl.us
TELEPHONE NUMBER	E-MAIL ADDRESS

Date:

Revised 8/2011

Attachment # 2f



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

Organization Name: Florida Crime prevention Association

LETF Funding Request (MUST match total on Financial Application): \$7,000.00

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 training for law enforcement crime prevention, law enforcement civilian staff and law enforcement crime prevention volunteers.

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

The Florida Crime Prevention Association hosts an annual conference for law enforcement crime prevention officers. We have also added an additional crime prevention training track for law enforcement civilian staff and crime prevention volunteers.

What results are you committed to achieving?

To provide training to 100-120 law enforcement crime prevention officers on (NEW) crime prevention methods, practices and concepts and provide training for 50 non-sworn crime prevention volunteers.



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

FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00
2.	Employee Benefits/Payroll Taxes			0.00
3.	Professional Fees	\$6,000.00	\$4,000.00	66.67
4.	Occupancy/Utilities			0.00
5.	Telephone			0.00
6.	Postage/Shipping	\$900.00		0.00
7.	Printing & Publications			0.00
8.	Supplies	\$2,000.00		0.00
9,	Travel			0.00
10	Meetings	\$23,000.00	\$3,000.00	13.04

\$31,900.00

Revised 10/2012

10.

11.

Meetings

Miscellaneous Expenses

Total Expenses

3

0.00%

21.94%

\$7,000.00



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): NONE

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

Monday opening speaker (Room and Transportation)	\$1500.00
Thursday night Keynote speaker (Room and transportation)	\$1500.00
Grand Ball Room projector screen rental, microphones	
Conference registration for One (1)	\$400.00
(5) Hotel nights	\$600.00

Occupancy/Utilities (list utilities): NONE

Telephone (provide telephone numbers): NONE

Printing & Publications (list type of material): NONE

Revised 10/2012



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

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose): NONE

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

Pre-Conference meeting rooms cost: (3 meetings @ \$1000 a night)

Miscellaneous Expense (specify items):

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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

Karl Martin Name (please print) KaclMach

Signature

REGION 7 DIRECTOR FCPA-Title (please print)

Attachment A

1/24/2013 Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 34^{774} day of <u>TANUANY</u>, 2013 by <u>Karl Martin</u> (name of individual) as <u>REGIONS 7 DIRECTOR</u> (title) of <u>FLORIDA CRIME PREVENTION</u> ASSEC (name of organization/ agency), who is personally known to me or who produced

as identification.

Dorme M. Hingan Notary Public

My Commission Expires: Apr 24, 2016

DONNA M. HORGAN Notary Public - State of Florida My Comm. Expires Apr 24, 2016 Commission # EE 192210



Attachment A

APPLICATION

Organization Name: HomeSafe, Inc.

FEID #: 59-1935485

Web Address:

www.helphomesafe.org

Address:

2840 Sixth Avenue South

STREET ADDRESS

Lake Worth, FL 33461

CITY, STATE, ZIP

Executive Director:

Matthew Ladika

NAME 0

SIGNATURE

561-383-9800 MatthewLadika@helphomesafe.org

E-MAIL ADDRESS

Fiscal Agent:

Karen Gorde

TELEPHONE NUMBER

NAME

TUT er Λ SIGNATURE

561-383-9800

TELEPHONE NUMBER

E-MAIL ADDRESS

KarenGorde@helphomesafe.org

Date:

12/21/12

DATE

Revised 10/2012

Attachment # 29



Attachment A

Organization Name: _____

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

\$10,000.00

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:

Founded in 1979, HomeSafe is a nationally-accredited, non-profit organization, which protects Palm Beach County's most vulnerable residents -- victims of child abuse and domestic violence. Through all of our programs, the agency reaches over fifteen thousand infants, children, and families each year.

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

HomeSafe's SafetyNet Domestic Violence Prevention and Intervention Program offers a full spectrum of services for victims of family violence, including year-round adult, teen, and child therapeutic support groups, individual therapy, crisis intervention, preventative education, and court advocacy. This program teaches critical skills aimed at preventing violence, with the goal of enabling participants to create a safe home environment free from abusive relationships. General operating support and supplies purchased with funding from The Law Enforcement Trust Fund will enable HomeSafe to provide support groups, individual therapy, crisis intervention, and preventative education for the more than 120 families involved in the SafetyNet Program.

What results are you committed to achieving?

HomeSafe's SafetyNet Program is committed to achieving a variety of important results. First and foremost, HomeSafe assures that each of the more than 120 participating families will complete a signed safety plan. This is a critical component that helps to assure teens and adults are thinking through the circumstances of the domestic violence case. We also assess adult and teen progress through the use of pre and post tests. During the next phase, we administer satisfaction surveys, and, finally, we survey teens after completion of the program.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2013 To: June 30, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$160,502.00		0.008
2.	Employee Benefits/Payroll Taxes	\$36,995.00		0.00%
3.	Professional Fees	\$8,100.00		0.00%
4.	Occupancy/Utilities	\$4,992.00	\$4,343.00	87.00%
5.	Telephone	\$3,000.00		0.00%
6.	Postage/Shipping	\$150.00		0.00%
7.	Printing & Publications	\$300.00		0.00%
8.	Supplies	\$5,657.00	\$5,657.00	100.00%
9.	Travel	\$3,600.00		0.00%
10.	Meetings	\$0.00		0.00%
11.	Miscellaneous Expenses	\$54,612.00		0.00%
	Total Expenses	\$277,908.00	\$10,000.00	3.60%

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):

Therapist - \$52,175

Therapist - \$41,000

Program Supervisor - \$54,555

Director of Community Based Services - \$12,772

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

Auditing/Accounting - Holyfield and Thomas Consulting - Computer Guyz Purchased Services - Artist fees

Occupancy/Utilities (list utilities):

Electricity, Water/Sewer and Sanitation

Telephone (provide telephone numbers): 561-383-9800

Printing & Publications (list type of material): Business cards



Attachment A

Supplies (list supplies/equipment): Office supplies and art material

Travel (individuals traveling, destination and purpose): Mileage and staff training

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

Miscellaneous Expense (specify items):

Insurance, repairs and maintenance, security, dues & subscriptions, depreciation expense and administration allocation.



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

Matthew Lad-Ka Name (please print)

<u>Chief Executive Officer</u> Title (please print)

 $\frac{12}{21/12}$

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 21 day of <u>December</u>, 2012 by <u>Matthew Ladika</u> (name of individual) as <u>CEO</u> (title) of <u>HOMESAFE</u> (name

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

as identification. Elisia L. Mala

Notary Public

My Commission Expires:



- JOF

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

Attachment A

APPLICATION

Organization Name: Leadership Palm Beach County

FEID #: 59-2569079

Web Address:

LeadershipPBC.org

Address:

2751 South Dixie Highway

STREET ADDRESS

West Palm Beach, FL, 33405

CITY, STATE, ZIP

Executive Director:

Christina D'Elosua

NAM SIGNATURE

561-833-4321

TELEPHONE NUMBER

E-MAIL ADDRESS

Christina@LeadershipPBC.org

Fiscal Agent:

N/A Name

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

Attachment #_______

1

Date:

1/3/13

DATE



Attachment A

2

Organization Name:_____

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

\$20,000:00

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:

Leadership Palm Beach County has served local communities for almost 30 years through educating and uniting leaders, both professionals and youth, in order to build a better community.

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

Each year, LPBC delivers three core leadership programs designed to bring together leaders from the public, private and nonprofit sectors to build and steward a vibrant, interconnected community.

Since 1983, our unique programs have enhanced the capacity of over 1,500 adult and youth leaders by deepening their civic commitment and awareness of diverse industries in Palm Beach County.

LPBC focuses on broad community awareness, but allows for a full day dedicated to Public Safety as well as a full day dedicated to Health & Human Services for both the professional and youth programs. LPBC will utilize LETF funds to educate participants about Crime Prevention as well as Drug Treatment and Prevention Education on these session days.

What results are you committed to achieving?

Leadership Palm Beach County's Public Safety curriculum examines the county's justice system from the inside out. Professional & Youth Leadership class members tour the Palm Beach County Jail with Sheriff's Deputies as well as hear a panel discussion at the County Courthouse about partnerships and challenges within the justice system.

Through all of our leadership programs, we are committed to expanding awareness of our county's Public Safety services and empowering community leaders with relevant information. LPBC has a unique opportunity to impact future leaders through our Youth Leadership Program, and we are dedicated to incorporating both crime prevention and drug prevention education into this curriculum to help local youth lead productive, healthy lives.



Attachment A

FINANCIAL APPLICATION

From: July 1, 2013 To: June 30, 2014 Period Covered (one year)

No.	Expense	Program	LETF	LETF
	P	Total	Request	
1.	Salaries	\$85,939.00	\$11,000.00	12.80%
2.	Employee Benefits/Payroll Taxes	\$11,470.00	\$1,400.00	12.21%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$5,556.00	\$700.00	12.60%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications		. * 	0.00%
8.	Supplies	\$2,350.00	\$300.00	12.77%
9.	Travel	\$13,250.00	\$1,600.00	12.08%
10.	Meetings	\$39,650.00	\$5,000.00	12.61%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$158,215.00	\$20,000.00	12.64%

Revised 10/2012



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):

% of Salaries utilized to complete the Leadership Program, Youth Leadership Program and FOCUS Program: Executive Director:\$40,370 Programs & Administrative Coordinator: \$25,960 Communications & Programs Coordinator: \$19,609

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

Occupancy/Utilities (list utilities):

Rent: \$900/month (divided by % across programs) All utilities included

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 10/2012

Attachment A



Attachment A

Supplies (list supplies/equipment):

Participant name badges, Youth polo shirts, activity materials (poster board, markers, etc.)

Travel (individuals traveling, destination and purpose):

Charter bus each day (\$650/day) to visit community organizations throughout Palm Beach County. Leadership Program (10 total), Youth Leadership Program (8 total), and FOCUS Program (2.5 total). See attached agenda's for destinations.

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

Breakfast, lunch, snacks and drinks each: Leadership Program (10 total)\$7,200, Youth Program (8 total) \$6,600, and FOCUS Program (2.5 total)\$2,600 session days. Meals & hotel costs for Leadership Program Retreat: \$15,200 Lunch, snacks and drinks for Youth Program Retreat \$550. Food and beverage at Leadership Program & Youth Leadership Program orientations and graduations \$7,500.

Miscellaneous Expense (specify items):



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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. (please print) Name Signature

Evecutive Director

1/3/12-

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 3 day of January, 2013 by Christma D'Elosure (name of individual) as <u>Specific Director</u> (title) of <u>Leadership Palm BeachCountry</u> of organization/ agency), who is personally known to me or who produced

as identification.

Notary Public

My Commission Expires:



KAREN M. MCLINTON MY COMMISSION # EE 833558 EXPIRES: November 15, 2018 Bonded Thru Budget Notary Services

6

Attachment A



Attachment A

APPLICATION

Organization Name: National Center for Missing & Exploited Children/Florida Regional

FEID #: _____

Web Address:

www.missingkids.com

Address:

9176 Alternate A1A

STREET ADDRESS

Lake Park, FL 33403

CITY, STATE, ZIP

Executive Director:

Nancy A. McBride NAMÉ SIGNATURE 561-848-1900

TELEPHONE NUMBER

nmcbride@ncmec.org E-MAIL ADDRESS

Fiscal Agent:

Michael P. Lynch

NAME Muchin

SIGNATURE

703-837-6200

TELEPHONE NUMBER

mlynch@ncmec.org

E-MAIL ADDRESS

Date:

DATE 12/2012

Revised 10/2012

Attachment # ______



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

Organization Name:______

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:

The mission of the organization is to serve as the nation's resource on the issues of missing and sexually exploited children. The organization provides information and resources to law enforcement, parents, children including child victims as well as other professionals.

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

Take 25 is a preventive child safety campaign created by the National Center for Missing & Exploited Children (NCMEC) in honor of National Missing Children's Day. Designed to raise awareness of the issues surrounding missing and exploited children, the Take 25 campaign encourages parents, guardians, educators, and others to take 25 minutes to talk to children about safety. Back to School/National Night out-based on data from NCMEC, children are most vulnerable to attempted abduction going to and from school or school related activities. Provide resources to PBSO & other municipalities to provide opportunities for families and communities to help teach children how to recognize and avoid potentially dangerous situations & how to respond to tricks from potential abductors.

What results are you committed to achieving?

Work with the Palm Beach County Sheriff's Office Community Policing, Crimes Prevention and Special Events Units provide safety messages, programs and services to children and families throughout Palm Beach County on the prevention of child abduction and sexual exploitation. Implement community outreach programs and initiatives designed to reduce incidents of child abduction and exploitation through the dissemination of essential safety information. Increase the number of Take 25 events in Palm Beach County and support PBSO and other municipalities activities for Back to School, Trunk or Treat, and Shop With a Cop.

Revised 10/2012

FINANCIAL APPLICATION

Period Covered (one year) From:

July 1, 2013 To: June 30, 2014

Attachment A

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$0.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$580.00	\$580.00	100.00%
7.	Printing & Publications	\$3,360.00	\$3,360.00	100.00%
8.	Supplies	\$9,595.00	\$9,595.00	100.00%
9.	Travel	\$1,000.00	\$1,000.00	100.00%
10.	Meetings	\$465.00	\$465.00	100.00%
11.	Miscellaneous Expenses	\$0.00	\$0.00	0.00%
	Total Expenses	\$15,000.00	\$15,000.00	100.00%

Revised 10/2012



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): N/A

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

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

Printing & Publications (list type of material):

Funds requested to offset cost of printing safety tips, posters, banners, promotional fliers, presentation discs and training materials in English and Spanish. Specific publications associated with these programs are Know The Rules (KTR)Going To & From School More Safely,Way 2 Go/Back to School, Beat the Tricks, Real World Safety Rules, KTR Halloween Safety, and KTR Abduction & Harm. Funds will also be utilized to purchase perforated card stock for Child ID Cards and event banners for Take 25.

Revised 10/2012



Attachment A

Supplies (list supplies/equipment):

Funds requested to offset costs for fingerprint printer ink, replacement cables, and basic Child ID machine maintenance. Funds will also be used to create and purchase promotional items customized with safety messaging to be used in a variety of ways throughout the year; tote bags for Trunk or Treat and other safety events; Take 25 event supplies; incentives for parent, children, and educator presentations; and recognition for outstanding program facilitators.

Travel (individuals traveling, destination and purpose):

Local travel for one outreach professional and the National Safety Director. Travel will be throughout Palm Beach County with an emphasis on the Community Policing Sites in the 15 PBSO Districts. Travel is reimbursed at \$0.555 per mile.

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

Train-the-Trainer presentations will be offered for Community Policing Officers, Crime Prevention Officers, Educators, and Youth Serving Organizations. Personal Safety presentations will also be offered to parents and children throughout the year. Training materials and light refreshments will be provided.

Miscellaneous Expense (specify items):

n/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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

Michael & Lynd (hief Financial Officer Name (please print) Title (please print)

Mund Man 12/20/2017-Date

NOTARY SECTION:

State of Florida

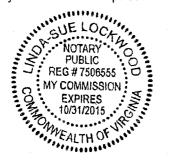
State of Florida County of Palm Beach County of Fairfax The foregoing Agreement was acknowledged and subscribed before me this 120 day of <u>December</u>, 2012 by <u>Michael P. Lynch</u> (name of individual) as <u>Chief Financial Officer-VP</u> (title) of <u>NCHEC</u> (name (name

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

as identification.

inda Sur Rochwood Notary Public

My Commission Expires: 10/31/2015





Attachment A

APPLICATION

Organization Name: PALM BEACH COUNTY SHERIFF'S FOUNDTION

	FEID #: 27-2615023	
Web Address:		
Address:	2300 N JOG ROAD	
	STREET ADDRESS	a 19 a mainte ann an Aonaichte ann an Aonaichte ann an Aonaichte Anna Aonaichte Anna Aonaichte Anna Aonaichte a Anna Aonaichte ann an Aonaichte Anna Aonaichte ann an Aonaichte Anna Aonaichte Anna Aonaichte Anna Aonaichte Ann
	WEST PALM BEACH, FL 33411	
	CITY, STATE, ZIP	
Executive Director:	WILLIAM A. GRALNICK	
	Nаме	
	SIGNATURE	
	561-681-4523	GRALNICK@PBSO.ORG
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	RICHARD J. SEYMOUR	
	NAME	
	SIGNATURE	
	561-371-9381	RICKS@CSIPALMBEACH.COM
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	1/13/2013	

DATE

Revised 10/2012

Attachment # ______;



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

Organization Name:

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

\$30,000.00

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 organized and supervised recreation and education programs under the leadership of law enforcement to help establish positive relationship between youth and their communities.

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

Funded items will include a backpack, an age appropriate educational kit which contains most of the supplies required per school lists. We are utilizing our community policing deputies to identify the families in need of school supplies. In addition we are providing necessary school supplies to our adopted school centers and will be identifying schools who have 90% free and reduced lunch population for assistance with supplies, this information is provided to us from the school board. We will distribute crime prevention pamphlets about bullying, gang violence, for the students and parents.

What results are you committed to achieving?

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

Revised 10/2012



FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2013 To: June 30, 2014

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			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$30,000.00	\$30,000.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$30,000.00	\$30,000.00	100.00%

Revised 10/2012

3

Attachment A



Attachment A

4

Budget Narrative

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

Salaries (list employees and individual compensation): n/a

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

Occupancy/Utilities (list utilities): n/a

Telephone (provide telephone numbers): n/a

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



Attachment A

Supplies (list supplies/equipment):

600 boxes k-2nd grade includes backpack @\$13.00= \$7800.00

1000 boxes w/elementary includes backpack @14.00=\$14000.00 586 boxes w/middle school includes backpack @14.00=\$8204.00

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

SHARD Name (please print)

 $\frac{J SUMAR}{2 E I3}$

NOTARY SECTION:

State of Florida

Signature

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before methis $ \& $	1-day of
Ich 2013 by Richard Senare (name of individual) an	
Chairmen (title) of P B County Sher. It's Found	
of organization (and) is in the stand	<u> </u>

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

Notary Public

My Commission Expires: 10-1-14

CAROL M. WOOD MY COLIMISSION # EE 204135 EXPIRES: October 1, 2016 Bonded Thru Budget Notary Services

6



Attachment A

APPLICATION

Organization Name: Palm Beach Recovery Coalition, Inc.

FEID #: 51 0608130

Web Address:

www.PalmBeachRecoveryCoalition.com

Address:

311 N. Federal Highway, #1 Street address

Lake Worth, FL 33460

CITY, STATE, ZIP

Executive Director:

Gail Skolnick

NAME MIN Ζ SIGNATURE palmbeachrecoverycoalition@yahoo.c 561-386-5307

E-MAIL ADDRESS

TELEPHONE NUMBER

Fiscal Agent:

Grant J. Skolnick, Esq. NAME ð olnic SIGNATURE attorneygrantskolnick@gmail.com 561-602-1776 E-MAIL ADDRESS TELEPHONE NUMBER

Date:

12/7/2012 ______ DATE

Revised 10/2012

Attachment # 2k



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

Organization Name: ______ Palm Beach Recovery Coalition, Inc.

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

\$25,200.00

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:

The purpose of Palm Beach Recovery Coalition, Inc., (PBRC) is to help individuals get their lives back on track so that they can not only become sober, but also learn to once again live as healthy, happy, productive, employed, law-abiding, high-functioning individuals in our community.

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

These funds are being requested for a new program entitled, "PBRC's Program To End The Cycle of Addiction-Related Crimes." The purpose of the program is to assist individuals who, as a result of drug-abuse, have thus far lived a life involved within the criminal justice system and desire to become sober, employed and law-abiding citizens. Through a detailed system incorporating outreach teams, case management, transitional living, support counseling, life-skills training and education assistance, as well as appropriate referrals to partner agencies providing free healthcare, substance abuse counseling and mental health counseling, PBRC's program will allow individuals at rock-bottom to become healthy members of society once again.

What results are you committed to achieving?

Ensure transitional housing, free healthcare, substance abuse counseling, life-skills training and educational assistance for 50 men over the age of 18 (either homeless or recently departing the criminal justice system) who suffer from substance abuse related disorders in Palm Beach County.

Revised 10/2012



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From:

July 1, 2013 To: June 30, 2014

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	\$63,038.27	\$25,200.00	39.98%
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%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$63,038.27	\$25,200.00	39.98%

Revised 10/2012



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):

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

Occupancy/Utilities (list utilities):

The cost for "PBRC's Program To End The Cycle Of Addiction-Related Crimes" Headquarters will be \$3,343.64 per month in rent. Additionally, the utility expenses amount to approximately \$2,000.00 a month. Palm Beach Recovery Coalition is humbly asking for a grant of \$25,200 from the Sheriff's Law Enforcement Trust Fund to help pay these expenses and to allow this new innovative program to get off the ground and on its feet.

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 10/2012



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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>Ga; | SKoln; ck</u> Name (please print)

CEO/Executive Director Title (please print)

 $\frac{12}{7}/12$

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 7th day of December, 2012 by Gail SKohick (name of individual) as <u>CEO/Executive Director</u> (title) of <u>Palm Beach Recovery Coalition</u> (name

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

Notary Public

My Commission Expires: July 21, 2016 Catherine Kalfin Commission #EE 202523 EXPIRES: JULY 21, 2016

as identification.

6

Attachment A



Attachment A

1

APPLICATION

Organization Name: Palms West Community Foundation

FEID#: 20-5476733

Web Address:

www.cpbchamber.com

Address:

13901 Southern Boulevard

STREET ADDRESS

Loxahatchee Groves, FL 33470

CITY, STATE, ZIP

Executive Director:

NAME SIGNATURE jaene@cpbchamber.com 561-790-6200

TELEPHONE NUMBER

Jaene Miranda

E-MAIL ADDRESS

Fiscal Agent:

Faye Ford	
NAME	
SIGNATURE	
561-790-6200 TELEPHONE NUMBER	Faye@cpbchamber.com

Date:

March 4, 2013

DATE

Attachment # _____

2



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

Organization Name:______

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

\$5,000.00

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

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

Through collaboration with local organizations, public officials, and local businesses, the Palms West Community Foundation will present a Crime Prevention & Safe Neighborhood Outdoor Fair at Reggae Fest targeting Palm Beach County's families living in our Central Palm Beach County Communities. The event will take place on April 12-14, 2013. Fair components include: Crime Prevention, Child ID, Missing Child, Animal Kindness, and Tactical vehicle presentations.

What results are you committed to achieving?

Total event is expected to draw 15,000+. The goal for the crime Prevention & Safe Neighborhood Outdoor Fair is to reach 1,000 children and 3,000 adults of Reggae Fest participants with the educational and prevention programs.



Attachment A

FINANCIAL APPLICATION

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

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	\$10,000.00	\$1,000.00	10.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$19,500.00	\$3,000.00	15.38%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$32,600.00	\$1,000.00	3.07%
	Total Expenses	\$62,100.00	\$5,000.00	8.05%

Revised 1/2012

4



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):

n/a

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

Large Marge Productions coordinates the festival operations including coordination of vendors/non-profits assisting with the Crime Prevention & Safe Neighborhood Outdoor Fair

Occupancy/Utilities (list utilities): n/a

Telephone (provide telephone numbers): n/a

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



Attachment A

Supplies (list supplies/equipment):

Light Towers & Generators, Tents/Tables/Chairs, Stage Sound Equipment, Fencing, Portolets, trash receptacles/dumpsters, Insurance, and t-shirts

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Entertainment: Music, Fun Kid activities (i.e. Face Painting), street performers.



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.

Name (please print) aen

Title (please print) 314/13 Date

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>4</u> day of <u>theref</u>, 20<u>1</u>3 by <u>Thend</u> <u>Miranda</u> (name of individual) as

__as identification.

____ (title) of _____

_ (name

6

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

Notary Public

My Commission Expires:

	Second Se
C.C.C.C.C.	ERIC GORDON
S Strate	ERICUORDO
5 32	MY COMENSSION # DD874774
5 6 7 2	EXPIRES March 26. 2013
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1.000-3-NOTA	
NAMAAN I	7. v v



Attachment A

APPLICATION

Organization Name: Palme West Community Foundation

FEID #: 20-5476733

Web Address:

www.cpbchamber.com

Address:

13901 Southern Boulevard

STREET ADDRESS

Loxahatchee Groves, FL 33470

CITY, STATE, ZIP

Executive Director:

Jaene Miranda

NAME

Ulli

SIGNATURÉ 561-790-6200

jaene@cpbchamber.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Faye Ford NAME SIGNATURE /

561-790-6200

faye@cpbchamber.com

TELEPHONE NUMBER

E-MAIL ADDRESS

32613 DATE

Date:

Revised 10/2012

Attachment # $\underline{\sim}m$

2



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

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:

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

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

Through collaboration with local organizations, public officials, and local businesses, the Palms West Community Foundation will present a Crime Prevention & Safe Neighborhood Outdoor Fair at SalsaFest targeting Palm Beach County's Hispanic families living in our Central Palm Beach County communities. The event will take place on November 23-24, 2013. Fair components include: Crime Prevention, Child ID, Missing Child, Animal Kindness and Tactical vehicle presentations.

What results are you committed to achieving?

Total event is expected to draw 25,000+. The goal for the Crime Prevention & Safe Neighborhood Outdoor Fair is to reach 2,000 children and 5,000 adults of SalsaFest participants, primarily of Hispanic origins, with the educational and prevention programs.



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

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2013	To:	June 30, 2014	

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries		х	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			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$25,000.00	\$3,000.00	12.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$58,000.00	\$2,000.00	3.45%
	Total Expenses	\$83,000.00	\$5,000.00	6.02%

Revised 10/2012



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):

n/a

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

Occupancy/Utilities (list utilities): n/a

Telephone (provide telephone numbers): n/a

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

Revised 10/2012



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

Supplies (list supplies/equipment):

Light towers & generators, tents/tables/chairs, staging, stage sound equipment, fencing, barricades/bike racks, portolets, trash receptacles/dumpsters, insurance, signage and t-shirts

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Entertainment: music, fun kid activities (i.e. face painting), street performers.

6



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

ne Mirande Name (please print) 111

Title (please print)

3/30 12

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before methis $3/2$ day of
March 2013 by Jarene Mirauda (name of individual) as
(title) of DCy (hamby (name
of organization/ agency), who is personally known to me or who produced
FDLMb53421b3701() as identification.
Daird MM. alur
Notary Public
My Commission Expires: DAVID M. AhDERSON Notary Public - State of Florida My Comm. Expires Mar 25, 2016 Commission # EE 182599



APPLICATION

Organization Name: West Palm Beach Library Foundation

FEID #: 65-1068311

Web Address:

http://www.wpblibraryfound.org

Address:

411 Clematis Street 3rd Floor

STREET ADDRESS

West Palm Beach, FL 33401

CITY, STATE, ZIP

Executive Director:

James Sugarman

NAME ISNS SIGNATURE

sugarmanj@mycitylibrary.org

Fiscal Agent:

Mike Leone, Treasurer	
NAME	<u> </u>
Juchart	
SIGNATURE	
561-689-7888	MLeone@AlpernFL.com

TELEPHONE NUMBER

December 19, 2012

E-MAIL ADDRESS

E-MAIL ADDRESS

Attachment A

Date:

DATE

Revised 10/2012

Attachment # 2N



Attachment A

2

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 West Palm Beach Library Foundation serves the Mandel Public Library of West Palm Beach by obtaining funds to pilot new initiatives, enhance technology and collections and by providing funds to support and enhance programs for children, teens, adults and families while not replacing tax revenues.

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

Continuation of the Teen Mentor position and programming. The Teen Mentor, has helped build teens'self-esteem and provided them with the motivation to be successful through a program entitled TSB-Teen Skill Building. TSB brings teens to the Mandel Public Library of WPB, a safe haven where they receive homework, GED assistance, Get-the-Job and college-prep programs. TSB educates teens about self care, building and maintaining life skills. TSB will reach out to more at-risk teens, helping them with life skills to become outstanding, responsible citizens. There will be workshops providing life lessons on communication skills, building relationships, and making healthy decisions especially handling peer issues ie. substance abuse.

What results are you committed to achieving?

TSB Program's outreach will be to low income teens. The Library will see an increased usage by high risk teens with a 25% increase in circulation of teen materials and 50% increase in teen programming attendance. "Getthe-Job" programs will reach 48 teens offering job-related skills. Lifeskills and education-related workshops will assist with staying in school, passing GED or preparing for college. Through the TSB program, teens will plan, create and carry-out community services for local non profits and teens will gain volunteer hours at the library. TSB programs will reach teens, giving them needed life skills to help them become outstanding and responsible citizens.



Period Covered (one year)

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

From: July 1, 2013 To: June 30, 2014

Attachment A

FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
		rotai	Request	1
1.	Salaries	\$8,594.56	\$8,594.56	100.00%
2.	Employee Benefits/Payroll Taxes	\$1,000.00	\$1,000.00	100.00%
3	Professional Fees	\$8,750.00	\$8,750.00	100.00%
4	Occupancy/Utilities			0.00%
5.	Telephone		· · · · · · · · · · · · · · · · · · ·	0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$500.00	\$500.00	100.00%
8.	Supplies	\$5,250.00	\$5,250.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$905.44	\$905.44	100.00%
	Total Expenses	\$25,000.00	\$25,000.00	100.00%

Revised 10/2012



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):

Teen Mentor: \$10.33/hour at 16 hours per week for 52 weeks = \$8,594.56

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

Two "Get-the-Job" programs with fees to be paid to presenters to teach job skills, resume building and interview skills for \$750.00. S.B. Idea, Inc. will provide workshops that empower participants through education through monthly life-skills workshops for a total of \$5,000. \$1,000 for other pet-related organizations or presenters that charge a fee. \$2,000 towards administrative costs of the Foundation.

Occupancy/Utilities (list utilities): NA

Telephone (provide telephone numbers): NA

Printing & Publications (list type of material): Paper costs: \$200 Printer ink costs: \$300



Attachment A

Supplies (list supplies/equipment):

Bus passes to get the teens to the library: \$1,000 Jump drives: \$500 Snacks/refreshments for all teen programs: \$1,000 General office supplies: \$250 Book Collection: \$2,500

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items): Parking for one year: \$905.44



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. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. 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.

AMES, SUBARMAN) Name (please print)

EXEMITIVE DIRECTOR

DAC. 27, 2012

NOTARY SECTION:

State of Florida

Signature

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 27^{tr} day of <u>Acc</u>, 2012 by <u>Jeans superconn</u> (name of individual) as <u>Frequence Aircular</u> (title) of <u>Library Frequencies (uPB)</u> (name of organization/ agency), who is personally known to me or who produced <u>FL-0L-52 65-448-51-003-0</u> as identification.

Notary Public * cory

My Commission Expires:

