Agenda Item No. 388-4

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Nov	vember 5, 2013	[x]	Consent]]	Regular
Department:		[]	Ordinance	[1	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 \$308,908 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 2014 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 \$308,908. 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 \$1,037,034. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$728,126. 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
A Child Is Missing, Inc.	\$5,713
b Achievement Centers for Children and Families, Inc.	\$10,000
C Neighbors 4 Neighbors, Inc.	\$20,000
d Child Protection Team, Inc.	\$29,635
Children's Case Management Organization, Inc.	\$15,000
Faith, Hope, Love, Charity, Inc.	\$25,000
g Gratitude House, Inc.	\$25,000
L Jerome Golden Center for Behavioral Health, Inc.	\$10,000
Lost and Found of Palm Beach County, Inc.	\$12,500
S Nope Task Force, Inc.	\$25,000
Palm Beach County Substance Abuse Coalition, Inc.	\$2,560
Safety Council of Palm Beach County, Inc. (Mobile Eyes Program)	\$3,500
m Take Stock in Children, Inc.	\$50,000
The ARC of Palm Beach County Foundation, Inc.	\$50,000
International The Lord's Place, Inc.	\$25,000
Total Amount	\$308,908

Background and Justification:

ASSISTANT

(Continued on Page 3)

Attachments:

1. Budget Transfer 2. LETF Donation Applications (15) ___________ ______ **RECOMMENDED BY:** DEPARTMENT DIRECTOR (` APPROVED BY: _//@

COUNTY ADMINISTRATOR

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2014	2015	2016	2017	2018
Operating Costs	\$308,908				
External Revenues Program Income (County)	(\$308,908)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curre	nt Budget: YES	6	NO X		
Budget Account No.: Fund	Agency	(Drg	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:

isa 101 OFMB /

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

B entract Administration

(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.



BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

BGEX 160 101513-122

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	0	308,908	0	308,908		
<u>Reserves - New Projec</u> 160-9900-990 2 -	ts Reserves - Operating	1,499,988	1,499,988	0	308,908	1,191,080		
	TOTAL FUND	<u> </u>		\$308,908	\$308,908			
	·		1					
Palm Beach County S	heriff's Office	Signatures /		Date				Inty Commissioners November 5, 2013
INITIATING DEPARTM	IENT/DIVISION						Deputy Clerk to	the
Administration/Budge	et Department Approval	_ Susa	- Mean	10/1	5/13			Commissioners

Administration/Budget Depa Administration/Budget Depa OFMB Department - Posted



Attachment A

APPLICATION

Organization Name: A Child Is Missing, Inc.

FEID #: 650747870

Web Address:

www.achildismissing.org

Address:

500 S.E. 17th Street, Suite 101

STREET ADDRESS

Fort Lauderdale, Florida 33316

CITY, STATE, ZIP

Executive Director:

Sherry Friedlander

(954) 763–1288 TELEPHONE NUMBER

E-MAIL ADDRESS

sherryf@achildismissing.org

Fiscal Agent:

Sherry Friedlander AM ander SIGNATURE 0 (954) 763-1288 sherryf@achildismissing.org

TELEPHONE NUMBER

E-MAIL ADDRESS

1

Date:

05/30/2013 DATE

Revised 02/2013

Attachment A

Organization Name:_____A Child Is Missing, Inc.

LETF Funding Request (MUST match total on Financial Application): _______\$5,713.00

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:

A Child Is Missing assists law enforcement in the early search and recovery of missing children, the elderly (often with Alzheimer's or Dementia, the disabled (often with Autism or Down Syndrome) and other vulnerable populations. We provide Educational, Prevention and Safety Programs for youth.

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

Child Safety Education Program - A dual safety program that teaches children (ages 5 to 9)safety rules for when they are alone, when someone attempts to abduct them, and about bullying and proper touch. W.I.T.S. Program - A program that teaches children (ages 9 to 13) solutions to bullying using the W.I.T.S. model: Walk-Away, Ignore, Talk It Out, Seek Help.

Anti-Bullying and Effective Communication Program - Consists of two courses, "The Anatomy of the Murder of a Bully" and "Express Yourself!" Youth (ages 14 to 17) are taught about choices and consequences and given effective tools for communication and relationship building.

What results are you committed to achieving?

Every year, millions of children and adolescents in the United States are impacted upon by abuse, neglect and violence in their homes, schools and communities. Law Enforcement is the first to say that it takes a community to protect our children.Partnering of law enforcement, agencies who serve youth and the community is vital if we are to impact upon the dangers that our children and adolescents face.So, how do we keep our children and adolescents safe? A Child Is Missing, Inc. believes that educational and prevention programs that enhance community awareness and community involvement will help ensure their safe-keeping. But, we must also give these vulnerable youth the skill-sets they need to help ensure their own safety. We must couple adult awareness with self-empowerment tools for children and adolescents.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$22,500.00	\$2,250.00	10.00%
2.	Employee Benefits/Payroll Taxes	\$2,980.00	\$298.00	10.00%
3.	Professional Fees	\$15,000.00	\$1,500.00	10.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$13,344.00	\$1,334.40	10.00%
8.	Supplies	\$2,706.00	\$270.60	10.00%
9.	Travel	\$0.00	\$0.00	0.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$600.00	\$60.00	10.00%
	Total Expenses	\$57,130.00	\$5,713.00	10.00%

Revised 02/2013



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):

Project Staffing Expenditures for Dr. Alexis Brimberry and Ron Bannis: Location Research, Contact, Site Securing, Scheduling: \$ 3,000.00 Public Relations, Consulting, Quality Control: \$3,000.00 Logistics, Presenters' Schedule, Material Preparation: \$5,500.00 Administrative Support, Evaluation Collection/Assessment: \$1,500.00 Update of Training/Curriculum/Printed Materials/Videos: \$9,500.00

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

Teacher Compensation: \$15,000.00 Estimated \$100.00/Day at 150 Camp Sessions:

Occupancy/Utilities (list utilities): \$0.00

Telephone (provide telephone numbers): \$0.00

Printing & Publications (list type of material):

7,000 Coloring Books, Provided to Children: \$11,500.00 7,000 Bookmarks, Provided to Children: \$1,700.00 Six Instruction Packets at \$20.00/each: \$120.00 Six Instructor Certificates at \$4.00/each: \$24.00



Attachment A

Supplies (list supplies/equipment):

12 A Child Is Missing T-Shirts (Two/Instructor) at 18.00/each: \$216.00 Props for Six Instructors: \$600.00 Six A Child Is Missing/Sponsor Banners at \$150.00 each: \$900.00 Six Safety Tip poster Boards, Visual Aid at \$110.00/each: \$660.00 Six Instructional Videos/Discs at \$55.00/each: \$330.00

Travel (individuals traveling, destination and purpose):

\$0.00

Meetings (attendees, purpose, items needed for meeting): \$0.00

Miscellaneous Expense (specify items):

Six Instructor Background Checks at \$100.00/each: \$600.00

Attachment A

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APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purpose as indicated on Page 3 of this application. 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.

FRIED ANDER Signature

Title (please print)

430,2013

NOTARY SECTION: State of Florida County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 30th day of May, 2013 by Sherry Friedlander (name of individual) as (title) of A child 9s Missing, Inc (name CEO

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

as identification.

Notary Public

My Commission Expires:



Y COMMISSION # EE 036563 XPIRES: October 21, 2014 Ś

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

Attachment A

APPLICATION

Organization Name: Achievement Centers for Children & Families

FEID #: 59-1264435

Web Address:

www.delraychild.org

Address:

555 NW 4th Street

Delray Beach, FL 33444

CITY, STATE, ZIP

Executive Director:

Nancy K. Hurd

NAME SIGNATURE

nkhurd@delraychild.org

TELEPHONE NUMBER

561-276-0520

E-MAIL ADDRESS

Fiscal Agent:

Ms. Gayla Jones

NAME ٤). SNes SIGNATURE

561-276-0520 gjone

gjones@delraychild.org

TELEPHONE NUMBER

April 29, 2013

DATE

E-MAIL ADDRESS

Date:

Revised 02/2013

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Attachment A



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

Organization Name: Achievement Centers for Children & Families

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:

The mission of the Achievement Centers for Children & Families (ACCF) is to provide programs and services designed to help low-income families break the cycle of poverty while preparing children for academic success.

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

The program to be funded by the Palm Beach County Sheriff's Office is for services provided to 94 teens from 12 to 18 in ACCF's Afterschool, Beacon Center Extended Day and Teen Programs located within the Village Academy (400 SW 12th Ave., Delray Beach 33444.) The Center is open when teens need a safe haven during those critical nonschool hours, from 2:00 PM. to 7:00 PM every day after school. Without the Center, the vast majority of these young people would spend those hours in unsupervised situations and statistically be far more likely to become involved in negative behaviors or be a victim of violence.

What results are you committed to achieving?

ACCF 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 Center provides an array of opportunities which help youth improve their academic and physical performance. As youth who are significantly behind in school are much more likely to drop out, the Center provides certified teachers and volunteers to help them improve academically. Staff also provide encouragement and incentives for the youth. Daily afterschool and day school attendance is tracked as well as reading and math FCAT scores and behavior reports. The Center's programs work. Statistically, teens who attend afterschool programs stay in school longer, graduate at a much higher rate and outperform their peers.

Revised 02/2013



FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$149,010.00	\$10,000.00	6.71%
2.	Employee Benefits/Payroll Taxes	\$18,805.00		0.00%
3.	Professional Fees	\$15,350.00		0.00%
4.	Occupancy/Utilities	\$5,025.00		0.00%
5.	Telephone	\$1,400.00		0.00%
6.	Postage/Shipping	\$0.00		0.00%
7.	Printing & Publications	\$1,100.00		0.00%
8.	Supplies	\$16,000.00		0.00%
9.	Travel	\$125.00		0.00%
10.	Meetings	\$2,635.00		0.00%
11.	Miscellaneous Expenses	\$550.00		0.00%
	Total Expenses	\$210,000.00	\$10,000.00	4.76%

Revised 02/2013

3

Attachment A



Attachment A

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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):

\$10,000 of one full-time Teen Coordinator's annual salary of \$30,386.

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.

CEO

Title (please print)

<u>4-30-x3</u> Date

Nancy K. Hurd Name (please print)

Signature

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>April</u>, 20<u>13</u> by <u>Nancy K. Hurd</u> (name of individual) as <u>CEO</u> (title) of <u>Achievement Centers of Children and Families</u>

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

as identification.

ones

My Commission Expires:

Sale State	GAYLA D. JONES
	MY COMMISSION # EE05096
The second	EXPIRES January 25, 2015
(407) 388-0153	FloridaNotsryService.com



Attachment A

APPLICATION

Organization Name: Adopt A Bear - A campaign of Neighbors 4 Neighbors

FEID #: 650364391

Web Address:

www.adoptabear.org

Address:

8900 NW 18th Terrace

STREET ADDRESS

Miami, FL 33172

CITY, STATE, ZIP

Executive Director:

Michele Gillen

NAME iller

SIGNATURE 305-439-6959

mgillen222@aol.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Lynne Cameron

NAME ameron nn SIGNATURE

305-597-4404 TELEPHONE NUMBER

E-MAIL ADDRESS

1

LC

lynne@neighbors4neighbors.org

May 10, 2013

Date:

Revised 02/2013

Attachment #



Attachment A

Organization Name:______Adopt A Bear - A campaign of Neighbors 4 Neighbors

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?



Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The Adopt A Bear program is a grassroots non-profit campaign dedicated to fighting child abuse created in a response to budget cuts that endangered the gifting of bears by Juvenile Court Judges. Our purpose is to provide teddy bears and deliver them to first responders to gift to children in need.

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

This program will, expand Adopt A Bear into Palm Beach County and allow us to set up a network to supply the County's Juvenile Court Judges, Law Enforcement, Firemen, and other first response providers with teddy bears that are a healing tool for the traumatized children they encounter.

We will also organize several events during the year that are outreach opportunities to engage the public - adults and children - to Adopt A Bear. Each adoption donation is \$10.00

What results are you committed to achieving?

Our daily mission is to help comfort abused, neglected, and abandoned children - one teddy bear at a time. Thanks to the passion and generosity of the Palm Beach County Sheriff's Office, the first responders will have the priceless tool of sharing a teddy bear with abused, abandoned, and traumatized children.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$5,040.00	\$5,040.00	100.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$2,500.00	\$2,500.00	100.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$10,000.00	\$10,000.00	100.00%
9.	Travel	\$1,500.00	\$1,500.00	100.00%
10.	Meetings	\$260.00	\$260.00	100.00%
11.	Miscellaneous Expenses	\$700.00	\$700.00	100.00%
	Total Expenses	\$20,000.00	\$20,000.00	100.00%

Revised 02/2013

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

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): Lynne Noble @ \$15.00 per hour and various bear ambassadors in West Palm Beach \$5,040

Professional Fees (list vendor and type of service provided): Fiscal Agent: Neighbors 4 Neighbors Administrative \$2,000.00 Accounting \$500.00

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



\$500

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

Attachment A

Supplies (list supplies/equipment): Minimum 1,000 bears \$10,000

Travel (individuals traveling, destination and purpose): \$1,000 Vehicle rental for large local delivery

Meetings (attendees, purpose, items needed for meeting): Adopt A Bear Volunteer meetings \$260

Miscellaneous Expense (specify items): Uniforms for bears \$200



Attachment A

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APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purpose as indicated on Page 3 of this application. 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.

Michele Gillen Name (please print) Muble Lillen

Founder Adopt. A - BEAR Title (please print)

May 10, 2013

NOTARY SECTION:

State of Florida

County of Palm Beach

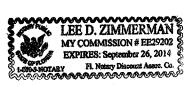
The foregoing Agreement was acknowledged and subscribed before me this 101	Hday of
May, 2013 by Michile Gillen (name of individual) as	
(title) of	(name

as identification.

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

Notary Public

My Comprission Expires:





Attachment A

APPLICATION

Organization Name: Child Protection Team of Palm Beach, Inc. (CPT)

FEID #: 65-0746922

Web Address:

Address:

5305 Greenwood Ave, Ste 101 STREET ADDRESS

West Palm Beach, FL 33407

CITY, STATE, ZIP

Executive Director:

Alison Hitchcock, M.S.W.

NAME SIGNATURE

561-433-3544:252 alison_hitchcock@doh.state.fl.us

E-MAIL ADDRESS

Fiscal Agent:

Sharyn Cornett

TELEPHONE NUMBER

NAME SIGNATURE

561-433-3544:234

TELEPHONE NUMBER

E-MAIL ADDRESS

1

sharyn_cornett@doh.state.fl.us

Attachment # _______

Date:

June 14, 2013

DATE



Attachment A

Organization Name:______

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

\$29,635.00

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 CPT is a medically-directed, multidisciplinary program supplementing the work of Department of Children & Families(DCF) and law enforcement. The CPT evaluates alleged child abuse & neglect, makes recommendations to protect children & enhance caregivers' capacity to provide safe environments.

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

The CPT serves alleged child abuse victims & their families, working closely with law enforcement, State Attorney's offices, & DCF to enhance prosecution of people that hurt children. We provide services to keep a capable family intact & can be instrumental in proving that abuse did not occur. We provide medical diagnosis & evaluation, child & family assessments, psychological evaluations, specialized & forensic interviews, and expert court testimony. The CPT also conducts training for various professionals. Grant funds are requested to purchase a closed circuit TV system & digital recording equipment for our interview rooms. Digital interview files facilitate sharing with law enforcement and court case preparations; are less costly to store, and easier & quicker to retrieve.

What results are you committed to achieving?

We plan to upgrade our closed circuit television system used to record interviews with child abuse victims. The current system records to DVDs, requiring cataloguing & storage. It is nearly 5 years old and is now nearly outdated. Current systems record digitally to computer hard drivemaking it easier to retrieve and share files with law enforcement and case workers; saving on staff time, storage space and facilitates faster preparation of court cases. Efficient & effective prosecution reduces the potential of continued abuse of the victim, the potential of additional victims, court back log and public expense. An efficient interview system will prevent additional crimes, keeping our neighborhoods safer. The budget includes equipment, installation, training, and project management.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$10,033.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$1,369.50	\$0.00	0.00%
3.	Professional Fees	\$10,782.00	\$9,500.00	88.11%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$960.00	\$360.00	37.50%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$19,775.00	\$19,775.00	100.00%
	Total Expenses	\$42,919.50	\$29,635.00	69.05%



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):

Jim Izzo, Assistant Team Coordinator - 10% FTE = \$6,483 Sharyn Cornett, Executive Assistant - 7.5% FTE = \$3,550

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

Word Systems, Inc. Installation and Training = \$1,996 Word Systems, Inc. Additional Warranty/Maintenance = \$6,786 Shoebox Services Inc. Bookkeeping Support and Contract Management = \$500 Rachel Waterman Project Monitoring and Evaluation = \$1,500

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):

Various cords, flash drives, external storage hard drives, etc. = \$875 Uninterruptible power supply 500 VA = \$185

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

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

Miscellaneous Expense (specify items):

Closed Circuit TV Digital Recording System Hardware and software for two rooms = \$16,395 2 Color cameras; motion detector enclosure = \$498 2 Covert light switch microphones = \$578 2 Dry contact metal on/off switches with record light = \$390 1 4-port dry contact break out box = \$695 1 16-port power supply = \$389 2 Quad color 4CH data/time generator = \$830



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.

SON ase print)

Executive Diretor Title (please print)

<u>6-14-13</u>

NOTARY SECTION:

State of Florida

Signature

County of Palm Beach

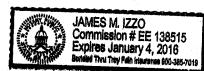
The foregoing Agreement was acknowledged and subscribed before me this 1444day of Junc, 2013 by Alison H, tchcock (name of individual) as <u>Executive Director</u> (title) of <u>Child Protection Team</u> (name of organization (against who is <u>Child Protection</u>)

as identification.

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

totary Public

My Commission Expires:



Attachment A

APPLICATION

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

:	•		FEID #:	
We	b Addre	SS:	www.familiesfirstpbc.org	· · · · · · · · · · · · · · · · · · ·
Ade	dress:	· · · · · · · · · · · · · · · · · · ·	3333 Forest Hill Blvd., 2nd floor	• •
· · · · ·			STREET ADDRESS West Palm Beach, FL 33406	
• • • • •			CITY, STATE, ZIP	
Exe	cutive D	lirector:	NAME Julie Swindler, LCSW	
			SIGNATIRE 561-318-4221 jswindler@familiesfirstpbc.org TELEPHONE NUMBER E-MAIL ADDRESS	
				·····
Fisc	al Agen	t.	N/A NAME	
Fisc	al Agen		N/A NAME SIGNATURE	
Fisc			N/A NAME SIGNATURE TELEPHONE NUMBER E-MAIL ADDRESS	
			N/A NAME SIGNATURE TELEPHONE NUMBER E-MAIL ADDRESS 6/19/13	

Revised 02/2013

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Attachment #______

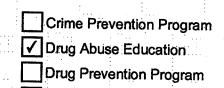
Attachment A

2

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

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

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



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 of 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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$165,548.00	\$11,537.00	6.97%
2.	Employee Benefits/Payroll Taxes	\$56,412.00	\$3,463.00	6.14%
3.	Professional Fees	\$2,973.00		0.00%
4.	Occupancy/Utilities	\$21,605.00		0.00%
5.	Telephone	\$1,690.00		0.00%
6.	Postage/Shipping	\$348.00		0.00%
7.	Printing & Publications	\$660.00		0.00%
8.	Supplies	\$3,115.00		0.00%
9.	Travel	\$15,001.00		0.00%
10.	Meetings	\$488.00		0.00%
11.	Miscellaneous Expenses	\$3,648.00		0.00%
	Total Expenses	\$271,488.00	\$15,000.00	5.53%

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):

Shantreirra Monroe - 1 FTE - Program Supervisor - \$44,290 plus payroll taxes and benefits - \$13,573; Jocelyne Dillard - 1 FTE - Outreach Worker - \$32,989 plus payroll taxes and benefits - \$12,011; Wanda Jones - 1 FTE - Outreach Worker - \$27,383 plus payroll taxes and benefits - \$11,236; Maura Andres - 1 FTE - Outreach Worker - \$32,561 plus payroll taxes and benefits -\$11,952; .50 FTE - Program Director - \$28,325 plus payroll taxes and benefits - \$7,640.

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 - \$2,973.

Occupancy/Utilities (list utilities):

Prorated share of Rent - \$21,605 (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) = \$1,690

Printing & Publications (list type of material):

\$660 for TOPWA brochures, business cards and prorated share of letterhead and envelopes.

Attachment A

5

Supplies (list supplies/equipment):

\$3,115 for prorated share of office supplies. \$348 for postage which includes client satisfaction surveys mailed out twice per year.

Travel (individuals traveling, destination and purpose):

to reimburse .565 a mile for outreach workers and program supervisor traveling to client homes, outreach venues, and meetings throughout Palm Beach County for a total cost of \$15,001.

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

\$488 to reimburse for training meetings that all TOPWA staff are required to attend to increase their skills.

Miscellaneous Expense (specify items):

Revised 02/2013

\$3,648 which includes prorated share of cost for insurance (\$2,065), building maintenance (\$55), equipment maintenance (\$729), dues for Child Welfare League and ongoing accreditation (\$300), and background screening and other miscellaneous expenses (\$499).

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.

Julie Swindler Name (please print)

Signat

Chief Executive Officer Title (please print)

Attachment /

6

Date

NOTARY SECTION: State of Florida County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 19 day of <u>JUNE</u>, 2013 by <u>TULIE SWINDLE</u> (name of individual) as <u>CHIEF EXECUTIVE OFFICE</u> (title) of <u>FAMILIES FIRST OF P.B. COUNTY</u> (name of organization/ agency), who is personally known to me or who produced

as identification.

a)11) Notary Public

LAVINIA J. BAKER

xoires October 19

on # EE 209183

My Commission Expires:



Attachment A

APPLICATION

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

. 1.	· ·	1. 1.			•
FFIN	#: 65	5-046	480	7	1.5
	<i>IF</i> 1		· .		<u>.</u>

Web Address:

www.standown.org

Address:

		Avenue		

STREET ADDRESS

Palm Springs, FL 33461

CITY, STATE, ZIP

Executive Director:

Roy J. Foster

NAME SIGNATURE (561) 968-1612

TELEPHONE NUMBER

E-MAIL ADDRESS

r1290y@msn.com

Fiscal Agent:

Marcia Rainford

NAME oun SIGNATURE

(561) 968-1612

Marcr@standown.org

TELEPHONE NUMBER

E-MAIL ADDRESS

2013

Date:

Revised 02/2013

Attachment # __

Ø



Attachment A

2

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

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 reintegration supportive services to homeless and at risk veterans and their families suffering with alcohol/drug addictions, PTSD, mental/physical limitations or due to economic hardships have found themselves homeless or at risk.

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

Funding requested will be utilized for Stand Down House program that provides housing and supportive services to homeless veterans struggling with alcohol/drug addictions. Services provided are emergency housing, nutritional meals/snacks, clothing, case management, psychological counseling, AA/NA meetings on-site and off-site, daily transportation to WPB VAMC for medical/mental health appointments and substance abuse classes. Additionally, veterans attend development groups on-site for Relapse Prevention, Anger Management, life skills and Peer-to-Peer meetings.

What results are you committed to achieving?

The goals that will be achieved by veterans at Stand Down House are the following: (1)95% will maintain sobriety;

(2)85% of clients will obtain employment or benefits to ensure financial stability;

(3) 75% will secure permanent housing;(4) 60% will complete the program.



Attachment A

3

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

. . . .

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$150,634.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$37,659.00	\$0.00	0.00%
3.	Professional Fees	\$14,233.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$128,552.00	\$10,000.00	7.78%
5.	Telephone	\$12,622.00	\$0.00	0.00%
6.	Postage/Shipping	\$820.00	\$0.00	0.00%
7.	Printing & Publications	\$9,562.00	\$0.00	0.00%
8.	Supplies	\$115,099.00	\$15,000.00	13.03%
9.	Travel	\$4,017.00	\$0.00	0.00%
10.	Meetings	\$546.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$273.00	\$0.00	0.00%
	Total Expenses	\$474,017.00	\$25,000.00	5.27%



N/A

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

Attachment A

Budget Narrative

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

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

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

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



Attachment A

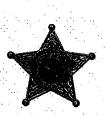
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Supplies (list supplies/equipment): Food - \$15,000.00

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

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

Miscellaneous Expense (specify items): N/A



Attachment A

6

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.

n Name (please print)

Signature

Title (please print)

NOTARY SECTION:

State of Florida

County of Palm Beach

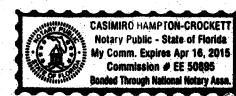
The foregoing Agreement was acknow	ledged and subscribed b	before me this $\underline{\mathcal{G}}_{\mu}$ day of
Man, 2013 by Ton J. Jos	ter (name o	of individual) as
Eleventrue Director (ti	itle) of Fasth #Hope #	we # Charoly, Suc. (name

as identification.

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

Notary Public

My Commission Expires:





Attachment A

APPLICATION

Organization Name: Gratitude House

FEID #: 23-7215223

Web Address:

www.gratitudehouse.org

Address:

1700 N Dixie Hwy

STREET ADDRESS

West Palm Beach, FL 33407

CITY, STATE, ZIP

Executive Director:

J. Kane Linda SIGNATURE 561-833-6826 lindak@gratitudehouse.org TELEPHONE NUMBER E-MAIL ADDRESS

Fiscal Agent:

Patricia Barnett

NAME

patriciab@gratitudehouse.org
E-MAIL ADDRESS

Date:

DATE

Revised 02/2013

Attachment # _____2



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:

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:

We take a comprehensive, long-term approach to treatment with the average length of stay ranging from 6 to 9 months. We offer professional, supervised clinical services for substance abuse and co-occurring mental health issues. Daily services include individual and group counseling, addiction & mental health education, treatment planning, parenting classes peer socialization, conflict resolution and life skills. An important part of our treatment plan is to help put our clients on a path towards self-sufficiency by offering Job Counseling and Case Management services for their medical, housing and financial needs. Clients that complete treatment may participate in a weekly Aftercare group that focuses on relapse prevention and developing peer supports within the community.

What results are you committed to achieving?

We are committed to fostering change in high-risk, substance-abusing women by offering effective substance abuse treatment. Our clients will move from denial toward acceptance of their addiction and be able to delay the impulse for immediate gratification; clients will develop recovery skills sufficient to maintain abstinence during treatment. The clients will enter the Job /Vocational counseling program to enhance their marketable skills and will be either employed, in school, or volunteering upon discharge. Quarterly program reports provide us with data for all clients and allow us to evaluate and measure success of our programs. One measurable goal is that 75% of women completing residential treatment will be substance free one month prior to discharge.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$357,437.00	\$20,000.00	5.60%
2.	Employee Benefits/Payroll Taxes	\$68,513.00)	0.00%
3.	Professional Fees	\$61,644.00		0.00%
4.	Occupancy/Utilities	\$104,180.00		0.00%
5.	Telephone	\$6,600.00		0.00%
6.	Postage/Shipping	\$1,800.00		0.00%
7.	Printing & Publications	\$1,600.00		0.00%
8.	Supplies	\$85,041.00	\$5,000.00	5.88%
9.	Travel	\$14,880.00		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$135,583.00		0.00%
	Total Expenses	\$837,278.00	\$25,000.00	2.99%

Revised 02/2013



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):

Kaisha Thomas, Clinical Director, 78,000; Jaye Anderson, Intervention & Admissions 34,600; Rosalyn Collins, Supervisor of Residential Svcs, 45,300; Counselors(4); Rachel Bailis, 34,100; Rebecca Dumaine, 36,300; Cristina Lambert, 36,000; Jennifer Myers, 26,625; Pat Dion, Nurse21,949; 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

Occupancy/Utilities (list utilities):

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

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; brochures



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



Attachment A

6

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.

ane Name (please print) Signature

Executive Divector Title (please print)

6-20-13

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agre	eement,was,acknowledged	and subscribed before i	ne this	day of
June, 20_		(name of indiv		
(Executive		GRARIdude	Hauss	(name
of organization/ ag	ency), who is personally know		iced	— `
()		dentification.		
ANV	ALAPA			
Notary Public	YALT	9-d		
youary Public /		and the second second second		

My Commission Expires:



Attachment A

APPLICATION

Organization Name: Jerome Golden Center for Behavioral Health

FEID #: 59-1171320

Web Address:

www.jeromegoldencenter.org

Address:

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1041 45th Street

STREET ADDRESS

West Palm Beach, Florida 33407

CITY, STATE, ZIP

Executive Director:

Linda C. DePiano, Ph.D, Chief Executive Officer

NAME SIGNATURE

561-383-5711

ldepiano@goldenctr.org

TELEPHONE NUMBER E-MAIL ADDRESS

Fiscal Agent:

Patricia Priola, Chief Financial Officer

NAME 11 SIGNATURE

561-383-5736 TELEPHONE NUMBER

ppriola@goldenctr.org

E-MAIL ADDRESS

Date:

8/21/13

DATE

Revised 02/2013

Attachment #

ah



Attachment A

2

Organization Name: ______ Golden Center for Behavioral Health

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:

The mission of the Jerome Golden Center is to help clients build resiliency, facilitate recovery and achieve reintegration into the community by designing and delivering behavioral healthcare services that meet their needs and expectations.

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

The Outpatient Substance Abuse Treatment Program provides comprehensive treatment for client with substance use disorders, often co-occurring with mental illness. Clients are assessed to identify individual needs with treatment plans prepared to facilitate recovery treatment. The Medical Outpatient Unit provides medically supervised detox as required, and outpatient therapeutic services including individual, family and/or group therapy as needed. Predicted length of treatment varies per individual, with increased services at onset of treatment, with tapering of services as natural part of recovery progress, and an evidence based model of care. With LeTF funding there will be a minimum of 120 individual therapy sessions.

What results are you committed to achieving?

This program is committed to engaging clients to stay in treatment, maintain sobriety, and provide relapse prevention and coping skills. Program performance is measured by tracking treatment attendance to evaluate engagement, self-report and/or Urine Drug Screen (UDS) to measure continued abstinence, and improved relapse prevention and coping skills. Initial psychiatric and Bio-psychosocial evaluations provide baseline data for individual assessment, treatment planning and measurement of recovery progress from inpatient medical detox though outpatient continuing services.



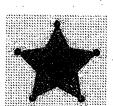
Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
_1.	Salaries	\$9,067.00	\$9,067.00	100.00%
2.	Employee Benefits/Payroll Taxes	\$933.00	\$933.00	100.00%
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			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$10,000.00	\$10,000.00	100.00%

Revised 02/2013



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): Funding is used to partially support the salary and benefits of a therapist who provides the services described in this proposal.

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



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

Attachment A

5

Supplies (list supplies/equipment): N/A

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

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

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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.

IAAD Name (please print)

<u>Chief Evecutive Officer</u> Title (please print) <u>8/20/.</u>

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 28^{H} day of august, 2013 by Linda De Peno, PhD (name of individual) as (title) of Derome Holden Center for Bahavior Halth CEO

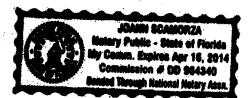
Date

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

as identification.

Public

My Commission Expires:





Attachment A

APPLICATION

Organization Name: Lost and Found of Palm Beach County, Inc.

FEID #: 26-4026664

Web Address:

http://www.orgsites.com/fl/plpbc/

Address:

Mailing Address: 277 Ponce de Leon St

STREET ADDRESS

Royal Palm Beach, FL 33411

CITY, STATE, ZIP

Executive Director:

Linda Boucher

NAME

inda Boucher SIGNATURE

(561) 790-6751

lfpbc.llb@gmail.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Dr. Jack Scott

NAME SIGNATUR

(561) 251-4104

jscott@fau.edu

TELEPHONE NUMBER

E-MAIL ADDRESS

1

6/28/2013 DATE

Date:

Attachment # ______



Organization Name:______Lost and Found of Palm Beach County, Inc.

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

\$12,500.00

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:

It is the mission of Lost and Found of Palm Beach County 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 Lost and Found of Palm Beach County (Formerly known as Project Lifesaver of Palm Beach County) and our participating agencies to provide persons at risk for "wandering" with personal locator transmitters. We will provide this service at a reduced or no cost to the caregivers so a financial need does not prevent participation in the program. Our organization needs funding for the initial cost of the transmitters as well as maintenance supplies (straps and batteries) for current participants throughout the year. We also require funding for basic operation costs, including program manager, continued training in the most current technology, web site, internet and promotional materials.

What results are you committed to achieving?

LFPBC is committed to providing locator equipment (currently being purchased from SafteyNet by LoJack) at low or no cost to the families of known wanderers diagnosed with autism spectrum disorder, Alzheimer's disease, dementia or any other disorder that may cause wandering. In addition to providing locators to help find a person that has wandered, LFPBC is committed to providing the community with increased awareness concerning wandering, possible preventative measures and access to other agencies that can provide additional information and help.

Revised 02/2013





FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$10,400.00	\$5,200.00	50.00%
2.	Employee Benefits/Payroll Taxes			0.00%
_3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping	\$150.00	\$50.00	33.33%
7.	Printing & Publications	\$500.00	\$250.00	50.00%
8.	Supplies	\$10,000.00	\$5,000.00	50.00%
9.	Travel	\$400.00	\$250.00	62.50%
10.	Meetings	\$1,000.00	\$350.00	35.00%
11.	Miscellaneous Expenses	\$2,550.00	\$1,400.00	54.90%
	Total Expenses	\$25,000.00	\$12,500.00	50.00%

Revised 02/2013

Attachment A

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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):

L. Boucher - Independent Consultant - Executive Director

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

N/A

Occupancy/Utilities (list utilities):

Program Manager donates location, storage and utilities.

Telephone (provide telephone numbers):

Program Manager provides a phone number for program at this time. All directors use personal cell phones at no cost to program.

Printing & Publications (list type of material):

Brochures and business cards for the purposes of promotion and fund raising. Trifolds, posters, flyers for awareness activities.



Attachment A

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Supplies (list supplies/equipment):

General office supplies (ink, paper, folders etc.) Personal tracking equipment (currently \$350. per transmitter) Transmitter maintenance supplies (straps and batteries)

Travel (individuals traveling, destination and purpose):

Includes mileage reimbursement for director to various locations for the purposes of administering the program.

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

LFPBC does not maintain a commercial address therefore no rent or utilities are required. LFPBC may meet with participating agencies, volunteers, potential clients, foundations, board members, corporate sponsors, and attend events, training etc which requires meeting in public places and can accumulate expenses. Fees, food and/or facility expenses may occur.

Miscellaneous Expense (specify items):

Included here are expenses for corporate and bank fees, fund raising expenses, awareness programs, insurance premiums and web site costs.





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.

LINDA L BOUCHER Name (please print)

EXECUTIVE DIRECTOR Title (please print)

<u>15 June 2013</u> Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was ac			day of
EXECUTIVE DIR.	(title) of		(name
of organization/ agency), who is	personally known to	o me or who produced	
	as identifi	ication.	
PED			

Notary Public

My Commission Expires:

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Z ant Pla	Notary Public State of Florida
\$ 8°. 14	Garv E Potts
Ki Mai	My Commission EE1 34705
5 34 5	Expires 11/01/2015
<b>E m</b>	······································



Attachment A

# APPLICATION

Organization Name: NOPE Task Force, Inc.

FEID #: 20-1289080

Web Address:

www.nopetaskforce.org

Address:

3223 Commerce Place Suite A

STREET ADDRESS West Palm Beach, FL. 33469

Executive Director:

Karen H. Perry NAME

CITY, STATE, ZIP

SIGNATURE

561-478-1055x201 kperry@nopetaskforce.org

TELEPHONE NUMBER

E-MAIL ADDRESS

**Fiscal Agent:** 

Richard W. Perry

NAME

SIGNATURE

561-758-8025

rperry@securitynetorks.net

TELEPHONE NUMBER

E-MAIL ADDRESS

6-5-13 Date

Revised 02/2013

Date:

Attachment # ______

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?



✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

#### Organization Purpose:

NOPE mission is to reduce the frequency and impact of overdose death through education, family support and purposeful advocacy

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

NOPE projects to serve approximately 26,000 students and parents in Palm Beach County in 2013. NOPE will provide a 60 minute presentation to middle and high school students in Palm Beach County designed to educate students about addiction, drug abuse, law enforcement and the importance of asking for help. NOPE will also provide a 90 minute interactive presentation for parents and communities about the reality our nation faces regarding youth drug abuse and offer suggestions on parenting strategies to combat the issues. NOPE will also target the NOPE will host a candle light vigil to raise awareness to the overdose issue the vigil will serve over 600 palm beach county residents.

### What results are you committed to achieving?

Educate youth about the dangers of using drugs and alcohol even one time; change youth perception and attitudes about drug use. Reduce the number of middle and high school students who experiment with drugs for the first time, Increase the number of middle and high school students who will not use drugs in the future from the group that has previously used drugs at least once. Increase the number of middle and high school students that seek help for the group who are addicted to drugs or who know someone who is addicted to drugs. Reduce the number of drug overdose deaths in Palm Beach county. Bring awareness and educate parents about the dangers their children face today with drug and alcohol abuse, inform and encourage positive parenting.

Revised 02/2013



Attachment A

# FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$72,394.17	\$15,000.00	20.72
2.	Employee Benefits/Payroll Taxes	\$8,770.64	\$0.00	0.00\$
3.	Professional Fees	\$8,200.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$30,062.62	\$10,000.00	33.26%
5.	Telephone	\$6,570.87		0.00%
6.	Postage/Shipping	\$770.50		0.00%
7.	Printing & Publications	\$24,056.00		0.00%
8.	Supplies	\$6,258.48		0.00%
9.	Travel	\$4,039.93		0.00%
10.	Meetings	\$3,600.00		0.00%
11.	Miscellaneous Expenses	\$107,777.62		0.00%
	Total Expenses	\$272,500.83	\$25,000.00	9.17%

Revised 02/2013

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):

Program Coordinator FTE @\$42,000 Development,Marketing and administrative assistant: \$38,000 Program Assistant PTE \$ 14,000.00 Executive Director - Volunteer

NOPE Task Force is requesting \$10,000.00 to offset the Program Manager's cost. NOPE Task Force is requesting \$5,000.00 to offset program assistant cost.

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

Accountant-Accounting Services Media Representative- Content Creators

### Occupancy/Utilities (list utilities):

Florida Power and Light- \$2,700 annually Office Space annual rental for 1,620 sq ft. furnished space @ 17.42 per Sq Ft. = \$28,415.00

NOPE Task Force is Requesting \$10,000.00 to offset the occupation and utilities cost

Telephone (provide telephone numbers):

561-478-1055 866-612-NOPE At&T - 5,600.00 annually Cell Phone allowance- 3 employees @ \$50.00 per month = \$1,800

### Printing & Publications (list type of material):

Web site design, hosting & updates, NOPE Videos- creation & updates training video, memorial video,school video, vigil guides and materials,Training manual,presentation brochures, booklets and hand outs,media campaign:

Revised 02/2013



## Attachment A

### Supplies (list supplies/equipment):

Presentation Supplies, printer/copy machine, copy paper for program materials, File Cabinets, Computers, Printers, Ink Cartridges,

#### Travel (individuals traveling, destination and purpose):

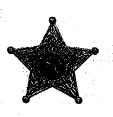
Presentations - 65 locations in PBC (attending will be Law Enforcement, NOPE Representatives and Parents)....Conferences - FL. Sheriff's Association (St. Augustine),Statewide Prevention Conference(Orlando); Office of Safe and Drug Free Schools Annual Conference, Washington....Attending these events will be the NOPE Exec. Director, a Law Enforcement Representative and Program Coord.

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

Training Seminars provided to new NOPE Chapters....materials provided would include guide books, meals, advertisement assistance; Board Meetings attended by the Board of Directors; Committee Meetings, such as the Prescription Drug Abuse Conference being planned; NOPE Appreciation Dinner for NOPE presenters, volunteers collaborating agencies representatives, NOPE Board members.

#### Miscellaneous Expense (specify items):

Insurance (General Liability and Directors); Thomson CompuMark (Trademark watch); Bank Charges/Fees; Transportation Vehicle other event expenses, other administrative and general expenses



### **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.

Name (please print)

FX ective Director Title (please print)

Date

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscr	ribed before me this 5th day of
June 2013 by Karen Perry in	name of individual) as
	IDPE (name

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

Umin Moakay

Notary Public My Commission Expires: Aug 5,2016

Yasmin Moakan COMMISSION # EE 222449 EXPIRES: AUG. 05, 2016 WWW.AARONNOTARY.com

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Attachment A



Attachment A

### **APPLICATION**

Organization Name: Palm Beach County Substance Awareness Coalition

FEID #: 80-0501520

Web Address:

www.pbcsac.org

Address:

2300 High Ridge Road, Suite 365

STREET ADDRESS

Boynton Beach, FL 33426

CITY, STATE, ZIP

**Executive Director:** 

Jeff Kadel

NAME SIGNATURE 561-844-5952 jeffkadel@pbcsac.org E-MAIL ADDRESS

TELEPHONE NUMBER

**Fiscal Agent:** 

Palm Beach County Substance Awareness Coalition

NAME SIGNATURE

6-28-13

DATE

561-301-9975 TELEPHONE NUMBER

E-MAIL ADDRESS

1

2k

jeffkadel@pbcsac.org

Date:



Attachment A

Organization Name:______Palm Beach County Substance Awareness Coalition

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

\$2,560.00

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 Palm Beach County Substance Abuse Coalition's mission is "Uniting Palm Beach County by strengthening children, families and neighborhoods in their resolve to reduce and prevent alcohol and drug use, creating a drug free community".

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

The Palm Beach County Substance Awareness Coalition, partnering with the School District of Palm Beach County, Adobe, Allstate, Rotary International, South Florida Fair and the Palm Beach County Sheriff's Office, will host the annual county-wide Alcohol Prevention Poster Contest. Students in grades K-12 are invited to create an educational, underage drinking prevention poster for school buses. The anti-alcohol message will be extended to the community during the online voting. Six winners (two each from elementary, middle, and high schools) will be honored at a community event before the posters are placed on the district's 1,000 school buses and viewed by 60,000 daily school bus riders. Over 300 of the top entries are displayed at the South FL Fair.

#### What results are you committed to achieving?

As a result of this project, over 60,000 Palm Beach County students and a minimum of 10,000 area adults will be educated on the risks and dangers of underage drinking. This knowledge will in turn help to:
Increase the number of youth believing that alcohol use is harmful to their health.

Increase the number of youth disapproving of alcohol use.
Increase the number of parents and caregivers who believe giving alcohol to those underage is harmful to their health. • Decrease the number of youth who binge drink.



Attachment A

### **FINANCIAL APPLICATION**

Period Covered (one year)

From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$7,000.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$1,500.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$525.00	\$0.00	0.00%
5.	Telephone	\$120.00	\$0.00	0.00%
6.	Postage/Shipping	\$10.00	\$10.00	100.00%
7.	Printing & Publications	\$1,600.00	\$1,600.00	100.00%
8.	Supplies	\$350.00	\$350.00	100.00%
9.	Travel	\$44.07	\$0.00	0.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$600.00	\$600.00	100.00%
	Total Expenses	\$11,749.07	\$2,560.00	21.79%

Revised 02/2013



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):

NA - This application is not requesting personal pay support. Lavidah Johnson, Alexa Lee, Micah Robins and Jeff Kadel from PBCSAC and Natalie Arenas and Dale Fambrough from the School District of Palm Beach spend work time on this program.

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

NA

Occupancy/Utilities (list utilities):

NA - This application is not requesting fund support with utilities. Electric and Internet utilities are used to complete the program.

### Telephone (provide telephone numbers):

NA - 561-844-5952 and 561-301-9975 are used with this program, but this application is not requesting fund support.

### Printing & Publications (list type of material):

 $$1,200 - Print 2,100 5" \ge 8"$  full-color decals of the winning posters to go on the inside of all Palm Beach County School District buses. \$200 - Print25 22" X 24" posters of the all of the winners' combined to be displayed in each of the county's public libraries. \$200 - Print one 15"  $\ge 24"$  poster for each winner's school and a full set of six posters for the Contest Sponsors.



Attachment A

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#### Supplies (list supplies/equipment):

Paint, plywood, 300 matte papers, 300 labels, and guest book are purchased to create and design the South FL Fair display. Water is provided for 100 volunteers who place posters on buses on event day. Cleaning supplies to remove old posters and place on new posters in their place, which include: clipboards, pens, paper, coolers, paper bags, and rags.

### Travel (individuals traveling, destination and purpose):

NA - Travel is not requested for this application, but used to attend meetings to coordinate activities, construct the South FL Fair exhibit, and meet with volunteers.

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

NA - Meetings are conducted with all sponsor representatives, volunteers, and members of the PBCSAC Underage Drinking Task Force. No funds are being requested for this application.

#### Miscellaneous Expense (specify items):

\$100 awards to go to each of six winners' teachers (two elementary, two middle school, and two high school students) that would be used towards classroom supplies.



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.

Name (please print)

( WEVA LOP

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and	subscribed before methis $\underline{\mathscr{I}}$ day of
The foregoing Agreement was acknowledged and June, 2013 by MAUREEN RE, 1/4-	MA(name of individual) as
<u>N/A</u> (title) of	NA (name

as identification.

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

Notary Public

My Commission Expires:

08/09/2015



Drogram coordinator Title (please print)

<u>(0-28-13</u> Date



**Attachment A** 

### APPLICATION

Organization Name: Safety Council of Palm Beach County Inc

FEID #: 59 1168121

Web Address:

www.safetycouncilpbc.org

Address:

4152 W Blue Heron Blvd Suite 110

STREET ADDRESS

Riviera Beach, FL 33404

CITY, STATE, ZIP

Executive Director:

Toni Burrows

NAME Ôn SIGNATURE

561 845 8233 Toni@safetycouncilpbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

**Fiscal Agent:** 

Safety Council of Palm Beach County Inc.

NAME

loni SIGNATURE

561 845 8233

Toni@safetycouncilpbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

Attachment # ______



**Attachment A** 

Organization Name: ______ Safety Council of Palm Beach County Inc

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

\$3,500.00

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:

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 of the Palm Beaches 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.

#### 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 driver behind him will most likely have a cell phone. the singe greatest deterrent to impaired driving is the threat of apprehension. Mobile Eyes maximizes that threat while helping law enforcement.



# FINANCIAL APPLICATION

Period Covered (one year) From:

January 1, 2014

**To:** December 31, 2014

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

Revised 02/2013

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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):

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):

We will purchase a promotional give away to hand out at health fairs and meetings to let the public know about the Mobile Eyes program.

Revised 02/2013

Attachment A

## Supplies (list supplies/equipment):

No Supplies. We do print the form for the police agencies. However, the Safety Council provides one copy to each agency that they may duplicate.

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 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 02/2013

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.

irrow Name (please print)

Signature

Ex-ecutive U.P. Title (please print)

**NOTARY SECTION:** 

State of Florida

County of Palm Beach

The foregoing Agreement was	acknowledged and sul	bscribed before me this	day of
Marx, 2013 by Toni	BURROW >	_ (name of individual) as	•
SKECHTIVE V.P.	(title) of SAFE	TY COUNCIL OF PBC.	<u>INC·</u> (name
of an antion ( a second ) when			· · ·

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

_as identification.

AN AN _0

Notary Public

My Commission Expires:



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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.TAKESTOCKPALMBEACH.ORG

Address:

1896 Palm Beach Lakes Blvd., #103 STREET ADDRESS

West Palm Beach, FL 33409

CITY, STATE, ZIP

**Executive Director:** 

Elvin J. Dowling

NAME SIGNATU 561-683-1704 edowling@takestockpalmbeach.org

TELEPHONE NUMBER

E-MAIL ADDRESS

**Fiscal Agent:** 

Adam Cohen, CPA

NAME 9M SIGNATURE

954-712-7011

05/28/2013

TELEPHONE NUMBER

ACOHEN@bpbcpa.com E-MAIL ADDRESS

1

dm

Attachment #

Date:

DATE



Attachment A

Organization Name:______College for Kids Inc. d/b/a Take Stock in Children PBC

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:

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 95% 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 are aiding in reducing crime in our neighborhoods. We provide two research-driven factors for the prevention of crime and drug use by matching students with a positive role model from outside the family and offering hope for a brighter future. As a result 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?

Take Stock in Children is now providing services to 400 low-income, minority, at-risk students between the ages of 12-18 living in Palm Beach County, a 46% increase compared to last year. We are committed in further increasing the number of students served with the goal of aiding students in graduating high school, enrolling into college, and creating productive citizens in our community. Take Stock students will continue to graduate high school at a soaring rate of 95%, compared to Florida's graduation rate of 74%. By providing students with monthly workshops, college readiness services and one-on-one mentoring we expect to continue at a 95% drug and crime free student rate. All Take Stock students graduate with a guaranteed full-tuition scholarship upon program completion.



Attachment A

# FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$427,100.00	\$10,678.00	2.50%
2.	Employee Benefits/Payroll Taxes	\$61,272.00	\$1,532.00	2.50%
3.	Professional Fees	\$38,650.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$42,771.00	\$4,440.00	10.38%
5.	Telephone	\$11,440.00	\$1,200.00	10.49%
6.	Postage/Shipping	\$3,000.00	\$500.00	16.67%
7.	Printing & Publications	\$5,858.00	\$0.00	0.00%
8.	Supplies	\$6,664.00	\$1,300.00	19.51%
9.	Travel	\$10,404.00	\$0.00	0.00%
10.	Meetings	\$115,565.00	\$7,610.00	6.59%
11.	Miscellaneous Expenses	\$588,000.00	\$22,740.00	3.87%
	Total Expenses	\$1,310,724.00	\$50,000.00	3.81%



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):

In efforts to provide better services to the community our program recently underwent a leadership transition and a restructuring of personnel. President/CEO (salary reduced) \$86K; Director of Development \$60K; Program Director \$60K; Fund Development Coordinator \$30K; College Readiness Specialist \$30K; PT Mentor Coordinator \$15,600; Office Assistant \$15,600. We are implementing more college retention efforts and will be hiring a College Retention Specialist in the next coming weeks at \$30,000.

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

Financial Audit & Tax Services \$11,500 Payroll Services & Quarterly Reporting \$650 Independent Contractor/Bookkeeper/Financial Management \$12,500 Public Relations/Website/Marketing Administrator \$13,000 Registrations and Renewal \$500 Permits/Renewals \$250 Bank Fees \$250

#### Occupancy/Utilities (list utilities):

Facility Rent \$25,570; FPL/Electric \$1,380; Total cost for A/C Maintenance, Pest Control Services, Alarm Monitoring and Cleaning Services = \$4,515; Liability Ins. \$6,244; Property Ins. \$925; Directors & Officers Ins. \$1,418; Workers Compensation Ins. \$904; and Communications Technology \$1,815.

## Telephone (provide telephone numbers):

Main Office Line (561) 683-1704, Main Office Fax (561) 478-5863 President/CEO direct line (561) 603-9780 Director of Development direct line (561) 603-9718 Program Director direct line (561) 603-9742 Fund Development Coordinator direct line (561) 603-9748 College Readiness Specialist direct line (561) 729-4015

## Printing & Publications (list type of material):

Printing and publication expenses associated with program promotional materials, handouts, reports and presentations. Printing includes student & parent handouts, student records, student activity sheets, student goal setting handouts, mentor training packets, mentor recruitment handouts, and student certificates of achievement. Publications include organizational brochures, annual report, program signage, quarterly fund-development reports, and quarterly accountability reports.



#### 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 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, kitchen supplies and bathroom supplies.

#### Travel (individuals traveling, destination and purpose):

Travel expenses consist of mileage reimbursement for program personnel in relation to commuting to/from student meetings, mentor meetings, staff trainings, student training and workshops, donor meetings, community outreach meetings, and other program related travel. Expenses also include travel expenses associated with Take Stock in Children's annual program conference in Tampa and Take Stock in Children's legislative conference in Tallahassee.

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

Expenses include student meetings such as workshops geared towards personal development, drug & crime prevention, anti-bullying and college readiness. Along with our mentor trainings, mentor workshops and mentor development. In addition, venue rental, food and setup fees for our annual student graduation ceremony, college tour and SAT prep testing seminar. As well as our annual fundraisers Swinging for Scholarships Charity Golf Classic and Strides for Education 5K Walk/Run.

#### Miscellaneous Expense (specify items):

Expenses include the cost of four full-time AmeriCorps members that provide student advocacy, college readiness and college retention services to students participating in the program. Other expenses include donor restricted student expenses and the purchase of scholarships.

LETF's allocation towards miscellaneous expenses will cover the cost of six PBSO Scholars, your funds will be used to purchase six 2-year full-tuition college scholarship (matched dollar-for-dollar thru the STARS program).

Revised 02/2013

Attachment A



Attachment A

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## **APPLICATION CERTIFICATION**

I hereby certify that any LETF funds received will be used for the authorized purpose as indicated on Page 3 of this application. 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.

Elvin J. Name (please print) DOWLING

Title (please print)

NOTARY SECTION:

State of Florida

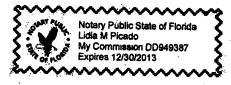
County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>3</u> day of <u>May</u>, 20<u>13</u> by <u>Elvin</u> <u>T</u>, <u>Dow LIN 6</u> (name of individual) as <u>PREST / CE 0</u> (title) of <u>TAHESTOCIC IN CHILDREN PBC</u> (name of organization/ agency), who is <u>personally known</u> to me or who produced

as identification.

Notary Public

My Commission Expires:





Attachment A

## 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 33404

CITY, STATE, ZIP

Executive Director:

Michael Papa

NAME

SIGNATURE

561-842-3213

TELEPHONE NUMBER

E-MAIL ADDRESS

mpapa@arcpbc.org

**Fiscal Agent:** 

Russell Greene

NAME HISSE eel

SIGNATURE 561-842-3213

rgreene@arcpbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

June 21, 2013

DATE

Attachment # 2N

1



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

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

\$50,000.00

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:

To provide safe programs for children and adults with developmental disabilities who would otherwise not have access to specialized staff direct structured programs. These individuals are at risk of being victims of crime, for they do not fully understand the dangers in the community.

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

Providing safe specialized programs to children and adults with developmental disabilities during school breaks, week days, weekends and some evenings. All programs will provide enriching programs and activities that will also teach individuals how to be safe and promote appropriate social skills while they are in the community. A scholarship fund will be available for those who can not afford the program fees. Funding will be for staff who will direct these specialized programs, community outings, out of town trip, trainings, supplies for all programs, storage unit, instructional classes, offer additional times to existing programs and offer a variety of new programs. Arc logo shirts will make both the participants and staff identifiable/safe in the community.

#### What results are you committed to achieving?

Providing safe programs to children and adults with developmental disabilities during school breaks, day time hours, Friday evenings and some Saturdays. Programs will provide positive enriching program activities/outings that teach participants safe social skills while they are in the community. This will prevent participants from being unsupervised at home and in the community. They will be in a supervised structured program during these time frames, which will prevent these individuals from being victims of a crime. Parents will know their children are in a safe place during these time frames.



## **FINANCIAL APPLICATION**

Period Covered (one year) From: January 1, 2014 To: December 3, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$ 133,832.00	\$ 11,000.00	8.2%
2.	Employee Benefits/Payroll Taxes	\$ 10,238.00	\$ 841.00	8.2%
3.	Professional Fees	\$ 0.00	\$ 0.00	0%
4.	Occupancy/Utilities	\$ 0.00	\$ 0.00	0%
5.	Telephone	\$ 1,620.00	\$ 1,200.00	74%
6.	Postage/Shipping	\$ 550.00	\$ 0.00	0%
7.	Printing & Publications	\$ 0.00	\$ 0.00	0%
8.	Supplies	\$ 16,790.00	\$ 9,690.00	57.7%
9.	Travel	\$ 3,730.00	\$ 1,500.00	40.2%
10.	Meetings	\$ 400.00	\$ 0.00	0%
11.	Miscellaneous Expenses	\$ 71,418.00	\$ 25,769.00	36%
	Total Expenses	\$ 238,578.00	\$ 50,000.00	20.96%



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):

Specialized staff will provide direct supervision to all programs offered to children and adults with developmental disabilities.

A list of staff salaries will be provided with each quarterly report submitted.

\$11,000

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

n/a

Occupancy/Utilities (list utilities): n/a

Telephone (provide telephone numbers):

Cell phone 561-252-8891, includes texts, e-mails and internet service \$1,200

ŞI,200

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



Attachment A

### Supplies (list supplies/equipment):

Recreation equipment, supplies for activities and special events. Arc logo shirts for children and staff.

A list with receipts of equipment and supplies will be provided with each quarterly report.

\$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 (for persons who can not afford program fees) \$13,000; Storage Facility \$4,110; Training and Certification \$1,500; Community Outings \$5,959; Food for Cooking Lessons and Activities \$1,000; Staff Meal stipend for out-of-town trip \$200

A list with receipts will be provided with each quarterly report. \$25,769

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. 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.

MICIHAE ( Name (please print)

Excluper Dinchen Title (please print)

24 Jun 2013 Date

Signature ^L

NOTARY SECTION:

State of Florida

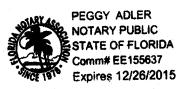
County of Palm Beach

The foregoing Agreement was ackn	owledged and s	ubscribed b	efore me this 3	4 day of
JUNE, 2013by MICHAGE				
EXELUTIVE DIRELTOR	_ (title) of <u><i>THE</i></u>	ARC OF	PALM BEACH	<u>Co-</u> (name
of organization/ agency), who is per	sonally known t	o me or who	produced	

as identification.

Notary Public

My Commission Expires: 13/26/3015



6



Attachment A

## APPLICATION

Organization Name: The Lord's Place

FEID #: 59-2240502

Web Address:

www.thelordsplace.org

Address:

2808 North Australian Avenue

STREET ADDRESS

West Palm Beach, FL 33407-6504

CITY, STATE, ZIP

**Executive Director:** 

Diana Stanley

NAME tarle SIGNATURE (561)494-0125 dstanley@thelordsplace.org

**TELEPHONE NUMBER** 

E-MAIL ADDRESS

**Fiscal Agent:** 

Toby Douthwright NAME SIGNATURE 561-537-4653 tdouthwright@thelordsplace.org

TELEPHONE NUMBER

June 13, 2013

DATE

E-MAIL ADDRESS

1

20

Date:

Attachment #



**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:

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 who engage in services post-release 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.



Attachment A

## **FINANCIAL APPLICATION**

Period Covered (one year) From: January 1, 2014 To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$218,675.00	\$8,334.00	3.81%
2.	Employee Benefits/Payroll Taxes	\$43,735.00	\$1,666.00	3.81%
3.	Professional Fees	\$104,512.00	\$15,000.00	14.35%
4.	Occupancy/Utilities	\$102,000.00		0.00%
5.	Telephone	\$1,000.00		0.00%
6.	Postage/Shipping	\$1,000.00		0.00%
7.	Printing & Publications	\$3,000.00		0.00%
8.	Supplies	\$11,500.00		0.00%
9.	Travel	\$8,720.00		0.00%
10.	Meetings	\$500.00		0.00%
11.	Miscellaneous Expenses	\$89,393.00		0.00%
	Total Expenses	\$584,035.00	\$25,000.00	4.28%

Revised 02/2013

3



**Attachment A** 

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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):

Chief Program Officer (0.45 FTE, annual salary \$80,000), Reentry Coach (2.0 FTE, annual salary \$43,775 + \$34,000), Job Developer(0.5 FTE, annual salary \$42,000), Job Coach (0.5 FTE, annual salary \$32,000), Job Training Instructor (0.5 FTE, annual salary \$39,000), Executive Assistant (0.15 FTE, annual salary \$40,000), Director of Finance (0.08 FTE, annual salary \$80,000).

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

Family Preservation (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), Mental Health Association (evaluations), and Genesis Community Health (psychiatric services)

#### Occupancy/Utilities (list utilities):

Project Space (\$22,000 - prorated costs of the office space used by agency personnel working on the project), Transitional Housing (\$80,000 - temporary housing costs, zero to six months for clients transitioning from incarceration).

### Telephone (provide telephone numbers):

Prorated costs for landlines 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.



**Attachment A** 

#### Supplies (list supplies/equipment):

Office supplies, computer/laptops, kitchen supplies, food, GED materials, and various other supplies used by the agency personnel working on this 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 traveling to and from various local program sites.

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

Cost of meeting room rentals, 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 transition period), AmeriCorps Members (\$11,000 - literacy services provided to clients), Client Incidentals (\$16,000 education or vocation related fees, bus passes, clothing, medications, and other incidentals) Indirect expenses (\$47,393 - allocated administrative and other program expenses required to provide program services to clients).



**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.

Name Signature

 $\frac{C.E.O.}{\text{Title (please print)}}$ 

**NOTARY SECTION:** 

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 26H day of

as identification.

me, 2013 by DIANA STANLEY _ (name of individual) as C.EO. LORD'S PLACE, TNC. (title) of THE

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

Public

My Commission Expires:



6

(name