Agenda Item No.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY



Meeting Date: Dec	ember 17, 2013	[x]	Consent]]	Regular
Danastmants		[]	Ordinance	[]	Public Hearing
Department:						
Submitted By:	Palm Beach Co	ounty S	Sheriff's Office			
Submitted For:	Palm Beach Co	ounty S	Sheriff's Office			

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$266,685 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 \$575,593. 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 \$728,126. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$461,441. 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
City of Belle Glade	\$122,000
Girls Scouts of Southeast Florida, Inc.	\$10,000
Gulf Stream Council of the Boy Scouts of America, Inc.	\$10,000
Hanley Center Foundation, Inc.	\$10,000
Inner City Youth Golfers', Inc.	\$10,000
Lake Lytal Lassie League, Inc.	\$5,000
Mental Health Association of Palm Beach County, Inc.	\$25,000
Palm Beach County Fishing Foundation, Inc.	\$3,470
Palm Beach County PAL, Inc.	\$25,000
Safety Council of Palm Beach County, Inc.	\$7,075
Sunset House, Inc.	\$10,000
Teen Dream Builders, Inc.	\$9,140
United States Naval Sea Cadet Corps, Palm Beach Division	\$20,000
Total Amount	\$266,685

Background and Justification:

(Continued on Page 3)

Attachments:	/			
Budget Trans LETF Donation	fer on Applications (13)			
		, , , , , , , , , , , , , , , , , , ,		
RECOMMENDED BY:				
	DEPARTMENT DIRECTOR		DATE	
APPROVED BY:	Muni-		12/4/13	
7	ASSISTANT COUNTY ADMINI	STRATOR	DATE	

II. FISCAL IMPACT ANALYSIS

A. Five Year Summar	y of Fiscal Imp	act:				
Fiscal Years	2014	2015	2016	2017	2018	
Capital Expenditures Operating Costs	\$266,685					
External Revenues Program Income (County)	(\$266,685)					
În-Kind Match (County)	0					
Net Fiscal Impact	0					
# Additional FTE Positions (Cumulative)	0					
Is Item Included in Curren	t Budget: YE	:s	NO	<u> </u>		
Budget Account No.: Fund _	Agency	c	Org	Object		
	Reporting Category					
The funds are being requesunds are required. A. OFMB Fiscal and/o	!!!	REVIEW C	OMMENTS		·	
Susa New OFMB	my 11/25/17	3	Contrac	Administra	12/3/13 ation	
3. Legal Sufficiency:	0 -) (
Ranclark Endley 12/3/13						
Assistant Cou	inty Attorney					
C. Other Department I	Review:					
Department D	Pirector				·	

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

(Continued from Page 1)

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

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
<u>Expenditures</u>								
<u>Transfers</u> 160-1690-9498	Trfr to PBSO Fd 1902	0	308,908	266,685	0	575,593		
Reserves - New Project	<u>ts</u>							
160-9900-9908	Reserves - New Projects	1,499,988	1,191,080	0	266,685	924,395		
	TOTAL FUND			\$266,685	\$266,685		•	
Palm Beach County S	heriff's Office	Signatures/		Date				inty Commissioners December 17, 2013
INITIATING DEPARTM	IENT/DIVISION						Donuty Clark to	
Administration/Budge	t Department Approval	Lusa	Meany_	11/25/13	3		Deputy Clerk to Board of County	r Commissioners
OFMB Department - Posted								

-	y
Attachment #	/



APPLICATION

Organization Name:	City of Belle Glade			
	FEID#: 596000275			
Web Address:	www.bellegladegov.co	m		
Address:	110 Dr. Martin Luthe:	r King Jr. W.		
	Belle Glade, Florida	33430		
	CITY, STATE, ZIP			
Executive Director:	Mr. Lomax Harrelle			
	NAME.	relle		
	SIGNATURE			
	561-996-0100	lharrelle@belleglade-fl.com		
•	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	Mr. David D. Wood			
	David D. L.	Ind		
	SIGNATURE			
	561-996-0100	dwood@belleglade-fl.com		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	6/13/13			

Revised 02/2013

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Organization Name:	
LETF Funding Request (MUST match total on Financial Application):	\$122,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	•
School Resource Officers	
Organization Purpose:	
To improve the quality of life around the area known as t by providing a safe place for the citizens of Belle Glade	he Loading Ramp to congregate.
Provide a brief summary of program's activities/services to be funded:	
The Loading Ramp's conversion to a public park by providi	ng the following:
Four circular Tiki Huts Two rectangular Tiki Huts One stage area	

What results are you committed to achieving?

Permanent, concrete bleachers A war veteran's monument

Constructing an area that will enhance the quality of life for residents and to reduce the street level crime (see attached crime stats) currently taking place in the area. The City of Belle Glade is officially designating the area as a park, which will bring enhanced criminal penalties for drug sales. This will then make it an undesirable place for the criminal element to commit their drug sales and other criminal activities. Then conversion will be geared towards older adults to facilitate a sage area to congregate for the purpose of playing board games, cards, etc. Also, an are to commemorate military veterans and provide a venue for the city to hold family friendly events.

An open space to facilitate the use of tents for small events

AUGUST 18, 2012 - AUGUST 18, 2013					
	CALLS FOR SERVICE				
Count of CALL FOR SERVICE*	Count of CALL FOR SERVICE*				
SIGNAL_CODE_FINAL *	SIGNAL_DESC_FINAL	Total			
4	MOTOR VEH CRASH	1			
13	SUSPICIOUS VEHICLE	9			
15	SPECIAL DETAIL	27			
22	DISTURBANCE	21			
30	THEFT/LARCENY	1			
31	ASSAULT	1			
36	FIGHT	3			
37	JUVENILE TROUBLE	7			
38	DOMESTIC	6			
51	TRESPASSING	1			
55	EXPLOSION/FIRE BOMBING	1			
66	CIVIL MATTER	5			
67	ACCIDENTAL INJURY	1			
68	POLICE SERVICE CALL	18			
72	LOST/FOUND PROPERTY	1			
73	MAN DOWN/SICK PERSON	2			
74	SHOTS FIRED IN AREA	2			
76	ASST TO ANOTHER DEPARTMENT	3			
77	FIREWORKS	1			
79	SUSPICIOUS INCIDENT	21			
80	UNWANTED GUEST	3			
81	VERBAL THREATS	2			
84	WELFARE CHECK	1			
86	NOISE	1			
1017	CONDUCT INVESTIGATION	8			
1049	SERVING WARRANT	1			
1050	VEHICLE STOP	140			
1061	BUSINESS / RESIDENCE CHECK	2101			
1063	RESIDENTIAL/EMPLOYMENT CHECK (IHA/WR)	2			
1067	SERVING CIVIL PROCESS	1			
13P	SUSPICIOUS PERSON	89			
21R	BURGLARY - RESIDENCE	1			
49H	ALARM - HOLD UP/PANIC	1			
49M	ALARM - MISC/MUNICIPALITY	1			
. 49W	ALARM - WEATHER RELATED	1			
Grand Total		2485			

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FINANCIAL APPLICATION

Period Covered (one year)

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

No.	Expense	Program	LETF	LETF
		Total	Request	
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$7,500.00	\$7,500.00	100.00%
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	\$114,500.00	\$114,500.00	100.00%
	Total Expenses	\$122,000.00	\$122,000.00	100.00%



Budget Narrative

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.				
Salaries (list employees and individual compensation):				
Professional Fees (list vendor and type of service provided):				
Occupancy/Utilities (list utilities):				
Electrical Services				
Telephone (provide telephone numbers):				
Printing & Publications (list type of material):				

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Four circular Tiki Huts Two rectangular Tiki Huts One stage area Permanent, concrete bleachers A war veteran's monument

Attachment A



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

APPLICATION

Organization Name:	Palm Beach County PAL/Explor	ere
	FEID#: 65-0461384	
Web Address:		
Address:	3228 Gun Club Rd	
	West Palm Beach, FL	33406
	City, State, Zip	
Executive Director:	Scott Scrivner	
	NAME	7
,	BKNATURE	
	561-242-5816	Scrivners@pbso.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Christopher Johnson	· ·
	NAME O	14.
	SIGNATURE	<i></i>
	561-346-5893	johnsonc1207@bellsouth.net
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	7/3/13 DATE	



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

LETF Funding Request (MUST match total on Financial Application):	\$25,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
✓ Crime Prevention Program	
✓ Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

Organization Purpose:

The Palm Beach County PAL/Explorer and Junior Explorer Programs are a youth based programs that targets youth in need of positive role models and positive alternatives. Our mission and purpose is to facilitate the development of productive citizens through hands on training.

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

Explorers train in many different areas of the law enforcement profession, in hopes of someday pursuing a career in law enforcement. One way to test an Explorer's knowledge is through competitions and conferences. These funds will be utilized to train and challenge the minds of our Explorers and better them for a career in the Criminal Justice Field.

What results are you committed to achieving?

The Explorer Programs have been a proven success in giving Explorers and Junior Explorers the opportunity to become positive role models with their peers, their post members, the community, and someday in their careers. The Explorers have gained knowledge and have learned how to deal with their problems through positive interactions with their Advisors, Sheriff Deputies and the Community. Our end result is to develop productive citizens that are eager and willing to give back to society.



FINANCIAL APPLICATION

Period Covered (one year)

From:

January 1, 2014

To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF .
1.	Salaries	1		0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel	\$9,700.00	\$2,700.00	27.84%
10.	Meetings	\$42,430.00	\$22,000.00	51.85%
11.	Miscellaneous Expenses	\$300.00	\$300.00	100.00%
	Total Expenses	\$52,430.00	\$25,000.00	47.68%



Budget Narrative

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): ท/ล
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material): N/A .



Supplies (list supplies/equipment):

N/A

Travel (individuals traveling, destination and purpose):

Explorers travel to the Florida Sheriff's Explorers Association delegates three times a year along with a week long state conference. The Explorers will also be traveling to their National Conference in Indiana. This is also a week long plus the travel to and from. The approximate expenses to cover meals, lodging and travel expenses not included in the registration and conference fees are \$9,700.00. We are requesting 27.84% funding totaling \$2,700.00.

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

The purpose for all conferences is for training, team and individual competitions. The National Conference \$475.00 per person;12 Explorers & 4 Advisors =\$7600. The Explorer State Conference @ \$445.00 per person;24 Explorers & 6 Advisors =\$13,350.00. Three Delegates @ \$358.00 per person;16 Explorers & 4 Advisors =\$7,160.00 X 3 = \$21,480.00. Grand Total \$42,430.00 we are requesting 51.85% funding for the Explorers Training/conferences/competitions for a total request of \$22,000.00

Miscellaneous Expense (specify items):

we are requesting for funding for competition, shooter fees, and miscellaneous expenses associated with training. Total amount requested is \$300.00

Revised 02/2013 · 5



APPLICATION CERTIFICATION

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

São A Sirivner	Director
Name (please print)	Title (please print)
Jan Co	7/13
Signature	Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	·
The foregoing Agreement was acknowledged and s	ubscribed before me this $3^{\prime\prime}$ day of
July 2013 by Scott Scrivner	(name of individual) as
July 2013 by Seart Serivan Director (title) of P	who Bel. County PAL (name
of organization/ agency), who is personally known to	
as identifi	cation.
Dawn & Hall	
Notary Public	
My Commission Expires:	

Attachment A



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

APPLICATION

Organization Name	Girl Scouts of Southeast Florida (GSSEF)		
	FEID#: ⁵⁹⁻⁰⁶⁵⁷³²⁷		
Web Address:	www.gssef.org		
Address:	1224 West Indiantown STREET ADDRESS	Road	
	Jupiter, Florida 334	158	
	CITY, STATE, ZIP		
Executive Director:	Denise W. Valz		
	Derise Dry	Say	
	Signature <u> </u>	dvalz@gssef.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Gregory M. Kissel	,	
	SIGNATURE	>	
(561-427-0177	gkissel@gssef.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	June 26, 2013		
	DATE		



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

rganization Name: Girl Scouts of Southeast Florida (GSSEF)	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
Crime Prevention Program □ Drug Abuse Education □ Drug Prevention Program □ Drug Treatment Program □ Safe Neighborhood	
School Resource Officers	

Organization Purpose:

The purpose of GSSEF is to involve all girls in Scouting in order to give them the opportunity to do great things, to become great women, and to become great leaders. The mission of GSSEF is to build girls of courage, confidence and character who make the world a better place.

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

GSSEF will deliver six (6) 90-minute workshops of the Safe Girls, Safe Community curriculum to 200 girls, ages 5-17, from families of low socioeconomic status who may be residing in high crime neighborhoods throughout Palm Beach County. In collaboration with other community based organizations, GSSEF will teach girls ways to be safe, and stay safe, in school, their neighborhood and home. Additional information will be taught so that girls will have survival skills when presented with emergencies or dangerous situations such as a fire, need for basic first aide or being approached by a stranger. In the process, girls will be better prepared to protect themselves, siblings/family, and will have more confidence in their abilities to stay safe and more self-esteem overall.

What results are you committed to achieving?

Results from the Safe Girls, Safe Neighborhood program is that 200 girls from families of low socioeconomic status will gain the following information/knowledge: learn how to safely use the Internet; learn how to identify conflict; learn how to identify acts of aggression; learn to develop a safety plan in case of a fire; learn to develop a safety plan when approached by a stranger; learn how to help others in emergencies or harmful situations; and learn basic first aide. Not only does this program teach girls safety but it keeps them off the streets and out of danger.



FINANCIAL APPLICATION

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

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$4,213.00	\$4,213.00	100.00%
2.	Employee Benefits/Payroll Taxes	\$887.00	\$887.00	100.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	÷ \$0.00	0.00%
7	Printing & Publications	\$0.00	\$0.00	0.00%
8.	Supplies	\$1,600.00	\$1,600.00	100.00%
9.	Travel	\$300.00	\$300.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$3,000.00	\$3,000.00	100.00%
	Total Expenses	\$10,000.00	\$10,000.00	100.00%



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):

Percentage of annual salary for two (2) Mission Delivery Managers for Area 2 (Palm Beach County) - \$2593

Program Facilitator - $$1620 ($15 \times 3 \text{ hours/week } \times 6 \text{ series } \times 6 \text{ weeks for each series})$

Benefits and related taxes - \$887(portion of employee benefits,payroll taxes,FL unemployment, Workers Compensation insurance based on salaries)

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

Not Applicable

Occupancy/Utilities (list utilities):

Not Applicable

Telephone (provide telephone numbers): Not Applicable

Printing & Publications (list type of material): Not Applicable



Supplies (list supplies/equipment):

Handouts, educational materials, program supplies including items for practicals, and safety-tip crafts - \$1000 (\$5 per girl x 200 girls from families of low socioeconomic status)

Food and beverage - \$600 (snacks served during series and at wrap up program)

Travel (individuals traveling, destination and purpose):

Travel reimbursement - for Mission Delivery Managers and Program Facilitator to travel to program venues through out Palm Beach County. The reimbursement is for approximately 750 miles at \$.40/mile.

Meetings (attendees, purpose, items needed for meeting): Not applicable

Miscellaneous Expense (specify items):

GSUSA Membership Dues (paid to Girl Scouts of the USA) - \$3000 (\$15 per girl x 200 girls from families of low socioeconomic status).

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.

Name (please print)	CEO
Name (please pilit)	Title (please print)
Signature Dry S	6-25-13 Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and significant of the second s	
4 -	
(title) of <u>O/r &</u>	Scouts OF SE Florida (name
of organization/ agency), who is personally known to	me or who produced
as identified	cation.
Virginia L. Deighan Notary Public	
My Commission Expires: VIRGINI. MY COMMIS EXPIRES	A L. DEIGHAN SION # DD 977078 : April 8, 2014



APPLICATION

Organization Name:	Gulf Stream Council of the 1	Boy Scouts of America, Inc.
	FEID#: 59-0624407	
Web Address:	www.gulfstreamcounci	il.org www.learningforlife.org
Address:	8335 N. Military Tra	il
	STREET ADDRESS	
	Palm Beach Gardens,	FL 33410
	CITY, STATE, ZIP	
•		
Executive Director:	Jeffery Isaac	
	NAME	
	SIGNATURE	
	(561) 694-8585	. Jeff.Isaac@Scouting.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Nancy Maxwell	
	NAME	
٠.	May Mayell	
	SIGNATURE	
	(561) 694-8585	Nancy.Maxwell@Scouting.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Doto	May 28, 2013	
Date:	Nay 20, 2015	



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

ganization Name: Gulf Stream Council of the Boy Scouts of America, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

Organization Purpose:

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

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

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

What results are you committed to achieving?

- 1) 160 Explorers will demonstrate and be evaluated on career skills performance in the Law Enforcement Challenge.
- 2) 260 Explorers, family members and law enforcement agency representatives will attend the Law Enforcement Recognition Luncheon.
- 3) 70 Explorers will receive career and life skills training while participating in the Law Enforcement Exploring Academy.
- 4) 95% of law enforcement agencies with Exploring posts will commit to continuing the program by renewing their charters by December 31, 2014.



FINANCIAL APPLICATION

Period Covered (one year) From:

January 1, 2014

To: December 31, 2014

No.	Expense	. Program Total	LETF Request	LETF
1.	Salaries	\$44,000.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$6,990.00	·	0.00%
3.	Professional Fees			.0.00%
4.	Occupancy/Utilities	\$11,525.00	\$1,500.00	13.02%
5.	Telephone	\$6,000.00		0.00%
6.	Postage/Shipping	\$100.00		0.00%
7.	Printing & Publications	\$275.00		0.00%
8.	Supplies	\$23,640.00	\$8,500.00	35.96%
9.	Travel	\$7,000.00		0.00%
10.	Meetings	\$100.00		0.00%
11.	Miscellaneous Expenses	\$0.00		0.00%
	Total Expenses	. \$99,630.00	\$10,000.00	10.04%



Budget Narrative
Provide detailed description for each expense listed on the Financial Application You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
Professional Fees (list vendor and type of service provided):
Opposition of the state of the
Occupancy/Utilities (list utilities): Site fees and utilities \$1,500.00
Fees paid for the use of venues for the Law Enforcement Challenge Law Enforcement Exploring Recognition Luncheon as well as utilities and maintenance costs incurred by the Exploring program's use of Tanah Keeta Scout Reservation for the Law Enforcement Exploring Academy. (Florida Power & Light).
Telephone (provide telephone numbers):
Printing & Publications (list type of material):
•
·



Supplies (list supplies/equipment):

Awards for the Law Enforcement Challenge (trophies, medals, etc.) \$700.00

Uniform T-shirts, caps and water bottles for the Law
Enforcement Exploring Academy. \$1,800.00

Food for the Exploring Recognition Luncheon and the
Law Enforcement Exploring Academy. \$6,000.00

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):



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.

SEFF ISMAC	SE/CEO
Name (please print)	Title (please print)
\$ignature	<u>6/3//3</u> Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and su	bscribed before me this 3 day of
June , 2013 by Jeff Isaac	(name of individual) as
Scort Executive / CEO (title) of Gulf	Stream Council (name
of organization/ agency), who is personally known to	
as identific	ation.
Notary Public	Notary Public State of Florida
My Commission Expires: 2/10/17	Kelsey R Cupples My Commission EE 669711 Expires 02/10/2017



APPLICATION

Organization Name:	Hanley Center Foundation	
	FEID#: 20-2871945	
Web Address:	www.HanleyCenter.org	
Address:	933 45th Street	
	STREET ADDRESS	
	West Palm Beach, FL	33407
	CITY, STATE, ZIP	
Executive Director:	Rachel Docekal, CEO	
	NAME	
	SIGNATURE	,
	561-841-1211	rdocekal@hanleycenter.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Lilly Davenport	
	NAME	
	KDaver	Most
	SIGNATURE	/
•	561-841-1220	ldavenport@hanleycenter.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	10/3/2013	
	DATE	



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	ganization Name: LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
☐ Drug Abuse Education ✓ Drug Prevention Program ☐ Drug Treatment Program	What service will your organization provide through the use of Law Enfo	orcement Trust
✓ Drug Prevention Program Drug Treatment Program	reserved to the second	•
	· · · · · · · · · · · · · · · · · · ·	
	☐ Drug Treatment Program ☐ Safe Neighborhood	;

Organization Purpose:

To raise funds to support the mission of Hanley Center, Inc. and give hope to those affected by alcoholism and drug addiction through high quality treatment, family support and community prevention programs.

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

We work closely with the Palm Beach County Coalition on Substance Awareness and their number one goal is to reduce the number of alcohol related motor vehicle crashes among underage drivers in PBC. This goal will be achieved through the implementation of two grant objectives. 1) change the perception of harm of alcohol use with underage youth and increase awareness through educational messages 2) change favorable parental attitudes toward alcohol use by underage youth. Among others, activities include training athletes in the ATLAS & ATHENA program at a one day event held at Sunlife Stadium with a participating Dolphin player addressing the healthy lifestyle necessary to be a successful professional athlete.

What results are you committed to achieving?

With the help of this funding we are committed to serving over 700 students with the ATLAS (Athletes Training & Learning to Avoid Steroids) and ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) gender specific programs. ATLAS students used less alcohol, drugs (marijuana, narcotics, amphetamines), and performance enhancing drugs (steroids, HGH, stimulants), and ATLAS students had fewer drinking and driving occurrences. ATHENA students used less diet pills, diuretics and athletic enhancing substances (amphetamines, anabolic steroids and sport nutritional supplements). ATHENA students had less riding with a drinking driver, more seat belt use, less new sexual activity and were better able to turn down drug offers. Both have exemplary Program Awards from U.S.DJJ.



FINANCIAL APPLICATION

Period Covered (one year)

From:

January 1, 2014

To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
_1.	Salaries	\$50,121.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$16,037.91		0.00%
3.	Professional Fees	\$3,700.00		0.00%
4.	Occupancy/Utilities	\$11,030.07		0.00%
5.	Telephone	\$1,200.00		0.00%
6.	Postage/Shipping	\$500.00		0.00%
7.	Printing & Publications	\$18,600.00	\$5,000.00	26.88%
8.	Supplies	\$900.00		0.00%
9.	Travel	\$4,534.63	\$2,000.00	44.11%
10.	Meetings	\$6,000.00	\$3,000.00	50.00%
11.	Miscellaneous Expenses	\$18,008.94		0.00%
	Total Expenses	\$130,632.55	\$10,000.00	7.66%



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):

Jan Cairnes, CPP, Substance Abuse Prevention Coordinator, is responsible for monitoring the work of the SAP Lead Specialist and all related staff to the project. Jan will provide training and monitoring for all project programs. Ryan Wertepny, SAP Lead Specialist, is responsible for the implementation of all programs proposed in the schools and the community. Susan Wheeler, Administrative Assistant, will attend to administrative needs, tracking, documenting, and preparing program materials.

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

Palm Beach County School District Substitute Teachers to cover so 15 each teachers/coaches @ \$120 each can be trained in the program. Oregon Health & Sciences University to provide training and technical assistance for the project 1 @ \$1,900.

Occupancy/Utilities (list utilities):

Includes Office Space, Housekeeping, Electric, Water, Phone, Fax, Internet, and IMS support.

Telephone (provide telephone numbers):

Cell phone stipends for project staff at \$50 per month: Jan Cairnes 561-596-3421 Ryan Wertepny 561-284-8992

Printing & Publications (list type of material):

ATLAS & ATHENA Coach Materials 26 sets @ \$250 per set ATLAS & ATHENA Squad Leader Manuals 200 @ \$22 each ATLAS & ATHENA Athlete Guides 700 @ \$11 each

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Attachment A



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

Supplies (list supplies/equipment):

Includes rental and materials for copy machine.

Travel (individuals traveling, destination and purpose):

Travel to all schools designated. Palm Beach County covers over 2,500 square miles and our proposal includes schools in all areas of the county - 2,325 miles @ \$0.445 per mile = \$1,034.63. Buses for Transportation for PBC students participating in the A&A program to Dolphin Stadium A&A Training - 4 buses @ \$750.00 = \$3,000. Hotels for Training Staff from Oregon Health Science University Center for Health Promotion 2 people x 2 rooms x 2 nights 4 @ \$125.00 = \$500.00

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

Squad Leaders and Coaches attend training at Sunlife Stadium to prepare for implementation of the ATLAS & ATHENA programs. The Miami Dolphins donate the space for the training but we have to cover the cost of food for the event including morning snacks/drinks and lunch/drinks. 200 attendees @ \$30 each = \$6000.

Miscellaneous Expense (specify items):

Allocated Indirect Expenses covers the following: Administration, Finance, Human Relations @ 13.45%



APPLICATION CERTIFICATION

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Department of State, Division of Corporations.		
Radul Doel and	633	Found wh m
Name (please print)	Title (please pri	nt)
	9-30-20	013
Signature VVVV	Date	
NOTARY SECTION:		
State of Florida		
County of Palm Beach		
The foregoing Agreement was acknowledged and s September, 2013 by RACKED DOCEKA CEO (title) of HA	(name of indi	me this 30 h day of vidual) as
of organization/ agency), who is personally known	,	
Notary Public as identif	·	uceu
My Commission Expires: JANICEDL CARRIES MY COMMISSION PROMISSION		



APPLICATION

Organization Name:	Inner City Youth Golfers', Inc	·
	FEID#: 65-0978868	
Web Address:	www.icyg.org	•
Address:	P.O. Box 31901 STREET ADDRESS	
	Palm Beach Gardens,FL	33420
	CITY, STATE, ZIP	
Executive Director:	Esmeralda H. Knowles	
	NAME	
		,
	SIGNATURE	
	561-844-8774	merald@bellsouth.net
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Marie Sylvestre	
		yheste.
	561-882-9457	icyginc@aol.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	June 14, 2013	



Organization Name: Inner City Youth Golfers', Inc.
LETF Funding Request (MUST match total on Financial Application): \$10,000
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 fill a community need for at risk children of ages 7-18. We use the game of golf as a karat to refocus children's attention on doing the right things in life. Our #1 initiative is: "Say NO To Drugs - Say YES To Education, Culture and golf."

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

- 1. To provide Golf Skills Development I, II and III, and clinics; to emphasize " Say NO To Drugs Say YES To Education, Culture and Golf and Drug Abuse Education/Drug Prevention.
 2. To update, develop and re-publish on our website a glossary of terms
- related to drug abuse education & prevention.

 3. To engage younger groups of youth in "kwik Group" to help them with their stamina and keep them off the streets in their neighborhoods.

 4. To host drug abuse education assemblies, workshops, forums, festivals and meetings at schools, churches, etc. while integrating drug abuse education into our planned clinics, camps, PBCo Sports Commission's Annual Kids Fitness Festival and other cultural and educational activities.

What results are you committed to achieving?

Educating our youth, parents and guardians against the use of drugs and Educating our youth, parents and guardians against the use of drugs and the consequences that come with the wrong decision in using drugs; directing our youth toward a healthy and happy living; instilling the values and life skills of golf such as punctuality, dress, honesty, integrity, courtesy, good sportsmanship, respect, and etiquette so that they can be prepared to make correct decisions when approached about joining a gang or using drugs and teaching our youth the importance in doing he right things in life and being god citizens.



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	0.00%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3.	Professional Fees	\$6,000.00	\$1,000.00	16.67%
4.	Occupancy/Utilities	\$6,000.00	\$0.00	0.00%
5.	Telephone	\$3,500.00 ·	\$1,700.00	48.57%
6.	Postage/Shipping	\$3,000.00	\$800.00	26.67%
7	Printing & Publications	\$16,000.00	\$2,000.00	12.50%
8.	Supplies	\$12,000.00	\$2,000.00	16.67%
9.	Travel	\$15,000.00	\$0.00	0.00%
10.	Meetings	\$4,000.00	\$1,000.00	25.00%
11.	Miscellaneous Expenses	\$6,000.0 <u>0</u>	\$1,500.00	25.00%
	Total Expenses	\$71,500.00	\$10,000.00	13.99%



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):

-0

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

Motivational Speakers, drug educators, law enforcement personnel, health professionals and others shall be used as presenters of drug education information during our camps, clinics, workshops and other organized forums. Golf professionals, interactive indoor golf facilities shall be used to provide organized golf life skills lessons to instill responsible behavior in our youth.

Occupancy/Utilities (list utilities):

-0-

Telephone (provide telephone numbers):

Local, long distance and e-mail communications to parental participants, youth coordinators and others; for locating materials; developing schedules and to manage the program, web site/domain maintenance and management, etc.

Printing & Publications (list type of material):

Program booklets; program flyers; reading materials; training lessons; releases; brochures and other drug educational materials as needed. We will continue more classroom exercised and distribution of drug education information to support our "Say NO To Drugs, Say YES To Education Culture & Golf mini series in the Palm Beach County School system for teachers and others to use from our web site.

Supplies (list supplies/equipment):

"Say NO To Drugs - Say YES To Education Culture & Golf" water bottles, pencils, pens, shirts, hats and other equipment will continue to be directly supportive of the above activities where materials are used: videos, tapes, CD's, worksheets, paper, ink, memory drives, movies, tees, golf balls, golf life skills game and literature, prizes, etc.

Travel (individuals traveling, destination and purpose):

Youth golfers, parents, chaperones, presenters and ICYG volunteers to various Palm Beach County golf facilities, PGA Learning Center (Port St. Lucie, FL) to experience positive structured life skills clinics, camps, cultural and other motivational activities. To attend, participate and support the Honda Classic Family Day, Preventing Crime in the Black Community Conference, PGA Minority Collegiate GC, PBCo Kids Fitness Festival, Urban League and other organizations that share our mission.

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

Youth golfers, parents, teachers, presenters and ICYG volunteers will provide a directed classroom "Say NO To Drugs-Say YES To Education Culture & Golf Mini Lecture Series" drug abuse education workshops. This also includes assemblies, open dialogue meeting forums, skills camps for our youth to explore, discuss and understand the evils of drugs. Coordination, drug education materials, AV equipment, video and other required supplies shall be used to assist us in delivery of our program.

Miscellaneous Expense (specify items):

This includes insurances, state and federal filing fees, treats, golf access fees, refreshments, food, certificates, awards, Palm Beach County Sports Commission's Kids Fitness Festival (July 2014) support, local parking, tolls, gas, etc. and unforeseen items not to included above.

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APPLICATION CERTIFICATION

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ESMERALDA H Knowles	EXECUTIVE	DIRECTOR
Name (please print)	Title (please print)	
Signature	6-/1-/3 Date	
NOTARY SECTION:		
State of Florida		
County of Palm Beach		
The foregoing Agreement was acknowledged and subscribed before me this day of		
RIORIDA DL asiden	tification.	
Man		
Notary Public	and the second	
My Commission Expires: しつつつこの16	MARTIN D G Notary Public - Sta My Comm. Expires Commission # E	te of Florida lun 17, 2016



APPLICATION

Organization Name: 1	AKE LYTAL LASSIE LEAGUE, I	NC -
	FEID #: 65-0125253	
Web Address:	LAKELYTALSOFTBALL.C	м
Address:	3645 GUN CLUB ROAD	
	STREET ADDRESS WPB, FL 33406	
·	CITY, STATE, ZIP	·
Executive Director:	TIMOTHY MARTIN	
	NAME	2/2
•	SIGNATURE	GENERAL TORON GOM
	TELEPHONE NUMBER	STNLLI@AOL.COM E-MAIL ADDRESS
		•
Fiscal Agent:	LISA MARTIN	
	NAME VILLE (A-)	nartin
	SIGNATURE	1.44-2-2-4
•	561-729-0334 TELEPHONE NUMBER	STNLLI@AOL.COM E-MAIL ADDRESS
	ITOTAL ITOTALIA	
Date:	10/1/13 Date	

ganization Name:	\$5,000.00
	-
What service will your organization provide through the use of Law Enfo Funds?	orcement Trust
Crime Prevention Program	
Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

Organization Purpose:

Maintain and teach a substance; gang free park; and to enforce these principles through education utilizing PBC school district school police training and Channing Bete company publications.

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

Teaching gang awareness through school district school police. We need funding to continue the softball program that requires softballs, uniforms, trophies, in and out of county fees to cover travel programming etc. We need to update our concession stand to meet code. We are a year round program that offers our youth a safe place to live and grow.

What results are you committed to achieving?

A safe gang free community league that will produce healthy contributing citizens who will perpetuate what they have learned at Lake Lytal with their families and community. An awareness of good behavior with a skill set that was developed during their time at Lake Lytal.



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	0.00%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3	Professional Fees	\$4,000.00	\$750.00	18.75%
4.	Occupancy/Utilities	 \$0.00	\$0.00	0.00%
5.	Telephone	. \$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$100.00	\$0.00	0.00%
7.	Printing & Publications	\$4,000.00	\$250.00	6.25%
8.	Supplies	\$5,000.00	\$1,500.00	30.00%
9.	Travel	\$8,000.00	\$1,500.00	18.75%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$7,500.00	\$1,000.00	13.33%
	Total Expenses	\$28,600.00	\$5,000.00	17.48%



Budget Narrative

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

Salaries (list employees and individual compensation):
NONE
Professional Fees (list vendor and type of service provided):
TRAINING FOR COACHES, UMPIRES AND PLAYERS.
UMPIRE FEES FOR GAMES
SADLER INSURANCE ANNUAL POLICY INCORPORATION ANNUAL FEE
Occupancy/Utilities (list utilities):
NONE
Telephone (provide telephone numbers):
NONE
Printing & Publications (list type of material):

Printing & Publications (list type of material):

INK, PAPER, REGISTRATION FORMS, FLIERS, PUBLICATIONS, CHANNING BETE COMPANY PUBLICATIONS FOR PLAYERS, PARENTS, COACHES AND WEBSITE FEES.



Supplies (list supplies/equipment):

TROPHIES, AWARDS, BALLS, CHALK, UNIFORMS; EQUIPMENT, REGISTRATIONS FOR ATHLETES, READING MATERIALS FROM CHANNING BETE THAT SUPPORTS THE PREVENTION COMPONENT OF THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTIONS GANG REDUCTION PROGRAM INITIATIVES AND THE POLICE DEPARTMENT FOR SCHOOL AND COMMUNITY.

Travel (individuals traveling, destination and purpose):

ENTRY FEES FOR TOURNAMENTS IN AND OUT OF TOWN LODGING FOR TOURNAMENTS ALL RELATED TRAVEL NEEDS TO COVER COACHES AND PLAYERS TO CONTINUE THEIR SPORT AND REMAIN ENGAGED.

Meetings (attendees, purpose, items needed for meeting):
ON GOING WITH INFORMATION FOR PLAYERS, PARENTS, COACHES AND BOARD MEMBERS

Miscellaneous Expense (specify items):

NEED NEW BATTING CAGE FOR LEAGUE AND ALL MATERIALS NEEDED TO RUN A SUCESSFUL LEAGUE.



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.

Department of State, Division of Corporations.	
Name (please print)	LEAGUE EXECUTIVE/PRE Title (please print)
Signature)	/0-2-13 Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreeme <u>nt was acknowledged and for the foregoing Agreement was acknowledged and for the foregoing Agreement was acknowledged and</u>	subscribed before me this 2 day of (name of individual) as
Tyl3 ident (title) of	hatble Lylal (name
of organization/ agency), who is personally known PLYSAN MY (MMM) as identify (Odm) (Odm) (Odm)	•
Notary Public FLOR CORDOVA MY COMMISSION # EE 153125	
My Commission E Bonded Thru Notary Public Underwriters	



APPLICATION

Organization Name: Mental Health Association of Palm Beach County, Inc. **FEID#:** 59-0760220 www.mhapbc.org Web Address: 909 Fern St. Address: STREET ADDRESS West Palm Beach FL 33401 CITY, STATE, ZIP Pamela Gionfridddo **Executive Director:** NAME. SIGNATURE 561-832-3755 pgionfriddo@mhapbc.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** Pamela Gionfriddo NAME SIGNATURE 561-832-3755 pgionfriddo@mhapbc.org TELEPHONE NUMBER E-MAIL ADDRESS 6-28-13 Date:

Revised 02/2013

DATE



Organization Name: Mental Health Association of Palm Beach County, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$25,000.00
What service will your organization provide through the use of Law Enfo	rcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

Organization Purpose:

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

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

MHA's Peer Place Support Center offers aftercare, rehabilitation and behavioral support groups, peer mentoring, supported employment, care coordination, and life-skills training for adult mental health and co-occurring clients. In addition, we offer AA/NA meetings, Access to Recovery services targeting veterans and others with mental illness. Our RAP program helps clients create recovery plans and work toward their goals. Our licensed mental health counselor provides screenings for basic needs and mental illness through our new Care Access System (CANSS). Established in 1992, Peer Place provides specialized services to over 700 people each month. They will total over 8,500 visits in the coming year. We have grown and are ready to help PBSO by taking people who can benefit.

What results are you committed to achieving?

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



FINANCIAL APPLICATION

Period Covered (one year)

From:

January 1, 2014

To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$85,980.00	\$10,000.00	11.63%
2.	Employee Benefits/Payroll Taxes	\$11,138.00	\$1,500.00	13.47%
3.	Professional Fees	•		0.00%
4.	Occupancy/Utilities	\$36,100.00	\$13,500.00	37.40%
5.	Telephone	\$4,288.00		0.00%
6.	Postage/Shipping	\$300.00		0.00%
7.	Printing & Publications	\$1,477.00		0.00%
8.	Supplies	\$2,000.00		0.00%
9.	Travel	\$3,500.00		Ò.00%
10.	Meetings	\$1,500.00		0.00%
11.	Miscellaneous Expenses	\$26,301.00		0.00%
	Total Expenses	\$172,584.00	\$25,000.00	14.49%



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):

Fred Orr Certified Peer Specialist and Program Coordinator \$10,000 Will Taylor Peer Place Associate \$40,000 Maryann Roman Office Manager \$33,872 Patrick Majors Peer mentor \$8,320 Joseph Pergolizzi Peer mentor \$6,435

Professional Fees (list vendor and type of service provided): none

Occupancy/Utilities (list utilities):

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

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

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

4



Supplies (list supplies/equipment): Program expenses, food, activity supplies
Travel (individuals traveling, destination and purpose): Operation of outreach bus
Meetings (attendees, purpose, items needed for meeting): food for clients
Miscellaneous Expense (specify items): Equipment rental, website, legal fees, audit, office supplies, security, telecommunications.

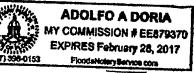


APPLICATION CERTIFICATION

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.

Pamela Gionfriddo	CEO
Name (please print)	Title (please print)
tamelo JM	6-28-13
Signature	Date
NOTARY SECTION: State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and JOVL, 2013 by AMEIA J. GIONFE	I subscribed before me this 28 day of ACOR name of individual) as MAL HOLHU ASSOC. OF PBC Inc(name)
of organization/ agency), who is personally known	to me or who produced
01 11	tification.
Notary-Public Notary-Public	
M. O. Wille	·

My Commission Expires:





APPLICATION

Organization Name:	alm Beach County Fishing Foundation (PBCFF)
	FEID#: 65-0213715
Web Address:	http://www.westpalmbeachfishingclub.org/foundation.p
	201 5th Street
Address:	STREET ADDRESS
	West Palm Beach, FL 33401
	CITY, STATE, ZIP
Executive Director:	Tom Twyford
	SIGNATURE SIGNATURE
	561-832-6780 ttwyford@mindspring.com TELEPHONE NUMBER E-MAIL ADDRESS
Fiscal Agent:	Same
	NAME
	SIGNATURE
	TELEPHONE NUMBER E-MAIL ADDRESS
Date:	6/5/2013
	DATE

Attachment A



O

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

rganization Name: Palm Beach County Fishing	Foundation (PBCFF)	·	<u>:</u> :	
LETF Funding Request (MUST match total	on Financial Applic	ation):	\$3,470.00	
What service will your organization provide Funds?	through the use of	Law Enforc	ement Trust	
Crime Prevention Program	•			
Drug Abuse Education		•	e e e e e e e e e e e e e e e e e e e	•
✓ Drug Prevention Program				• •
Drug Treatment Program	٠			
Safe Neighborhood			•	
School Resource Officers			•	

Organization Purpose:

PBCFF's goals are educational outreach needs and issues related to fishing and the health of marine resources, and to engage children in fishing as a healthy alternative to passive indoor activities such as video games, excessive television, or negative influences from peer pressure or gangs.

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

2014 Kids Fishing Day event is scheduled 7/29-31/14 (subj to school calendar changes). About 400 kids age 8-12, many from disadvantaged inner-city PBC neighborhoods will attend in arranged shifts of about 30 each throughout each day. Kids rotate between land-displays/educational programs by FL Fish and Wildlife Conservation Commission (touch tank), and WPB Fishing Club (knot-tying, casting). PBSO Gang Prevention Coordinator will be provided a tented booth for presentations on staying away from gang activity(15 minutes each, with handouts encouraged). Then kids will fish from the sea wall before casting off for 2-hours of ocean fishing on a chartered drift boat. Each child receives a brand new spinning rod to continue developing his or her new hobby when returning home.

What results are you committed to achieving?

Over its 25-year history, Kids Fishing Day has exposed over 11,000 disadvantaged children to the benefits of getting outdoors, enjoying the natural environment through fishing, respecting the environment, and experiencing their own self worth through wholesome activities. This represents a wonderful opportunity for PBSO to engage with vulnerable youth in a positive, fun, and exciting environment, and for PBSO to impart valuable lessons in safety, security, and trust. After the 2012 event, PBSO's Gang Prevention Coordinator Marcia Bahia said "This is the perfect age to reach out to the kids and let them know what the warning signs are and why they should stay away from gangs. Going fishing is a great use of their time and programs like this serve as a wonderful introduction."



PALM BEACH COUNTY SHERIFF'S OFFICE

FINANCIAL APPLICATION

Period Covered (one year)

From: January 1, 2014.

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$4,400.00	\$440.00	10.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$9,000.00	\$900.00	10.00%
4	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping	\$2,800.00	\$280.00	10.00%
7.	Printing & Publications	\$1,500.00	\$150.00	10.00%
8	Supplies	\$15,500.00	\$1,550.00	10.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$1,500.00	\$150.00	10.00%
	Total Expenses	\$34,700.00	\$3,470.00	10.00%



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):

\$4,400: The Palm Beach County Fishing Foundation has no employees. It pays an annual administrative fee of \$58,800 to the West Palm Beach Fishing Club for management, staff, and overhead for its programs and activities. This represents a portion of the administrative fee applied to Kids Fishing Day.

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

\$9,000: This represents costs to charter the "Livin' On Island Time" drift fishing boat for 12 individual trips over the three day event period.

Occupancy/Utilities (list utilities):

\$0: There are no occupancy costs associated with this event. The Town of Lake Park grants use of it's park at no charge.

Telephone (provide telephone numbers):

\$0: There are no telephone costs associated with this event. All telephone expenses are included in the West Palm Beach Fishing Club administrative fee.

Printing & Publications (list type of material):

\$1,500: This represents printing of 8,000 Kids Fishing Day flyers for distribution to all members of the West Palm Beach Fishing Club, participating youth organizations, local tackle shops, sponsors, and other entities. (PBSO logo will be included with other underwriters/sponsors in this brochure, as well as in the West Palm Beach Fishing Club's "Tight Lines" magazine.)
Postage cost \$2,800: For mailing of the flyers.

Revised 02/2013



Supplies (list supplies/equipment):

\$15,500: This includes kids awards; food and beverages; t-shirts and hats (kids and volunteers); tents, tables, chairs, truck, and other event rentals.

Travel (individuals traveling, destination and purpose):

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

0

Miscellaneous Expense (specify items):

\$1,500: This is for bait, ice, first aid items, etc.



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.

•	THOMAS L. TWY FORD DR. TRESIDENT
	Name (please print) Title (please print)
	Signature $\frac{6/12/13}{Date}$
	NOTARY SECTION:
	State of Florida County of Palm Beach
	The foregoing Agreement was acknowledged and subscribed before me this 12 day of 1000 and 1000 day of 1000 day of 12 day of 1000 day 12 day of 12
	as identification.
<u></u>	Notary Public Notary Public Notary Public Notary Public Notary Public Notary Public
•	My Commission Expires:



APPLICATION

Organization Name:	Safety Council of Palm Beach	County, Inc.
•		
	FEID #: 59-1168121	
Web Address:	www.safetycouncilpbc	.org
Address:	4152 W. Blue Heron Bo	pulevard #110
•	STREET ADDRESS	
	Riviera Beach, FL	33404
	CITY, STATE, ZIP	
Executive Director:	Toni Burrows	
	NAME	
•	•	
	SIGNATURE	
	5,61-845-8233	toni@safetycouncilpbc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Leslie McKenna	
	NAME	
•	SIGNATURE	•
•	561-845-8233	leslie@safetycouncilpbc.org
	TELEPHONE NUMBER	E-MAIL ADDRESŞ
Date:	04/18/2013	
Date.	DATE	



LETF Funding Request (MUST match total on Financial Application):	\$7,075.00
What service will your organization provide through the use of Law Enf	orcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

Organization Purpose:

Our Safety Council's mission is to provide safety education to the Palm Beach County community, businesses, and organizations. We were established in 1967.

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

Baby in Back! is an public awareness and education program designed to inform parents and caregivers of a very real danger: hyperthermia. Since 1998, owwer 500 children have been forgotten in vehicles and they have died of the extreme heat. Palm Beach County responders receive 400 calls a year from concerned citizens who see children left unattended in vehicles. Baby In Back! consists of a two sided information card, and a reminder bracelet for the parent to wear when only when they are transporting children. When they take the child out of the vehicle the parent leaves the bracelet in a designated place in the car each time. The bracelet is never meant to be worn outside of the vehicle.

What results are you committed to achieving?

We plan to distribute another 20,000 bracelet reminders to parents via community events and the many agencies and organizations that reach parents. These include child care providers, the PBSO area agencies, outreach organizations that provide after care, hospitals and more. We will also work with the media to keep this issue in the public's consciousness.



FINANCIAL APPLICATION

Period Covered (one year)

From: January 1, 2014

To: December 31, 2014

No.	Expense	Program	LETF	LETF
		Total	Request	
1.	Salaries	\$500.00	. \$500.00	100.00%
2.	Employee Benefits/Payroll Taxes	\$100.00	\$100.00	100:00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$5,500.00	\$5,500.00	100.00%
8.	Supplies			0.00%
9.	Travel	\$300.00	\$300.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$675.00	\$675.00	100.00%
	Total Expenses	\$7,075.00	\$7,075.00	100.00%



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):
Donna Bryan - \$600.00 for various speaking engagements and outreach activities to various groups and organizatons.
Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):
20,000 silicone bracelets with PBSO imprint
20,000 4X6 full color two sided information cards

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

Mileage delivering and/or speaking to various groups.

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

Miscellaneous Expense (specify items):

This is all for Seagull Industries. Special needs individuals staple the bracelet to the information card. This insures that they are always distributed together.



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.

Toni Burrows Ex	. U-P
Name (please print) Title (ple	ase print)
Signature 5/	7 (13
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and subscribed MAY, 2013 by TOWN BURROWS (name	
Executive VP (title) of Safety Cov	ncil of PBC (name
of organization/ agency), who is personally known to me or wh	
as identification.	
Lordia SUD	۰.
Notary Public	
My Commission Expires: Sune 19, 2015	

ZONDRA L HUNTER Y COMMISSION # EE104499 EXPIRES June 19, 2015



APPLICATION

Organization Name:	Sunset House, Inc.	
	FEID#: 65-0695313	· · · · · · · · · · · · · · · · · · ·
Web Address:	www.sunsetrecovery.org	· · · · · · · · · · · · · · · · · · ·
Address:	8800 Sunset Drive	
	STREET ADDRESS	
	Palm Beach Gardens, Fi	L 33410
	CITY, STATE, ZIP	
Executive Director:	Michael Gordon	
	NAME .	
	SIGNATURE .	
	561-627-9701	mgordon@sunsetrecovery.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Stephen Denny	
	NAME	
	(0)	
	SIGNATURE	
	561-628-2439	stephen@ahsrealty.net
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	10/15/2013	
	DATE	



LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enf Funds?	orcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
✓ Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

Organization Purpose:

Sunset House is a 501c3, DCF licensed, Level IV agency dedicated to helping men who wish to recover from chemical and/or alcohol dependency. We believe all men can achieve lasting recovery if they are given the proper opportunities and education.

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

Sunset House is requesting partial funding for their clinical director to sufficiently serve its clients. The clinical director performs the following objectives/activities:

- Maintains compliance with all government guidelines for counseling services.

- Continuous development of clinical services.
 Maintains an informed and well-trained staff.
 Developes and maintains the clinical services organization, emphasizing quality, continuous improvement, and objective-based performance for all counselors.

What results are you committed to achieving?

The following results will be achieved by retaining this position:

- 1. Weekly clinical staff meetings.
- 2. Monitoring weekly progress of each client.
 3. Documentation of client files.
 b. Regular psychosocial assessments.

- c. Treatment plans implemented.
 d. Discharges and referrals executed.
- 4. Oversight of spirituality group.
- 5. Clinical supervision of staff.



FINANCIAL APPLICATION

Period Covered (one year)

From:

January 1, 2014

To: December 31, 2014

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$299,140.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$51,641.00	\$0.00	0.00%
3.	Professional Fees	\$51,588.00	\$10,000.00	19.38%
4.	Occupancy/Utilities	\$109,223.00	\$0.00	0.00%
5.	Telephone	\$11,400.00	\$0.00	0.00%
6.	Postage/Shipping	\$1,020.00	\$0.00	0.00%
7.	Printing & Publications	\$7,850.00	\$0.00	0.00%
8.	Supplies	\$5,250.00	\$0.00	0.00%
9	Travel	\$0.00	\$0.00	. 0.00%
10.	Meetings	\$3,644.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$101,416.00	\$0.00	0.00%
	Total Expenses	\$642,172.00	\$10,000.00	1.56%



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):

Michael Gordon - \$63,500 George Stoupas - \$50,000 Dylan Wallace - \$42,000 Clerical Assistant - \$27,300 Maintenance Tech - \$6,340 Residential managers and technicians - \$110,000

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

Margarietta Flemas, LMFT, CAP - Robert Mahoney - CPA
Forte International - website hosting
Paychecks - payroll services
Archer Development Services - grant writing/consulting
Dr. Bill Romanos - Medical Director

Occupancy/Utilities (list utilities):

Household expenses, mortgage interest, property tax, Direct TV, FPL, Maintaince and repair, general liabality, property insurance, depreciation

Telephone (provide telephone numbers):

Comcast and staff numbers are: 561-827-7405, 561-827-7401, 561-627-3902, 561-627-9701
Residential numbers are: 561-207-7744, 561-207-7745X202, 561-207-7746X203, 561-207-7747X204, 561-207-7748X205, 561-207-7749X206, 561-207-7750X207, 561-207-7752X208, 561-207-7753X210

Printing & Publications (list type of material):

Printing of the Golf Journal, letterhead, envelopes, Xerox lease, advertising and marketing brochures.



Supplies (list supplies/equipment): Offices expenses
Travel (individuals traveling, destination and purpose): N/A
Meetings (attendees, purpose, items needed for meeting): Food and entertainment
Miscellaneous Expense (specify items): Client fees, security fees, consulting fees, client refunds, auto expenses, program expenses, food, fundraising expenses, independent contractors, golf, tournament expoenses.



APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purpose as indicated on Page 3 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. Additionally, I certify that the agency requesting the funds is a not-for-profit agency or organization, which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code, and is registered as a Non-Profit organization with the State of Florida, Department of State, Division of Corporations.

MICHAEL GORDOJ	EXECUTIVE DIRELPOR
Name (please print)	Title (please print)
rec	CCT 15, 2013
Signature	Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	مداح
The foregoing Agreement was acknowledged and a October, 2013 by Michael Cardon Executive Director (title) of Sc	<u>៚</u> (name of individual) as
of organization/ agency), who is personally known to the second s	·
My Commission Expires:	

Danielle Vosburgh Commission#FF061288 Expires: Oct. 09, 2017 www.AaronNotary.com

Attachment A



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

APPLICATION

Organization Name: Teen Dream Builders, Inc.		
	FEID#: 800-300-962	
Web Address:		
Address:	1620 W. 33rd Street	•
	Riviera Beach, Flor	ida 33414
	CITY, STATE, ZIP	
Executive Director:	Jessie B. Napier	
	Ause B.	Toyan
•	SIGNATURE 561 315-5726	bibody49@aol.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Cecil Rellford	
	Cen De	
	SIGNATURE 561 346-2361	crellford@wpb.org
•	. TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	8/15/2013	•
•	DATE	•

Attachment A

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

ETF Funding Request (MUST match total	ıl on Financial Application):	\$9,139.1
What service will your organization provid	le through the use of Law Enfo	rcement Trus
✓ Crime Prevention Program		
✓ Drug Abuse Education	•	•
Drug Prevention Program		
Drug Treatment Program		
✓ Safe Neighborhood		
School Resource Officers	3	

Organization Purpose:

The purpose of Teen Dream Builders is to offer programs and services to youth in P.B.C. in order to keep them drug and crime free. In addition, our organization partners with law enforcement agencies to provide these same youth with life long crime prevention practices.

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

The event to be funded is the Fourth Annual Youth Summit to be held in April of 2014 at Gaines Park, WPB. The coalition / organizers of the annual event is projecting that 450 youth and 50 volunteers will be in attendance, as well as approximately 30 vendors. Youth will participate in life enriching workshops in the areas of: Violence, Health, Education, and Employment. Youth will have the opportunity to dialogue with law enforcement officers, educators, employment and community experts, meet other teens who have been victims of bullying, and listen from other young adults who have rehabilitated from a life of crime.

What results are you committed to achieving?

We are hoping to surpass the success of the 2013 Youth Summit. The past event received an amazing response, and we are estimating a larger audience. Youth attendees will have the opportunity to explore and address issues related to their transitional stage - from adolescent to young adults. They will receive valuable information that will assist them in making positive life choices by understanding the repercussions of their acts on their future. The youth who participate in the summit will be better equipped to advocate for safer communities, and will be able to disseminate their knowledge amongst their peers.



PALM BEACH COUNTY SHERIFF'S OFFICE

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%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$500.00	\$500.00	100.00%
_4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7	Printing & Publications	\$1,500.00	\$0.00	0.00%
8.	Supplies	\$12,000.00	\$8,064.17	67.20%
9.	Travel	\$350.00	\$350.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$225.00	\$225.00	100.00%
	Total Expenses	\$14,575.00	\$9,139.17	62.70%



Budget Narrative

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

Salaries (list em	ployees and individual cor	mpensation):		
N/A		•	•	

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

Administrative Cost and Fiscal responsibilities.

Occupancy/Utilities (list utilities):

Utilization of space for planning meetings and hosting the 2014 Youth Summit for approximately 450 youth and 50 volunteers. Gaines Park cost is approximately \$200.00 per hour. The facility for the summit has been donated by the City of West Palm Beach at no cost.

Telephone (provide telephone numbers): N/A

Printing & Publications (list type of material):

Brochures, agenda and other advertisement materials. The agencies that comprise the coalition will share the printing work.

Attachment A



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

Supplies (list supplies/equipment):

500 T-shirts w/ the Youth Summit imprint and logo: \$2,624.00
500 tote bags w/ the Youth Summit imprint and logo: \$1,022.67
500 Flash drives w/ the Youth Summit imprint and logo: \$2,317.50
Lunch and refreshments: \$2,100 for 500 attendees
***Note: The unit number has increased as we project a higher number of participants.

Travel (individuals traveling, destination and purpose):

Transport youth from distant areas such as the Glades.

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

Miscellaneous Expense (specify items):

Raffle items for youth incentives. The photographer and videographer will be provided by the City of WPB Youth Empowerment Center.

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.

Department of Grate, Division of Copporations.
Jessie B. NAPIEZ Jeen.
Name (please print) Title (please print)
Signature 8/21/13 Date
NOTARY SECTION:
State of Florida
County of Palm Beach
The foregoing Agreement was acknowledged and subscribed before me this 015+ day of 015+, 20_ by 16551e B Maper (name of individual) as (name
of organization/agency), who is personally known to me or who produced as identification.
Notary Public
My Commission Expires: 10/9 6, 20/5
FEDELINE DORJULUS Notary Public, State of Florida Commission# EE 109629 My comm control but 6, 2015



APPLICATION

Organization Name:	United States Naval Sea Cadet Corps, Palm Beach Division		
	FEID#: 65-0666741		
Web Address:	www.orgsites.com/fl/	palmbeachdivisionseacadets	
Address:	277 Ponce de Leon St		
•	Street ADDRESS Royal Palm Beach, FL	33411	
	CITY, STATE, ZIP		
		•	
Executive Director:	Dave Boucher		
	NAME Solech	la :	
	SIGNATURE		
	(561) 790-6823	usnsccwpb@hotmail.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	John Froehlich		
•	DAI Fraihle		
	SENATURE	·	
,	(561) 975-9500 TELEPHONE NUMBER	jay@froehlichcpa.com E-MAILADDRESS	
Date:	6/27/13	<u></u>	



Organization Name: United States Naval Sea Cadet Corps, Palm Beach Divisi	on .
LETF Funding Request (MUST match total on Financial Application):	\$20,000.00
What service will your organization provide through the use of Law Enfo	prcement Trust
Crime Prevention Program	
✓ Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	4
Safe Neighborhood	
School Resource Officers	

Organization Purpose:

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

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

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

What results are you committed to achieving?

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



FINANCIAL APPLICATION

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

No.	Expense	Program	LETF	LETF
		Total	Request	
1.	Salaries	·		0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping	\$250.00	\$125.00	50.00%
7.	Printing & Publications	\$1,000.00	\$500.00	50.00%
8.	Supplies	\$12,000.00	\$6,000.00	50.00%
9.	Travel	\$2,000.00	\$1,000.00	50.00%
10.	Meetings	\$25,000.00	\$11,500.00	46.00%
11.	Miscellaneous Expenses	\$1,750.00	\$875.00	50.00%
	Total Expenses	\$42,000.00	\$20,000.00	47.62%



Budget Narrative

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

Salaries (list employees and individual compensation):	
None - All volunteers	
Professional Fees (list vendor and type of service provided):	
None - All volunteers	

Occupancy/Utilities (list utilities):

None - Facilities are Donated

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

Printing & Publications (list type of material):

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



Supplies (list supplies/equipment):

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

Travel (individuals traveling, destination and purpose):

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

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

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

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

Miscellaneous Expense (specify items):

Liability insurance which is mandatory to meet the requirements of the USNSCC National Organization.

State and Federal government registrations and fees.



My Commission Expires:

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.

	David E Boucher Name (please print)	President/Commanding Officer Title (please print)
	Dan Franchis Signature	15 SUNE 2013 Date
	NOTARY SECTION:	
	State of Florida	
	County of Palm Beach	
	The foregoing Agreement was acknowledged and s	
	JUNE , 2013 by DAVID E, BOUCK	<u>ке⊬</u> (name of individual) as
	COMMANDING (OKFICE (title) of US.	
	of organization/ agency), who is personally known t	
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