Agenda Item No. 300

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS <u>AGENDA ITEM SUMMARY</u>

Meeting Date: Jur	ne 2, 2015	[x]	Consent	J]	Regular	<u></u>
Department:		[]	Ordinance	Γ]	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 \$427,000 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 2015 estimated donation requirement is \$ \$107,158. 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 \$875,516. The funds requested 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 \$1,356,646. Approval of this request will reduce the adopted State Law Enforcement Trust Fund balance to \$929,646. 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 (JB)

Agenda Item Table: (Continued on Page 3)

Background and Justification: (Continued on Page 3)

Attachments:

- 1. Budget Transfer
- 2. LETF Donation Applications (23)

RECOMMENDED BY:		5/14/2015
APPROVED BY: 00-	DEPARTMENT DIRECTOR	DATE 5/21/15-
<u>t</u>	ASSISTANT COUNTY ADMINISTRATOR	DATE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2015	2016	2017	2018	2019
Operating Costs	\$427,000				
External Revenues Program Income (County)	(\$427,000)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Current	Budget: YES		NO X		
Budget Account No.: Fund _	Agency	Org		Object	
	eporting ategory				

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:

OPMB

B. Legal Sufficiency:

5/21/15 Assistant/County Attorney

- C. Other Department Review:

Department Director

The J- Jacobout 5/19/15 Contract Administration 579.15 Stokeda

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

Agenda Item Table:

ORGANIZATION	AMOUNT
211 Palm Beach/Treasure Coast	\$30,000
Alzheimers Community Care	\$5,000
Area Agency on Aging Palm Beach/Treasure Coast	\$5,000
Big Dog Ranch Rescue	\$25,000
Boys and Girls Club of Palm Beach County - Belle Glade Teen Center	\$15,000
Boys and Girls Club of Palm Beach County - Neil S. Hirsch Family	\$5,000
Cellus Foundation	\$25,000
Child Rescue Coalition	\$25,000
Crime Stoppers	\$30,000
Florida Crime Prevention Association	\$7,000
Girl Scouts of Southeast Florida	\$10,000
Leadership Palm Beach County	\$10,000
Mental Health Association of Palm Beach County	\$10,000
National Center for Missing and Exploited Children	\$10,000
Palm Beach County PAL - Cabana Youth Colony	\$25,000
Palm Beach County PAL - Explorers	\$25,000
Palm Beach County Sheriffs Foundation - Back to School	\$35,000
Palm Beach County Sheriffs Foundation - Shop With A Cop	\$45,000
Speak Up For Kids of Palm Beach County	\$50,000
United States Naval Sea Cadet Corps – Boca Delray Division	\$10,000
West Jupiter Community Group	\$5,000
West Palm Beach Library Foundation	\$15,000
Zoological Society of the Palm Beaches	\$5,000
Total Amount	\$427,000

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.

¹⁵⁻ 0870

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

136EX 051815#131

FUND 1151 LAW ENFORCEMENT TRUST FUND

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	448,516	427,000	0	875,516		
<u>Reserves - New Projec</u> 160-9900-9902	<u>cts</u> Reserves - Operating Reserves	1,170,897	1,356,646	0	427,000	929,646		
	TOTAL FUND		· · · · · · · · · · · · · · · · · · ·	\$427,000	\$427,000			
	·····	/					De Desert of County	Commissioners
Palm Beach County	Sheriff's Office	Signatures		Date			By Board of County At Meeting of June	
INITIATING DEPARTI	MENT/DIVISION			5/14/20	15	-	Deputy Clerk to the	
Administration/Budg	et Department Approval	Shen	3m	5/18	IS		Board of County Co	nmissioners
OFMB Department -	Posted							
			-An :	ille				

Attachment #

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Attachment A

APPLICATION

Organization Name: 211 Palm Beach / Treasure Coast

FEID #: 23-7153017

Web Address:

www.211palmbeach.org

Address:

P.O. Box 3588

STREET ADDRESS

Lantana, FL 33465

CITY, STATE, ZIP

Executive Director:

Susan K. Buza NAME SIGNÁTURE 561-533-1099 skbuza@211pbtc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:	Mindy A. Gonzalez	
	NAME	b.
	SIGNATURE	<u>'</u> ل
	561-533-1096	<pre>mindy.gonzalez@211pbtc.org</pre>
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	12/23/14	
	DATE	

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Organization Name:_____ Beach / Treasure Coast

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

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

✓ Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

✓ Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

211 is requesting funds for 45% of the salary and 39.5% of the benefits for a 211 Resource Center specialist and 45% of the salary and benefits of an Elder Crisis Outreach advocate. In the 2013 - 2014 Fiscal Year, our Resource Center specialists answered more than 117,166 calls--69% of them from Palm Beach County residents. Elder Crisis Outreach serves Palm Beach County seniors who are in emotional, financial or social distress by providing intensive, short-term intervention services. In the 2013 - 2014 Fiscal Year, 738 seniors received assistance through this program.

What results are you committed to achieving?

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

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Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$780,020.00	\$25,332.00	3.25%
2.	Employee Benefits/Payroll Taxes	\$172,659.00	\$4,668.00	2.70%
3.	Professional Fees	\$24,171.00		0.00%
4.	Occupancy/Utilities	\$24,132.00		0.00%
5.	Telephone	\$31,626.00		0.00%
6.	Postage/Shipping	\$2,876.00		0.00%
7.	Printing & Publications	\$15,000.00		0.00%
8.	Supplies	\$14,376.00		0.00%
9.	Travel	\$13,800.00		0.00%
10.	Meetings	\$2,831.00		0.00%
11.	Miscellaneous Expenses	\$56,806.00		0.00%
	Total Expenses	\$1,138,297.00	\$30,000.00	2.64%



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):

Resource Center specialist: \$36,211 salary plus \$7,242 in benefits = \$43,453
45% of salary = \$16,294; 39.5% of benefits = \$2,860
ECO advocate: \$20,085 salary plus \$4,017 in benefits = \$24,102
45% of salary = \$9,038; 45% of benefits = \$1,807.65
\$16,294 + \$9,038 = \$25,332 in salaries
\$2,860 + \$1,807 = \$4,668 in benefits

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)
Susan K Buza Executive Director Name (please print) Title (please print)
Signature 12/29/14
NOTARY SECTION:
State of Florida
County of <u>Palm Beach</u>
The foregoing Agreement was acknowledged and subscribed before me this 29^{th} day of DLCIMBER, 2014 by SUSAN K. BUCA. (name of individual) as
EXEcutive Director (title) of 211 Palm Beach/Treasure Coast, INC (name
of organization/ agency), who is personally known to me or who produced
as identification.
Munely Quiraliz
Notary Public MINOY GONZALEZ

My Commission Expires: 23/18

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Attachment A

APPLICATION

Organization Name: Alzheimer's Community Care FEID #: 311481653 www.alzcare.org Web Address: 800 Northpoint Parkway, Suite 101-B Address: STREET ADDRESS West Palm Beach, FL 33407 CITY, STATE, ZIP Mary M. Barnes **Executive Director:** NAME an en SIGNATURE (561)683-2700 mbarnes@alzcare.org TELEPHONE NUMBER E-MAIL ADDRESS Kris Riedell, COO

Fiscal Agent:

NAME redei SIGNATURE

kriedell@alzcare.org (561)683-2700 TELEPHONE NUMBER E-MAIL ADDRESS 1/14/2015

Date:

DATE



Organization Name:_____ Community Care

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

Funding will be used to support the Alzheimer's 24-Hour Crisis Line (800-394-1771). The Crisis Line serves all of Palm Beach County and is staffed by nurses with dementia-specific experience who are on-call 24 hours daily. There are 65,000 people with Alzheimer's disease in Palm Beach County. 60% are at risk for wandering. We collaborate with the Sheriff's office to provide electronic bracelets for high-risk patients, increasing the likelihood of safe and timely rescue. There may be incidents of patient shoplifting, erratic driving or aggression when law enforcement is involved. The 24-Hour Crisis Line connects law enforcement with a nurse specialist to assist.

What results are you committed to achieving?

 Respond to law enforcement crisis calls within 15 minutes to assist via telephone or on-site as needed
 Provide and maintain electronic bracelets for high risk wanderers
 Provide quarterly dementia training for Crisis Intervention Team Training (CIT)

Revised 11/2014

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Attachment A



FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2 01 6
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$18,500.00	\$5,000.00	27.0 3%
2.	Employee Benefits/Payroll Taxes	\$2,440.00		0.00%
3.	Professional Fees	\$2,400.00		0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone	\$3,325.00		0.00%
6.	Postage/Shipping	\$200.00		0.00%
7.	Printing & Publications	\$2,250.00		0.00%
8.	Supplies	\$500.00		0.00%
9.	Travel	\$500.00		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$500.00		0.00%
	Total Expenses	\$30,6 15.00	\$5,000.00	16.33%

Revised 11/2014

Attachment A



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):

Family Nurse Consultants (7 RNs, 1 LPN) rotate on-call responsibilities for the 24-Hour Crisis Line (average salary 44,000). Each is paid an additional 2.00 per hour for their on-call time and 28.00 for crisis work.

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

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

Occupancy/UtilItles (list utilIties): N/A

Telephone (provide telephone numbers): Monthly service fee for the Alzheimer's 24-Hour Crisis Line (1-800-394-1771) averaging \$277/month.

Printing & Publications (list type of material):

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



Attachment A

Supplies (list supplies/equipment): General office supplies., training handouts

Travel (individuals traveling, destination and purpose): Local travel at .44 per mile for nurses when responding to a crisis call.

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

Miscellaneous Expense (specify items): Allocated administrative expenses



APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Mary M. Barnes Name (please print) amer_ Signature

NOTARY SECTION:

State of Floring

County of Palm Beach

President and CEO Title (please print)

<u>|-/4-2015</u> Date

The foregoing Agreement was acknowledged and subscribed before me this $\underline{/4}$ day of January, 2015 by Mary M. Barnes (name of individual) as President And CEO (title) of Anheimer's Community Care (name of organization/ agency), who is personally known to me or who produced

Florida State Drivers License as identification.

T Notary Public

My Commission Expires: 3/5/2018

MY COMMISSION # FF 098704 EXPIRES: March 5, 2018 Bonded Thru Budget Notary Services

Revised 11/2014

Attachment A



Attachment A

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APPLICATION

Organization Name:	Area Agency on Aging Palm Beach, Treasure Coast, Inc.
	FEID #:
Web Address:	www.YourAgingResourceCenter.org
Address:	4400 North Congress Ave.
	STREET ADDRESS
	West Palm Beach, FL 33407
	CITY, STATE, ZIP
Executive Director:	Jaime Estremera-Fitzgerald
	NAME
	SIGNAURE
	561-684-5885 jestremera@YourAgingResourceCenter
	TELEPHONE NUMBER E-MAIL ADDRESS
Fiscal Agent:	Joyce Norris
	Durce J. norris
	SIGNATURE 561-684-5885 jnorris@YourAgingResourceCenter.or
	TELEPHONE NUMBER E-MAIL ADDRESS
Date:	1212912014 Date



Attachment A

Area Agency on Aging Palm Beach, Treasure Coast, Inc.

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

To promote, support and advocate for the independence, dignity and wellbeing of seniors, adults with disabilities, and those who care for them in a manner that values diversity, reflects the communities we serve and embraces the collaboration of the aging network.

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

Crime and the fear of crime create special problems for the elderly. Understanding the nature of the problem and knowing what to do to avoid being a victim of crime can make a difference. The Program will continue to conduct its prevention activities/services which will include: --dissemination of crime prevention information such as protecting oneself from: re-victimization after an initial theft or fraud crime, home repair fraud, identity theft, scams, financial exploitation, elder abuse, theft, domestic violence, stalking and sexual assault; --advocacy services for senior crime victims; --response to requests from seniors and caregivers for clarification and direction in civil/criminal matters.

What results are you committed to achieving?

--Palm Beach County senior centers, libraries, physicians offices, etc.
will have access to senior crime prevention information;
--20 senior communities will be provided with outreach events;
--4,500 senior crime victims will receive advocacy and safety planning;
--3,500 seniors will receive information on accessing free credit reports;
--50 seniors will be provided with individualized assistance in developing strategies to minimize/prevent financial crime;
--60 requests from seniors/caregivers will be provided information and appropriate referral.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
---------------------------	-------	--------------	-----	---------------

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$86,450.00	\$4,040.00	4.67%
2.	Employee Benefits/Payroll Taxes	\$21,266.00	\$960.00	4.51%
3.	Professional Fees	\$600.00		0.00%
4.	Occupancy/Utilities	\$13,884.00		0.00%
5	Telephone	\$1,800.00		0.00%
6.	Postage/Shipping	\$1,200.00		0.00%
7.	Printing & Publications	\$1,980.00		0.00%
8.	Supplies	\$2,000.00		0.00%
9.	Travel	\$700.00		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$1,000.00		0.00%
	Total Expenses	\$130,880.00	\$5,000.00	3.82%



Budget Narrative

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

Salaries (list employees and individual compensation):

Two Elder Crime Intervention specialist salary \$86,450(rounded)\$4,040 and Fringe Benefits such as FICA,WC,SUI,FUI, Health, Life Insurance and Payroll fee of \$960.00= \$5,000.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

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Attachment A



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



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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.

State, Department, Division (No	ot-for-profit organizations with headquarters outside of Florida)
Jaime Estremera-Fitzgera	1d Chief Executive Officer
Name (please print)	Title (please print)
	12/29/2014
Signature	Date
NOTARY SECTION:	
State of	
County of <u>Palm Beach</u>	_
The foregoing Agreement was a	acknowledged and subscribed before me this <u>29</u> day of
December 29, 2014 by Jaime	<u>Estremera-Fitzgeral(</u> dame of individual) as
Chief Executive Officer	(title) of Area Agency on Aging of PB/TC, Incame
of organization/ agency), who is	personally known to me or who produced
- <u>/</u>	as identification.
Richer R. Hav	ndy
My Commission Expires: Sール	2 Dife Notary Public State of Florida Ligia R Hardy E 180222
Revised 11/2014	My Commission EE 180222 Expires 05/12/2018



Attachment A

APPLICATION

Organization Name: BIG DOG RANCH RESCUE, INC.

FEID #: 26-3184971

Web Address:

http://www.bigdogranchrescue.org

Address:

Physical address: 10948 Acme Rd.	Admin office: 1090 Jupiter Park Dr.	
STREET ADDRESS		
Wellington, FL 33414	Jup:ter, FL 33458	
CITY, STATE, ZIP		

Executive Director:

NAM 1ame SIGNATURE 803-348-1336 donna.casamento@bdrr.org

TELEPHONE NUMBER

Donna Casamento

E-MAIL ADDRESS

Fiscal Agent:

Lauren Simmons NAME aver mous (lox SIGNATURE

561-747-9099

TELEPHONE NUMBER

February 4, 2015

lauree.simmons@bdrr.org

E-MAIL ADDRESS

Date:

DATE

Revised 11/2014



Organization Name: _____

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

\$25,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

To provide shelter, care and affection to homeless dogs of all breeds and adopt them out into loving homes. We also promote animal welfare and celebrate the special bond between dogs and families through education, awareness and community outreach.

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

BDRR's program rescues, rehabilitates, and provides medical and spay/neuter services to homeless dogs. Our program involves local youth from all backgrounds and abilities. The Ranch provides a place for these young people to interact with our dogs while developing social skills and enhanced self-esteem by aiding in the rehabilitation of dogs. The spay/neuter services address public safety issues relating to possible animal bites and dog homelessness. We visit schools to explain the importance of responsible pet ownership through adoption and encourage students to volunteer time caring for our dogs. We share with the students Luke's Story, a book about a very sick BDRR rescue puppy. We also emphasize the importance of leading a drug and alcohol free life.

What results are you committed to achieving?

BDRR is planning to rescue at least 1,800 homeless dogs in 2015. We will provide medical and spay/neuter services for dogs prior to adoption. We help adolescents from diverse backgrounds in our after-school programs, and provide community service hours required by schools or courts. Young adults follow us on social media where our responsible rescue and animal care message is addressed every day. Studies have shown that students who participate in after-school programs are three times less likely than non-participating peers to become involved in drugs, alcohol and criminal behavior. BDRR feels that the combination of animal and youth welfare is a strong contributing factor to the PBSO's goal of creating safe neighborhoods.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
---------------------------	-------	--------------	-----	---------------

No.	Expense	Program Totai	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$25,000.00	\$25,000.00	100.00%
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	\$25,000.00	\$25,000.00	100.00%

Revised 11/2014

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

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

Big Dog Ranch Rescue - The funds will be used to pay for spay/neuter services and vaccinations. Big Dog Ranch Rescue uses contracted veterinarians that come to our site and also other low-cost spay/neuter providers to provide spay/neuter and vaccinations services.

Occupancy/Utilities (list utilities):

N/A

Telephone (provide telephone numbers): N/A

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



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

Attachment A

Supplies (list supplies/equipment): N/A

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

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

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



APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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 which has been held to be tax exempt under the State of Florida, Department of State, Division of Corporations, or (c) a non-Florida not-for-profit organization which has been held to be tax exempt under the Internal Revenue Code and is registered as a Non-Profit organization of s. 501 of the Internal Revenue as a Non-Profit 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 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 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 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 which he

State, Department, Division (Not-for-profit	organizations with headquarters outside of Florida)
Donna Casamento	Executive Director
Name (please print)	Title (please print)
Aona aslament.	> 2/4/2015
Signature	Date
NOTARY SECTION:	THOMAS J. MCCABE
State of Florda	Commission # FF 191787
	Expires January 21, 2019 Bended Thru Troy Feln Insurance 800-385-7019
County of Palm Beach	
The foregoing Agreement was acknowledge	ed and subscribed before me this $\underline{ST}_{day}^{\mathcal{H}}$ day of
February 2015by Ponna Casam	ento (name of individual) as
Executive Director (title)	of Big Dog Roach Rescue (name
of organization/ agency), who is personally	known to me or who produced
Drivers Lizense a	s identification.
Hord Richo Notary Public	THOMAS J. MCCABE Commission # FF 191787 Expires January 21, 2019 Bonded Thru Tray Fain Insurance 800-385-7018
My Commission Expires:	

Revised 11/2014

Attachment A

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Attachment A

APPLICATION

Organization Name: The Boys & Girls Clubs of Palm Beach County: Belle Glade Teen Ctr.

FEID #: 23-7060561

Web Address:

www.bgcpbc.org

Address:

800 Northpoint Parkway, Suite 204 STREET ADDRESS

West Palm Beach, FL. 33407

CITY, STATE, ZIP

Executive Director:

Jaene Miranda, President & CEO

NAME

Muarda Jane SIGNATURE 561-683-3287 jmiranda@bgcpbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

1

Fiscal Agent:

Julie Bass, V.P. of Finance/CFO

NAME \mathcal{D} SIGNATURE 561-683-3287 jbass@bgcpbc.org TELEPHONE NUMBER E-MAIL ADDRESS

Date:

December 29, 2014



Organization Name:______ The Boys & Girls Clubs of Palm Beach County:Belle Glade Teen Ctr.

LETF Funding Request (MUST match total on Financial Application): \$15,000.00

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

Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

This funding request is for core Club program services currently provided to over 300 teenagers, ages 12 to 18 - 51% male/49% female, at the Belle Glade Teen Center located at 350 SW 10th St. in Belle Glade, FL 33430. the center operates from 2pm-8pm on school days and from 7:30-6pm on days when school is closed. It is a safe oasis of positive support, educational enhancement and healthy recreational activities for teen club members, 91% minorities, who would likely spend this time unsupervised, in risky academic performance/truancy, drug and/or alcohol abuse, premature sexual activity, and involvement in gang/criminal activities. There is also a high-risk of teens becoming crime victims during these hours.

What results are you committed to achieving?

The Boys & Girls Clubs is dedicated to helping at risk teens stay out of trouble after school and with the law. According to the national law-enforcement directive "Fight Crime, Invest in Kids", one-quarter of all juvenile violent crime committed on school days occurs between the hours of 3pm-8pm. the after-school center's success is achieved by providing an outstanding, safe teen center where certified teachers and trained staff deliver enriching after-school programs to encourage and challenge teens academically, physically and socially. Statistics report the Club teens' school attendance, performance, and academic test scores, such as FCAT Math and Lexile Reading scores, are higher compared to their same school peers.

Revised 11/2014

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Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016	
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$330,584.00	\$13,513.51	4.09%
2.	Employee Benefits/Payroll Taxes	\$59,322.00	\$1,486.49	2.51%
3.	Professional Fees	\$16,000.00		0.00%
4.	Occupancy/Utilities	\$66,605.00		0.00%
5.	Telephone	\$7,250.00		0.00%
_6.	Postage/Shipping	\$300.00		0.00%
7.	Printing & Publications	\$2,000.00		0.00%
8.	Supplies	\$64,492.00		0.00%
9	Travel	\$27,948.00		0.00%
10.	Meetings	\$4,000.00		0.00%
11.	Miscellaneous Expenses	\$4,414.00		0.00%
	Total Expenses	\$582,915.00	\$15,000.00	2.57%

Revised 11/2014



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):

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

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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 which has been held to be tax exempt under the State of Florida, Department of State, Division of Corporations, or (c) a non-Florida not-for-profit 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 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 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 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 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 which he

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Karen Fay Name (please print) Signature

0

State of FLDRIDA

NOTARY SECTION:

County of PALM BEACH

The foregoing Agreement was acknowledged and subscribed before me this <u>29</u> day of <u>November</u> 2014 by <u>KAREN Agy</u> (name of individual) as <u>Ure Pusiclent</u> (title) of <u>Boys & Siris Chills of Poim Beach County Inc</u>(name

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

___ as identification.

Public My Commission Expires: 992017

MY COMMISSION # FF 052624 EXPIRES: September 9, 2017 Bonded Thru Budget Natary Services

JANICE COOKE DALEY

Title (please print)

12/29/2014

Date

Vice President of Resource Development & Programs

Revised 11/2014



Attachment A

APPLICATION

Organization Name: The Boys & Girls Clubs of Palm Beach County-Neil S. Hirsch Family

FEID #: _____

Web Address:

www.bgcpbc.org

Address:

800 Northpoint Parkway, Suite 204

STREET ADDRESS

CITY, STATE, ZIP

West Palm Beach, FL. 33407

Executive Director:

Jaene Miranda, President & CEO

NAME

Jaese Herranda / Smp SIGNATURE 561-683-3287

jmiranda@bgcpbc.org E-MAILADDRESS

TELEPHONE NUMBER

Fiscal Agent:

SIGNATURE 561-688-3287	
561-687-3287	
	DDRESS

Date:

DATE

December 29, 2014

Revised 11/2014



Organization Name:______ The Boys & Girls Clubs of Palm Beach County-Neil S. Hirsch Family

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

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

✓ Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

The PBCSO's funding will support staff instrumentally in activities and services, such as reading and math literacy, health/wellness, charachter and leadership, and physical education provided at our Wellington Club. The Center is open during critical hours after school from 2pm-8pm. when school is not in session, club hours are from 7:30am - 6pm. Without our Club, Many of these children would spend that time alone or in unsupervised situation. Often they become involved in risky behaviors, poor academic performance, or become victims of crimes. Currently, the Wellington Club services more than 552 members annually. Your financial support allows us to care for 20 members each day.

What results are you committed to achieving?

We are dedicated to promoting the educational, vocational, health leadership and character of our youth and teens in a safe, nurturing environment. The Clubs provide a variety of award-winning programs to help youth build skills, self-esteem and values during critical periods of growth. We support our members as they make healthy choices such as staying in school, performing better academically, and graduating from high school.

Revised 11/2014

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Attachment A

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

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1	Salaries	\$422,348.00	\$4,400.00	1.04%
2.	Employee Benefits/Payroll Taxes	\$86,280.00	\$600.00	0.70%
3.	Professional Fees	\$12,900.00		0.00%
4.	Occupancy/Utilities	\$113,908.00		0.00%
5.	Telephone	\$6,250.00		0.00%
6.	Postage/Shipping	\$400.00		0.00%
7.	Printing & Publications	\$3,000.00		0.00%
8.	Supplies	\$98,000.00		0.00%
<u>9</u> .	Travel	\$35,248.00		0.00%
10.	Meetings	\$3,500.00		0.00%
11.	Miscellaneous Expenses	\$12,183.00		0.00%
	Total Expenses	\$794,017.00	\$5,000.00	0.63%

Revised 11/2014

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Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

The salaries and benefits/payroll taxes expense includes funding of one part-time staff working at our Neil S. Hirsch Family Club in Wellington. the part-time position will receive funding of \$5,000 broken down as follows: \$4,400 Salary and \$600 Employee Benefits/Payroll Taxes.

The PBSCO donation enables us to continue serving at least 20 young people each day at our Wellington Club.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 11/2014



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Karen Fay	Vice President of Resource Development & Programs
Name (please print)	Title (please print)
Aunt	12/29/2014
Signáture /	Date
NOTARY SECTION:	
State of FLORIDA	
County of PALM BEACH	
The foregoing Agreement was acknowledged a	
NotomBar 2014 by KAREN FAY	(name of individual) as
VICE PRESIDENT (title) of	Boys a Birls Clubs Of Palm Boach County, Inc. (name
of organization/ agency), who is personally know	
as ide	entification.
Notary Public My Commission Expires: 9/9/2017	ANNOE COOKE DALEY MY COMMISSION # FF 052624 EXPIRES: September 9, 2017 Beneded Thru Budget Notary Services
Revised 11/2014	6
TALITA REALING T	0



Attachment A

	APPLICATION
Organization Name:	Cellus Foundation
	FEID #:27-2614 886
Web Address:	www.cellusfoundation.org
Address:	2560 Route 22 East #209 Street adoress
	<u>Scoth Plains, NJ 07076</u> City, State, Zip
Executive Director:	<u>Claudia Ruffin</u> NAME <u>Claudin Ruffin</u> SIGNATURE
	973-851-5122 cruffin@ruffinconsulting.com TELEPHONE NUMBER E-MAIL ADDRESS
Fiscal Agent:	Otis Birdsong NAME SIGNATURE 501-580-0489 otisbirdsong@hotmail.com
Date:	TELEPHONE NUMBER E-MAIL ADDRESS

Revised 11/2014



Attachment A

Cellus Foundation Organization Name:

LETF Funding Request (MUST match total on Financial Application): \$25,000

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:

The purpose of the organization is to engage, teach and instruct underserved and a at- risk youth in basketball skills, life skills, and health skills using basketball camps as

vehicle.

Provide a brief summary of program's activities/services to be funded: Seven Youth Basketball Camps in the Palm Beach area for kids 8-17. Basketball lessons to be taught by 4 former NBA Players. One (1), 30 minute session each day given by a professional from the private sector to discuss the following topics:

1. Law Enforcement Agency: Crime Prevention & Safe Neighborhoods.

2. Nutritionist: Obesity, Diet, Exercise & Proper Eating Habits.

3. Financial Services: Financial Literacy, Savings Account, Etc.

4. Health Profession: Health & Wellness, Teen Pregnancy, Etc.

5. Educator: Importance of getting a College Degree.

6. Drug Abuse Education & Drug Prevention Program: Dr. James Hughes/Inspirations for Youth & Families, LLC

What results are you committed to achieving?

Teaching kids that sports can be used to develop life skills and basketball skills, including (but not limited to), discipline, teamwork, respect for self and others, ethics, diversity, tenacity and empathy. To teach that there are severe consequences when you get involve with Gangs. The value of growing up in a safe neighborhood. To educate the kids about the dangers of Drug Abuse and make them aware of Drug Prevention and Drug Treatment Programs.



FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2015 To: June 30, 2016

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$16,000.00	\$16,000.00	10 0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$4,000.00	\$4,000.00	100.00%
5.	Telephone			0.00%
6	Postage/Shipping	\$500.00	\$500.00	100.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$1,500.00	\$1,500.00	100.00%
9.	Travel	\$2,000.00	\$2,000.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$1,000.00	\$1,000.00	100.00%
	Total Expenses	\$25,000.00	\$25,000.00	100.00%

Revised 11/2014

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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):

Greg Minor- \$3,000 Michael Ray Richardson - \$4,000 Anthony Goldwire - \$3,000 Otis Birdsong - \$4,000 Sean Birdsong -\$1,000 Sharon Letalon - \$1,000

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

Occupancy/Utilities (list utilities): 5 Hotel Rooms per night X 7 nights

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Poster Boards and Camp Fliers

5



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

Supplies (list supplies/equipment): Basketballs Teaching Aids (Cones, Ropes, Etc) Uniforms Tee-Shirts

Travel (individuals traveling, destination and purpose):

Flights:

.

Michael Ray Richardson- Roundtrip from Oklahoma City to West Palm Beach Sean Birdsong - Roundtrip from Kansas City MO to West Palm Beach Greg Minor- Roundtrip from Orlando to West Palm Beach Otis Birdsong - Roundtrip from Little Rock AR to West Palm Beach Anthony Goldwire Roundtrip from Oklahoma City to West Palm Beach Sharon Letalon Roundtrip from Orlando to West Palm Beach Meetings (attendees, purpose, items needed for meeting):

Miscellaneous Expense (specify items): Rental Cars - 2 cars for 7 Days



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

APPLICATION CERTIFICATION

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New Jersey, State Department, Division of Non-profit

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Otis Birdsong Name (please print) Signature

State of Alarida

Title (please print)

President

3/6/15

NOTARY SECTION:

County of Jalm Boach

The foregoing Agreement was acknowledged and subscribed before me this _____ day of WICH, 20/5 by OTIS BIRDSON 6- (name of individual) as _(title) of BALL STAR Yourn+ Champ (name

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

as identification.

Notary Public FRANK CALENDRILLO MY COMMISSION # FF 02423 My Commission Expires: ly 5, 201 EXPIRES: July 5, 2017 Revised 11/2014

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Attachment A

1

APPLICATION

Organization Name: Child Rescue Combition			
	FEID #:		
Web Address:	childrescuecoaliti	.on.org	
Address:	4530 Conference Wa	y South	
	STREET ADORESS		
	Boca Raton, Florid	a 33431	
	CITY, STATE, ZIP		
Executive Director:	William Wiltse		
	NAME		
	WANAY		
	SIGNATURE		
	(561)988-4217	wwiltse@childrescuecoalition.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
		,	
Fiscal Agent:	Colleen Lockwood		
	Name Caller An		
	SIGNATURE		
	(561)226-9656	colleen@childrescuecoalition.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	

Date:

DATE

March 2, 2015



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

Attachment A

Organization Name:_____Child Rescue Coelition

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:

Child Rescue Coalition partners with law enforcement agencies --including the South Florida Internet Crimes Against Children Task Force --- to protect children everywhere from the horrors of sexual abuse.

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

Currently, the greatest barrier to the effective apprehension and prosecution of internet child sexual abusers is the recovery of deleted files from suspects' hard drives. Child Rescue Coalition has found a way to solve that problem. In partnership with one or more child pornography image libraries, Child Rescue Coalition is developing software that will make the identification, restoration, and authentication of deleted child pornography files on abusers' hard drives an automated process -- making a complete analysis of suspects' hard drives possible for the first time and saving law enforcement agencies countless hours and resources.

What results are you committed to achieving?

The ability to efficiently conduct comprehensive forensic investigations of abusers' hard drives will increase protection for children in Palm Beach County and elsewhere by ensuring that child sexual abusers are held fully accountable for the true extent of their criminal activities -- not just for the child pornography files they have neglected to delete -leading to charges and sentences that more adequately reflect the harm abusers have inflicted on children and families. Child Rescue Coalition is committed to developing the forensic software and training law enforcement officers to use it. We also expect that full deployment of the software will result in more arrests and better judicial outcomes in the fight against child sexual abuse.

Revised 11/2014



FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2015 To: June 30, 2016

No.	Expense	Program Total	LETF Request	LETF
1	Salaries	\$157,306.00	\$12,880.00	8.19%
2.	Employee Benefits/Payroll Taxes	\$40,780.00		0.00%
3.	Professional Fees	\$20,000.00		0.00%
4.	Occupancy/Utilities	\$13,455.00		0.00%
5.	Telephone	\$250.00		0.00%
6.	Postage/Shipping	\$50.00		0.00%
7.	Printing & Publications	\$549.00		0.00%
8.	Supplies	\$12,120.00	\$12,120.00	100.00%
_9.	Travel	\$5,000.00		0.00%
10.	Meetings	\$1,000.00		0.00%
11.	Miscellaneous Expenses	\$500.00		0.00%
	Total Expenses	\$251,010.00	\$25,000.00	9.96%

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Revised 11/2014



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):

Robert Machorro is the senior software developer working on the forensic tool project. We have requested $\frac{12,390}{--}$ of his total salary of \$80,000 -- from the Law Enforcement Trust Fund to manage the design, development, and testing of the forensic tool.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 11/2014 .

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Attachment A

Supplies (list supplies/equipment): Computer supplies of \$4,200 for integration of bloom filter technology and interface to image database data as well as server storage costs of \$7,920 are being requested from the Law Enforcement Trust Fund.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 11/2014

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APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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 which held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

COLLEEN VICE PRESIDEN LOCKWOOD Name (please print) Title (please print) 3/03/15 Signature NOTARY SECTION: State of Florida county of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this 3 day of March, 2015 by <u>Colleen Lock wood</u> (name of individual) as <u>Vice President</u> (title) of <u>Child Rescue Coalition</u> (name of organization/ agency), who is personally known to me or who produced Horida Univers hiense as identification. otary/Public LYNN DALLMER My Commission Expires: **COMMISSION # EE222695** EXPIRES October 06, 2016

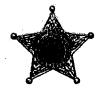
Revised 11/2014



Attachment A

APPLICATION

Organization Name: Crime Stoppers of Palm Beach County, Inc.		
-	FEID #:	
Web Address:	crimestopperspbc.com & s	tudentcrimestoppers.com
Address:	P.O. Box 6245	
	STREET ADDRESS	
	West Palm Beach, Florida	33405
	City, State, Zip	
Executive Director:	Heidi Schalk	
	NAME Heist &	4 - 44
	SIGNATURE	
	561-385-1500	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Anthony Genovese	
	NAME (uthong / Levok	ie
	SIGNATURE	
	561-512-9869	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	12/9/2014	
	DATE	



.....

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

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

✓ School Resource Officers

Organization Purpose:

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

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

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

What results are you committed to achieving?

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

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2015 To: June 30, 2016

LETF LETF Program No. Expense Request Total 0.00% \$0.00 \$39,000.00 Salaries 1. \$0.00 0.00% Employee \$9,642.24 2. **Benefits/Payroll Taxes** \$0.00 0.00% \$4,000.00 3. **Professional Fees** 0.00% \$0.00 \$3,000.00 Occupancy/Utilities 4. \$9,500.00 63.33% \$15,000.00 5. Telephone 0.00% \$0.00 \$1,200.00 6. Postage/Shipping 20.25% \$16,200.00 \$80,000.00 7. **Printing & Publications** \$0.00 0.00% \$7,800.00 8. Supplies 0.00% \$9,200.00 \$0.00 9. Travel 0.00% \$1,200.00 \$0.00 10. Meetings \$4,300.00 23.80% \$18,065.00 Miscellaneous Expenses 11. **Total Expenses** \$30,000.00 15.95% \$188,107.24

Revised 11/2014





Budget Narrative

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

Salaries (list employees and individual compensation): NONE

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

Occupancy/Utilities (list utilities): NONE

Telephone (provide telephone numbers):

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

Printing & Publications (list type of material):

PBSO Homicide Conference Portfolio's - Crime Stoppers "Pens for the Public" -Crime Stoppers Miscellaneous Advertisement materials - Other Crime Stoppers Promotional Items (ex: T-Shirts, Banners, Bus Shelters, Billboards, etc.) -Crime Stoppers Internet (computer equipment, programs, video equipment, etc., Twitter, Face Book & You Tube).

Revised 11/2014



Supplies (list supplies/equipment):

NONE

Travel (individuals traveling, destination and purpose): NONE

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

Miscellaneous Expense (specify items):

Officers & Directors Insurance - Organization Liability Insurance - Other Insurance Coverage - Internet Expense - Computer/Audio/Video Program/Equipment - JusticeXchange program - Other Miscellaneous Expenses to promote Crime Stoppers and the Student Crime Stoppers programs.

Revised 11/2014



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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Anthony Genovese Name (please print) Signature

NOTARY SECTION:

County of Palm Beach

President Title (please print)

12/9/2014

Date

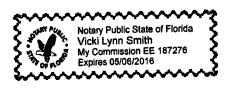
State of Florida

The foregoing Agreement was acknowledged and subscribed before me this 9th day of December , 20 by Anthony Genovese (name of individual) as (title) of Crime Stoppers of Palm Beach County, Inc. (name President

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

Notary Public Smith

Lynn My Commission Expires: May 6, 2016 Revised 11/201



6



APPLICATION

Organization Name: Florida Crime Prevention Association

FEID #: 85-8015310966C-0

Web Address:

floridacrimeprevention.org

Address:

3228 Gun Club Roard STREET ADDRESS

West Palm Beach, Florida 33406

CITY, STATE, ZIP

Executive Director:

William "Chip" Wells NAME SIGNATURE 727-893-4993 chip.wells@stpete.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Nell Hayes NAME

fell Har

SIGNATURE

863-402-7369 nhays@highlandssheriff.org TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

- / 2-24-2014 Дате

Revised 11/2014

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Organization Name: Florida Crime Prevention Association

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

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

What results are you committed to achieving?

To provide training to 125-150 law enforcement crime prevention officers, civilian staff and volunteers on (NEW) crime prevention methods, practices and concepts.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
			Noquot	
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$4,000.00	\$2,000.00	50.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping	\$1,000.00		0.00%
7.	Printing & Publications	\$2,500.00	\$1,600.00	64.00%
8.	Supplies	\$2,700.00	\$1,000.00	37.04*
9.	Travel			0.00\$
10.	Meetings	\$11,500.00		0.00*
<u> </u>	Miscellaneous Expenses	\$5,500.00	\$2,400.00	43.641
	Total Expenses	\$27,200.00	\$7,000.00	25.74*

Revised 11/2014

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Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation): NONE

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

Monday opening	speaker	(Room and Transportation)	\$1000.00
Thursday Night	Keynote	Speaker (Room and Transportation)	\$1000.00

Occupancy/Utilities (fist utilities): NONE

Telephone (provide telephone numbers): NONE

Printing & Publications (list type of material):Awards/Frames/Images\$1500.00Cd's for Conference\$100.00



Attachment A

Supplies (list supplies/equipment): AV Equipment \$1000.00

Travel (individuals traveling, destination and purpose): NONE

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

Miscellaneous Expense (specify items):

Attendee T-Shirts\$1000.00Coffee Breaks\$900.00Extra Breakfasts\$500.00



APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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 which he set tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which he set tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Karl Martin Name (please print) Mart

Signature

NOTARY SECTION:

State of Florida

County of Palm Beach

Title (please print)

Region 7 Director Florida Crime Prevention Association

12/24/2014 Date

 The foregoing Agreement was acknowledged and subscribed before me this 24th day of December , 20 ju by Karl Martin (name of individual) as Region 7 Director (title) of Florida Crime Prevention Association (name)

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

_____as identification.

Notary Public

My Commission Expires:

Revised 11/2014



Attachment A



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Attachment A

1

APPLICATION

Organization Name:	Girl Scouts of Southeast Florida		
	FEID #:		
Web Address:	www.gssef.org		
Address:	1224 West Indiantown Ro	ad	
	STREET ADDRESS		
	Jupiter, Florida 33458		
	CITY, STATE, ZIP		
Executive Director:	Denise W. Valz NAME Marine Duff SIGNATURE 561-427-0178 TELEPHONE NUMBER	dvalz@gssef.org E-MAIL ADDRESS	
Fiscal Agent:	Gregory M. Kissel NAME SIGN/TURE 561.427.0195		
		·····	
	TELEPHONE NUMBER	E-MAIL ADDRESS	

Date:

December 18, 2014

DATE



Girl Scouts of Southeast Florida

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:

Girl Scouts of Southeast Florida (GSSEF) works to fulfill the national mission of Girl Scouts of the USA: Girl Scouting builds 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:

Girl Scouts invests considerable resources to ensure that its programs are responsive to the myriad challenges that threaten girls' path to leadership. Chief among these threats is relational aggression--the subtle, emotional form of bullying experienced most intensely by middle school girls, yet not addressed by current interventions. To foster skills needed to reduce relational aggression among girls, Girl Scouts created BFF (Be a Friend First) in 2012. GSSEF proposes to deliver the evidence-based BFF intervention program to 50 girls in grades 6-8 by partnering with 2 youth development organizations and/or Title I Middle Schools in Palm Beach County. Six sessions include hands-on activities, group discussions, role-play exercises, and creative self-expression.

What results are you committed to achieving?

In replicating BFF, GSSEF anticipates that results will align with those achieved by the formal evaluation of BFF in 2013. As such, the majority of girls (65% or more) participating in BFF will demonstrate a stronger awareness and understanding of bullying behaviors and gain important leadership and relationship skills, including, improved self-esteem, self-confidence, and conflict resolution skills. These competencies will support girls in modeling pro-social behavior and educating and inspiring others to act. As a result, girls completing BFF will ultimately help prevent bullying in their schools, homes, and communities, resulting in increased safety within each of these arenas. All 50 girls will become Girl Scouts and encouraged to attend year-round GSSEF programming.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF	
1.	Salaries	\$5,159.00	\$5,159.00	100.00%	
2.	Employee Benefits/Payroll Taxes	\$1,266.00	\$1,266.00	100.00%	
3.	Professional Fees	\$0.00	\$0.00	0.00%	
4.	Occupancy/Utilities			0.00%	
5.	Telephone			0.00%	
6.	Postage/Shipping			0.00%	
7.	Printing & Publications			0.00%	
8.	Supplies	\$1,575.00	\$1,575.00	100.00%	
9.	Travel	\$425.00	\$425.00	100.00%	
10.	Meetings			0.00%	
11.	Miscellaneous Expenses	\$1,575.00	\$1,575.00	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):

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

N/A

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

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

Revised 11/2014



Attachment A

Supplies (list supplies/equipment):

Books and badge set for each girl, other supplies .: \$22.00/girl X 50 girls = \$1,100 Refreshments: snacks and beverages: \$9.50/girl X 50 girls = \$475

Travel (individuals traveling, destination and purpose):

Travel reimbursement for staff to travel to and from eight program sites throughout Palm Beach County: \$475

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

Miscellaneous Expense (specify items):

Membership dues \$30/girl X 50 girls = \$1,500 Membership dues \$15 / adult x 5 adults (facilitator and teachers) =\$75

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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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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 which has been held to be tax exempt under the State of Florida, Department of State, Division of Corporations, or (c) a non-Florida not-for-profit 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 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 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 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 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 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 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

 \mathcal{N}/\mathcal{A} State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

<u>NEWISE</u> W. VALZ Name (please print) $\frac{\bigcirc E \oslash}{\text{Title (please print)}}$ Benire WOals <u>|2 ||8 || 4</u> Date Signature NOTARY SECTION: State of FLORIDA County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this $\frac{18^{7h}}{18^{10}}$ day of December, 2014 by Denise VALZ (name of individual) as CEO (title) of Girl Scouts OF SE FL (name of organization/ agency), who is personally known to me/or who produced as identification. Uprainia L. Deigh Notary Rublic My Commission Expires: Revised 11/2014



Attachment A

APPLICATION

Organization Name: Leadership Palm Beach County

FEID #: 59-2569079

Web Address:

LeadershipPBC.org

Address:

2751 South Dixie Highway STREET ADDRESS

West Palm Beach, FL, 33405

CITY, STATE, ZIP

Executive Director:

Christina Lambert

NAM anter MIL SIG NATI

561-833-4321

Christina@LeadershipPBC.org TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

N/A

NAME

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

12/19/14

Date:



Organization Name:

LETF Funding Request (MUST match total on Financial Application): \$10,000.00

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

Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

✓ Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

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

Since 1983, our unique programs have enhanced the capacity of over 2,000 adult and youth leaders by deepening their civic commitment and awareness of diverse industries in Palm Beach County.

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

What results are you committed to achieving?

Leadership Palm Beach County's curriculum is designed to educate our Professional & Youth Leadership class members about important issues facing our community every day. Among the most important issues we cover are Public Safety as well as Health & Human Services. With the help of top-level leaders in these industries like Sherriff Ric Bradshaw, Chief Deputy Michael Gauger, County Public Defender Carey Haughwout, Chief Judge Colbath and State Attorney David Aronberg, we are able to have in-depth conversations about serious issues.

Each program is designed to empower our participants with significant information and foster an environment of collaboration to address needs in Palm Beach County.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$101,250.00	\$5,447.00	5.38%
2.	Employee Benefits/Payroll Taxes	\$8,110.00	\$413.00	5.09%
3	Professional Fees	\$1,600.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$5,400.00	\$300.00	5.56%
5.	Telephone	\$2,784.00	\$0.00	0.00%
6.	Postage/Shipping	\$290.00	\$0.00	0.00%
7.	Printing & Publications	\$360.00	\$0.00	0.00%
8.	Supplies	\$3,770.00	\$270.00	7.16%
9.	Travel	\$12,748.00	\$1,013.00	7.95%
10.	Meetings	\$39,865.00	\$2,557.00	6.41%
11.	Miscellaneous Expenses	\$4,271.00	\$0.00	0.00%
	Total Expenses	\$180,448.00	\$10,000.00	5.54%



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):

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% of Salaries utilized to complete the Leadership Program, Youth Leadership
Program and FOCUS Program:
Executive Director: $45,563
Communications & Programs Coordinator: $31,388
Finance & Administrative Coordinator: $24,300
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Professional Fees (list vendor and type of service provided):

Ropes Course for Youth Program Retreat: \$1,600

Occupancy/Utilities (list utilities):

Rent: \$800/month (divided by % across programs) All utilities included

Telephone (provide telephone numbers): Phone and Internet: \$232/month (divided by % across programs) 561-833-4321

Printing & Publications (list type of material): Applications, Class directories with photos/contact info, Agendas and Evaluations



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

Supplies (list supplies/equipment):

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

Travel (individuals traveling, destination and purpose):

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

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

Breakfast, lunch, snacks and drinks each: Leadership Program (9 total) \$6,750, Youth Program (8 total) \$2,000 and FOCUS Program (2.5 total) \$3,050 session days. Meals & hotel costs for Leadership Program Retreat: \$16,715. Lunch, snacks and drinks for Youth Program Retreat \$500. Food and beverage at Leadership Program & Youth Leadership Program orientations and graduations: \$10,850

Miscellaneous Expense (specify items):

\$1,998 for gifts (\$5/each) for the Leadership Program, Youth Leadership Program and FOCUS Program speakers and sponsors.

\$2,273 for website hosting (divided by % across programs). The Leadership Programs utilize the website to distribute information to all participants including agendas, speaker bios, upcoming events, etc.)



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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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 which has been held to be tax exempt under the State of Florida, Department of State, Division of Corporations, or (c) a non-Florida not-for-profit organization which has been held to be tax exempt under the Internal Revenue Code and is registered as a Non-Provisions of s. 501 of the Internal Revenue Code as a Non-Profit 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 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 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 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 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 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Signature

NOTARY SECTION:

State of FLORIDA

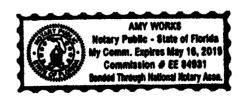
County of PALM BEACH

The foregoing Agreement was acknowledged and subscribed before me this <u>/9</u> day of <u>DECEMBER</u> 20<u>14</u> by <u>CHRISTINA LAWBERT</u> (name of individual) as <u>EXECUTIVE DIRECTOR</u> (title) of <u>LEADERSHIP PALM BEACH COUNTY</u> (name of organization/ agency), who is personally known to me or who produced

_ as identification.

Long Works

My Commission Expires:





Attachment A

APPLICATION

Organization Name: Mental Health Association of Palm Beach County Inc.

FEID #: 59-0760220

Web Address:

mhapbc.org

Address:

909 Fern Street

STREET ADDRESS

West Palm Beach, Florida. 33401 CITY, STATE, ZIP

OIT, STATE,

Executive Director:

Pamela Gionfriddo NAME 0 SIGNATURE 561-832-3755 pgionfriddo@mhapbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Pamela Gionfriddo

Pame, S	M
SIGNATURE	
561-832-3755	pgionfriddo@mhapbc.org
ELEPHONE NUMBER	E-MAIL ADDRESS

Date:

12/05/2014

DATE



Organization Name:_______

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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-occuring 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 be incarcerated. It is also widely accepted that there are far more mentally ill persons in jails than in mental health facilities. By providing services to individuals with mental illness, we hope to divert those individuals away from jails (thereby reducing law enforcement's role) and into treatment and recovery programs.

Revised 11/2014

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Attachment A



FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$85,980.00	\$3,500.00	4.07%
_2.	Employee Benefits/Payroll Taxes	\$11,138.00	\$500.00	4.49%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$36,100.00	\$6,000.00	16.62%
5.	Telephone	\$4,288.00		0.00%
6.	Postage/Shipping	\$300.00		0.00%
7.	Printing & Publications	\$1,477.00		0.00%
8.	Supplies	\$3,000.00		0.00%
9.	Travel	\$2,500.00		0.00%
10.	Meetings	\$1,500.00		0.00%
11.	Miscellaneous Expenses	\$26,301.00		0.00%
	Total Expenses	\$172,584.00	\$10,000.00	5.79%

Revised 11/2014



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):

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=\$2400 per month Utilities=\$292 per month Insurance and maintenance=\$2000

Telephone (provide telephone numbers): 561-714-0584

Printing & Publications (list type of material): Outreach Flyers



Attachment A

Supplies (list supplies/equipment): Program Expenses, Food, Activity Supplies

Travel (individuals traveling, destination and purpose): Mileage expenses for outreach into the community.

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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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

<u>Mental Health Association of Halm beach County</u>, State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Pamela Gionfriddo Name (please print)

Signature

NOTARY SECTION:

State of Florida County of Jalm Beach

CEO Title (please print)

4-14-2015 Date

The foregoing Agreement was acknowledged and subscribed before me this <u>15th</u> day of <u>April</u>, 20<u>15</u> by <u>Parrela Sconfriddo</u>(name of individual) as <u>Chief Gecutive Officer</u> (title) of <u>Mental Health Ossociation</u> (name of organization/ agency), who is personally known to me or who produced

as identification.

Mary ann Roman Notary Pyblic

My Commission Expires:

Revised 11/2014





Attachment A

APPLICATION

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

	FEID #:	
Web Address:	www.missingkids.co	m
Address:	9176 Alternate A1A	
	STREET ADDRESS	
	Lake Park, FL 334	03
	CITY, STATE, ZIP	
Executive Director:	Nancy A. McBride	
	NAME	XIG
	CER	$\leq \sqrt{2}$
	SIGNATURE	-
	561-848-1900	nmcbride@ncmec.org
	TELEPHONE NUMBER	E-MAIL ADDRESS

Fiscal Agent:

Nancy Terseck NAME

leiser

SIGNATURE

703-837-6283 TELEPHONE NUMBER

nterseck@ncmec.org

E-MAIL ADDRESS

Date:

12/11/2014 DATE



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

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

\$10,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

NCMEC has launched two new programs in 2014-Kidsmartz and the Public/Private Partnership with law enforcement and private security. KidSmartz educates children and their parents/guardians about preventing abduction and empowers them to practice safer behaviors. The Florida Police Chiefs Association (FPCA) and NCMEC will also be launching an initiative to provide critically missing children fliers to private security personnel. Upon enrolling in the program to receive the missing child fliers and completing the online training, security personnel and law enforcement will receive a lapel pin denoting their participation in the program. The program will be piloted in Palm Beach County.

What results are you committed to achieving?

Work with the Palm Beach County Sheriff's Office of Community Policing, and Crime Prevention to provide Kidsmartz programs and services to children and families throughout Palm Beach County. Implement community outreach programs and initiatives designed to reduce incidents of child abduction and exploitation through the dissemination of essential safety information. Support PBSO and other municipalities activities' for Back to School, Trunk or Treat, Shop With a Cop, and the South Florida Fair. Work with law enforcement in Palm Beach County to help recover critically missing children by partnering with private security, through outreach and training opportunities.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
---------------------------	-------	--------------	-----	---------------

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6	Postage/Shipping	\$350.00	\$350.00	100.00%
7.	Printing & Publications	\$2,000.00	\$2,000.00	100.00%
8.	Supplies	\$6,000.00	\$6,000.00	100.00%
9.	Travel	\$1,000.00	\$1,000.00	100.00%
10.	Meetings	\$650.00	\$650.00	100.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$10,000.00	\$10,000.00	100.00%

Revised 11/2014



Attachment A

Budget Narrative

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

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

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

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

Printing & Publications (list type of material):

Funds requested to offset cost of printing safety tips, posters, banners, and training materials in English and Spanish. Specific publications associated with NCMEC programs are perforated card stock for Child ID Cards, Know The Rules (KTR)Going To & From School More Safely, KTR Halloween Safety, KidSmartz Abduction Prevention tips & checklist for parents, and NetSmartz Protecting Your Kids on Social Media. Missing Child protocol will be printed on badge-sized cards for Security personnel.

Revised 11/2014

Attachment A

Supplies (list supplies/equipment):

Funds will be used to create online training modules and purchase promotional items customized with safety messaging to be used in a variety of ways throughout the year; incentives for parent, children, and educator presentations; and recognition for outstanding program facilitators. Funds also requested to offset costs for presentation equipment, fingerprint printer ink, replacement cables, & basic maintenance.

Travel (individuals traveling, destination and purpose):

Local travel for outreach/training professionals and the Executive Director. Travel will be throughout Palm Beach County with an emphasis on municipal police agencies and the Community Policing Sites in the 15 PBSO Districts. Travel is reimbursed at \$0.56 per mile.

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

Train-the-Trainer presentations will be offered for Community Policing Officers, Crime Prevention Officers, Security Professionals, Educators, and Youth Serving Organizations. Abduction Prevention and Internet safety presentations will also be offered to parents and children throughout the year. Training materials and light refreshments will be provided. Staff will also participate in monthly Public Information Officer and Police Chief Association meetings.

Miscellaneous Expense (specify items):

N/A



Attachment A

APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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 which he

Commonwealth of Virginia

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Nancy Terseck Name (please print)

Vice President, CFO Title (please print)

12/11/2014 Date

NOTARY SECTION:

State of Virginia

Signature

County of Fairfax

The foregoing Agreement was acknowledged and subscribed before me this <u>//</u> day of <u>December</u>, 2014 by <u>Nancy Terseck</u> (name of individual) as <u>Vice President</u>, <u>CFO</u> (title) of <u>National Centerfor Missing</u>, <u>September (name</u>)

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

as identification. Notary Public My Commission Expires: 10/31/15 Revised 11/2014



Attachment A

APPLICATION

Organization Name:	Palm Beach County PAL, Inc.	
	FEID #:	
Web Address:	www.pbso.org/pal	·
Address:	3228 Gun Club Rd	
	West Palm Beach, FL	33406
	CITY, STATE, ZIP	
Executive Director:	Scott Scrivner	
	Scrivner, Sco	tt L. Digitally signed by Scrivner, Scott L. DN: dc=org, dc=pbso, ou=People, ou=PAL Program, cn=Scrivner, Scott L. Date: 2014.12.18 10:00:01 -05'00'
	SIGNATURE	
	561-242-5816	scrivners@pbso.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Chris Johnson	
	NAME	
	SIGNATURE	
	561-346-5893	johnsonc1207@bellsouth.net
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	12/16/2014	
	DATE	- Andre

Organization Name:_____Palm Beach County PAL, 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:

PAL provides free, organized and supervised recreation and education programs under the leadership of law enforcement to help establish positive relationships between the youth and their communities

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

All activities take place at the Cabana Colony Youth Center. The Center provides services to youth ages 8-17 in a safe environment that is staffed with Palm Beach County Sheriffs Employees and Deputies. Programs that we are looking for assistance with are: Reading improvement, Math and Science improvement tutoring services and Back to School Bash, (back packs and school supply give away)

What results are you committed to achieving?

Provide an environment where the youth feel safe and accepted as they build self confidence and self esteem through the programs that are supervised by law enforcement and civilians of the Palm Beach County Sheriffs Office. Teaching youth life skills, to be accountable for their own actions and work toward being positive and productive community members. Improve youth's academic abilities through homework assistance, reading,

math and science tutoring programs.

Revised 11/2014

Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
		July 1, 2010		June 30, 2010

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$23,400.00	\$23,400.00	100.00%
4.	Occupancy/Utilities			0.00%
5	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$1,600.00	\$1,600.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$25,000.00	\$25,000.00	100.00%

Revised 11/2014



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):

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

Prior Knowledge, Inc. - Certified Reading Specialist 3 hours per day, 130 days per year @ \$40/hr = \$15,600

Prior Knowledge, Inc. - Certified Elementary Math and Science Specialist 1 1/2 hours per day, 130 days per school year @ \$40/hr = \$7,800

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Attachment A

Supplies (list supplies/equipment):

Student school supplies in backpacks \$5 x 20 = \$100 Reading improvement assessment, testing & handouts = \$750 Math and science improvement assessment, testing etc= \$750

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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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

	Scott Scrivner		Director		
	Name (please print)	,	Title (please print)		
	Scrivner, Scott L	d by Scrivner, Scott L pbso, ou -People, Int, cn=Scrivner, Scott L 18 10:00:28 -05'00'	12/18/2014		
	Signature		Date	<u></u>	
	NOTARY SECTION:				
	State of Florida	****			
	County of Palm Beach				
					MJ
april	The foregoing Agreement w <u>December</u> , 20/ <u>5</u> by Sco Director	ott Scrivner	(name of individ	ual) as	5 ^v day of
<i>Apri</i> L	December, 20/5 by Sco	ott Scrivner (title) of ho is personally k	name of individ Palm Beach County PA	ual) as L, Inc.	day of



Attachment A

1

APPLICATION

Organization Name: Palm Beach County PAL, Inc. FEID #: _____ www.pbso.org/pal Web Address: 3228 Gun Club Rd Address: STREET ADDRESS West Palm Beach, FL 33406 CITY, STATE, ZIP Scott Scrivner **Executive Director:** Digitally signed by Scrivner, Scott L. DN: dc=org, dc=pbso, ou=People, ou=PAL Program, cn=Scrivner, Scott L. Date: 2014.12.18 10:00:01 -05'00' NAME Scrivner, Scott L. SIGNATURE 561-242-5816 scrivners@pbso.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** Chris Johnson NAME SIGNATURE 561-346-5893 johnsonc1207@bellsouth.net TELEPHONE NUMBER E-MAIL ADDRESS 12/16/2014 Date: DATE



Organization Name: Palm Beach County PAL, 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:

The Palm Beach County PAL / Explorer and Junior Explorer Programs are made up of 127 Youth. This program 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 explorers knowledge is through competitions and conferences. Explorers are in the impressionable years of young adulthood. It is here that the basic tenants of civic responsibility can best be instilled. Exploring provides the law enforcement community an opportunity to further their investment in its own future through relationships with fit and capable young adults. Exploring can further each member's education, encourage participation in rewarding and productive service activities, and enhance the preparation for future roles as productive citizens.

What results are you committed to achieving?

In today's society our young adults face Gangs, drugs, bullying, and social networking in their daily lives. Our program provides these explorers with the necessary resources to resist violence, strategies to prevent them from being a victim and provide conflict resolution skills. The manifestation of street violence that has encroached on our communities and the presence of gangs more than double's the likelihood of violent victimization. We enable these explorers with positive reinforcements as well as positive role models in which to associate with. Our explorers are given opportunities to further their education through scholarships, participate in rewarding and productive community service activity, and enhance preparation for future roles as community members.

Revised 11/2014

2

Attachment A

Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$0.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$0.00	\$0.00	0.00%
8.	Supplies	\$0.00	\$0.00	0.00%
9.	Travel	\$3,800.00	\$0.00	0.00%
10.	Meetings	\$50,550.00	\$22,000.00	43.52%
11.	Miscellaneous Expenses	\$7,200.00	\$3,000.00	41.67%
	Total Expenses	\$61,550.00	\$25,000.00	40.62%

Revised 11/2014



Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation): $\ensuremath{\mathbb{N}/\mathbb{A}}$

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

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): $\ensuremath{\mathbb{N}/\mathbb{A}}$

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

Revised 11/2014





Supplies (list supplies/equipment): N/A

Travel (individuals traveling, destination and purpose):

Lodging for Winterfest Competition for 30 Explorers 10 rooms @\$95.00 per night X 4nights = \$3,800.00

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

Florida Sheriff's Explorer Association Business meeting and competitions four times a year throughout the State of Florida. 30 Explorers X \$325.00 X 4 times a year = \$39,000.00;Explorer Training Bootcamp at Camp Blanding 2x a year 30 Explorers X \$85.00 X 2 = \$5,100.00;Winterfest Competition Fees 30 Explorers x \$45.00 = \$1350.00;Disney Youth Education Series Leadership Summer Course 30 Explorers X \$170.00 = \$5,100.00

Miscellaneous Expense (specify items):

Food for Disney Youth Education Series Summer Leadership Course \$30.00 per day X 30 Explorers X 4 days = \$3,600.00 Food for Winterfest Competitions 30 Explorers X \$30.00 per day X 4 days = \$3,600.00



APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Scott	Scrivner	
Name	(please print)	
		tially sign ad by C

Scrivner, Scott L. Dit:dc=org, dc=pbso, ou=People, ou=PAL Program, cn=Scrivner, Scott L. Date: 2014.12.18 10:00:28-05'00' Director Title (please print)

12/18/2014 Date

•

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agre	ement was acknowledged	and subscribed before me this 18	day of
December , 20	by Scott Scrivner	(name of individual) as	
Director	(title) of	Palm Beach County PAL, Inc.	(name

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

A Hall rion Notary Public

My Commission Expires:

Revised 11/2014





Attachment A

1

APPLICATION

Organization Name:	PALM BEACH COUNTY SHERIFF'S FOUNDATION			
	FEID #:			
Web Address:	PBCSHERIFFSFOUNDATON.CO	DM		
Address:	3228 GUN CLUB ROAD			
	WEST PALM BEACH, FL 334	106		
	CITY, STATE, ZIP			
Executive Director:	RICHARD SEYMOUR			
	NAME			
	SIGNATURE			
	561-371-9381 	ricks@csipalmbeach.com E-MAIL ADDRESS		
Fiscal Agent:				
	Name	, , , , , , , , , , , , , , , , , , ,		
	SIGNATURE	<u></u>		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	Дате	_		



Organization Name:_______BEACH COUNTY SHERIFF'S FOUNDATION

LETF Funding Request (MUST match total on Financial Application): \$35,000.00

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

Funded items will include a backpack, an age appropriate educational kit which contains most of the supplies required per school lists. We are utilizing our community policing deputies to identify the families in need of school supplies. In addition we are providing necessary school supplies to our adopted school centers and will be identifying schools who have 90% free and reduced lunch population for assistance with supplies, this information is provided to us from the school board. We will distribute crime prevention pamphlets about bullying, gang violence, computer safety for the students and parents as well as 211 informational card.

What results are you committed to achieving?

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

Revised 11/2014

2

Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
---------------------------	-------	--------------	-----	---------------

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$35,000.00	\$35,000.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
<u>11.</u>	Miscellaneous Expenses			0.00%
	Total Expenses	\$35,000.00	\$35,000.00	100.00%



Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

n/a

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

Occupancy/Utilities (list utilities): n/a

Telephone (provide telephone numbers): n/a

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



Supplies (list supplies/equipment):

1805 @ \$12.35 eac	h Primary &	Elementary	educational	kits	\$22,291.75
1950 @ \$5.70 each	backpack				\$11,115.00
1595 @ \$1.00 each	Compositio	n books and	crayons		\$1,595.00

Travel (individuals traveling, destination and purpose):

0

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

0

Miscellaneous Expense (specify items):

0

Revised 11/2014

Attachment A



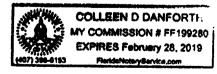
APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit organization which has been held to be tax exempt under the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the with the State of Florida, Department of State, Division of Corporations, or (c) a non-Florida not-for-profit 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 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 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 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

	PALM BEACH COUNTY SHORIEF'S FOUNDATION
	State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)
	KICHARD J SEYMOUN CHATTEMAN
	Name (please print) Title (please print)
[Signature 42315
	NOTARY SECTION:
	State of florida
	County of Falm Beach
	The foregoing Agreement was acknowledged and subscribed before methis 23 day of
	april_, 20/3 by Kichard Seymour (name of individual) as
	Chairman (title) of PalmBeach Sheriff toundattante
	of organization/ agency), who is personally known to me or who produced
	as identification.
	Andhern Andrantarth

Calleen & Danforth Notary Public

My Commission Expires: スースるーノゾ



Revised 11/2014

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Attachment A



Attachment A

1

APPLICATION

Organization Name: PALM BEACH COUNTY SHERIFF'S FOUNDATION

	FEID #:				
Web Address:	PBCSHERIFFSFOUNDATION.CO	M			
Address:	3228 GUN CLUB ROAD				
	STREET ADDRESS WEST PALM BEACH, FL 3340	6			
	CITY, STATE, ZIP				
Executive Director:	RICHARD SEYMOUR				
Ň	NAME				
	SIGNATURE (561-371-9381	ricks@csipalmbeach.com			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:					
•	NAME				
	SIGNATURE				
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	Date				
	POLE				



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

Organization Name:_______

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

The Shop with a Cop event will start with PBSO staff serving pizza, cookies & drinks to 150 children they will be accompanied by a deputy selected them for the program. They will receive a backpack that will contain educational information. In addition, the backpack will contain bicycle accessories such as reflector light and safety material. The Wal-Mart gift card (\$125.00) will be used to purchase gifts for their family and themselves. They will also receive a Publix gift card valued at (\$100.00) to be utilized for the purchase of food and a gift card t purchase a bicycle (\$70.00). The Sheriff will ask then to take the oath to refrain from any bad behavior and to tell on those who are bullies to adults and/or a police officer.

What results are you committed to achieving?

To initiate a bond between the deputies and children during this event and instilling in a child the importance of turning to law enforcement for safety advice and to rely upon them for bicycle riding bicycle protocols. To initiate a bond between the deputies and the child during this event, perhaps instilling the importance of turning to law enforcement for help.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
---------------------------	-------	--------------	-----	---------------

No.	Expense	Program Totai	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$45,000.00	\$45,000.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$45,000.00	\$45,000.00	100.00%

Revised 11/2014



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

Budget Narrative

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

Salaries (list employees and individual compensation):

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

0

0

Occupancy/Utilities (list utilities): 0

Telephone (provide telephone numbers): 0

Printing & Publications (list type of material): 0

Revised 11/2014



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

Supplies (list supplies/equipment):

150 gift cards from Walmart	@\$125.00 each =	\$18,750.00
150 gift cards from Publix	@\$100.00 each=	\$15,000.00
150 gift cards for bicycle	@\$ 70.00 each=	\$10,500.00
150 backpacks	@\$ 5.00 each=	\$ 750.00

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 11/2014



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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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 which has been held to be tax exempt under the State of Florida, Department of State, Division of Corporations, or (c) a non-Florida not-for-profit 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 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 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 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 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 (Not-for-profit organizations with headquarters outside of Florida) State, SPIMOL CotAn RMAN (LICHARD) Title (please print) Name (please print) Signature NOTARY SECTION: State of flor in 初 County of The foregoing Agreement was acknowledged and subscribed before methis $\overline{23}$ day of Richard Sumour (name of individual) as, Varil ,2015 by (title) of <u>BlmBeach Sheriffs Foundation</u>name sma of organization/ agency), who is personally known to me or who produced as identification.

Notary Public

My Commission Expires: 2 - 28 - 19

COLLEEN D DANFORTH MY COMMISSION # FF 199280 EXPIRES February 28, 2019 27 349-0153 FordehoteryService com

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

Attachment A

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APPLICATION

Organization Name:	Speak Up for Kids of Palm Bea	ach County, Inc.
	FEID #:	·····
Web Address:	http://www.speakupforki	dspbc.org
Address:	P. O. Box 1896	
	West Palm Beach, FL 334	02
	CITY, STATE, ZIP	
Executive Director:	Lynne Brown	
	NAME DO	
	SIGNATURE 305-793 7631	lbrowngal@yahoo.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	N/A	
	NAME	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	March 30, 2015	-



Attachment A

Organization Name: Speak Up for Kids of Palm Beach County, Inc.

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Speak Up for Kids' mission is to ensure that every abused, abandoned, and neglected child in Palm Beach County is provided with a court appointed advocate, with the intention that they don't get lost in our overburdened legal and social service system.

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

We accomplish our mission by partnering with the 15th Judicial Circuit Guardian ad Litem Program to assemble a team that includes an attorney, a case coordinator, and a volunteer child advocate. This team works side by side throughout the dependency proceedings, following him or her during their stay in the foster care system. Their goal is to facilitate getting the child through the system in the shortest time possible, while ensuring that their life has a healthy degree of normalcy. We give our volunteers the training and the support that they need to succeed. "When the system fails, the children are very likely to move out of the system into the juvenile justice system, into the welfare system, into the adult criminal justice system," says Richard Gelles, dean U of Penn. of Social Work.

What results are you committed to achieving?

In 2014, these efforts resulted in 516 children being reunited with their families, 210 children being placed with permanent guardians, 111 children being adopted, and in helping 39 children "age-out" of foster care. There are currently 1,800 children involved in dependency proceedings, but only 1,103 have volunteers assigned to them. This leaves 697 children, who do not currently have a volunteer advocating to stand for them in court,or to care for them in their day to day living struggles. Over the next year, we intend to cut that number in half by serving an additional 350 children.

Revised 11/2014



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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2015 To: June 30, 2016

No.	Expense	Program Total	LETF Request	LETF
1.	Salarie s	\$91,267.68	\$29,205.65	32.00%
2.	Employee Benefits/Payroli Taxes			0.00%
3	Professional Fees	\$19,200.00	\$6,144.00	32.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone	· ·		0.00%
6.	Postage/Shipping	\$1,000.00	\$320.00	32.00%
7.	Printing & Publications	\$2,100.00	\$672.00	32.00%
8.	Supplies	\$3,500.00	\$1,120.00	32.00%
9.	Travel	\$1,500.00	\$480.00	32.00%
10.	Meetings	\$22,450.00	\$7,184.00	32.00%
11.	Miscellaneous Expenses	\$16,800.00	\$4,874.35	29.01%
	Total Expenses	\$157,817.68	\$50,000.00	31.68%

Revised 11/2014



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):

Speak Up for Kids has committed to provide 80% of the funds raised as direct support to the 15th Judicial Circuit Guardian ad Litem Program. The largest portion of our budget is provided for GAL staffing. For the 2015/2016 budget period \$73,267.68 is committed for one Child Advocacy Manager, one Child's Best Interest Attorney, & one part-time recruiting assistant. Additionally, Speak Up for Kids will staff one part-time marketing assistant with projected expenses of \$18,000 for 2015/2016.

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

Professional fees of \$19,200 are projected for professional grantwriting services from LC Green, Inc.

Occupancy/Utilities (list utilities):

None

Telephone (provide telephone numbers): None

Printing & Publications (list type of material):

General marketing brochures, letterhead, business cards, etc. Postage costs include thank you letters and mailing of grants.

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Attachment A

Supplies (list supplies/equipment):

General offices supplies, ink, paper, etc.

Travel (individuals traveling, destination and purpose):

Travel for meetings and conferences.

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

This portion of the budget is primarily for memberships, Events, and Community Awareness. Membership is with chambers and attendance of those meetings to enhance community outreach. Events and Community Awareness are gatherings that Speak Up either hosts, or attends to promote the program, for the purpose of obtaining volunteers and/or donations.

Miscellaneous Expense (specify items):

Miscellaneous expenses include various fees such as webhosting, email programs, bank fees. In addition to that we have a children's emergency/discretionary fund for filling in needed gaps such as clothing, participation in little league, tutoring, etc.

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Attachment A

APPLICATION CERTIFICATION

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State, Department, Division (Not-for-profit organizations with headquarters outside of Florid	a)
Lynne Brown President	
Name'(please print) Title (please print)	
20015 3/30/15	
Sighature Date	
NOTARY SECTION:	
State of <u>Florida</u>	
County of Palm Beach	;
The foregoing Agreement was acknowledged and subscribed before methis 30^{12} day of	
March, 2015 by Lynne Brown (name of individual) as	
president (title) of Speak up for Kids (nar	ne
of organization/ agency), who is personally known to me or who produced	
as identification.	
Notary Public BRITTANY LYNN SHEPHERD	
* EXPIRES: February 25, 2018	
My Commission Expires: Bonded Thru Budget Notary Services	
Revised 11/2014 Feb 25, 2018	6



Attachment A

APPLICATION

organization Manie.	USNSCC Region 6-5, Inc., Boca Delray	Division
	FEID #:	
Web Address:	www.bocadelrayseacadets.com	a
Address:	11860 West State	End 84, Suite BIG
	DWIE, FL 333 CITY, STATE, ZIP	25-
Executive Director:	JEPP Leibowit	2
	NAME Jubeler	l'
	SIGNATORE SGY-990-1670 TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Jeff Leibowitz	ELCOR, USNSC
	SIGNATORE <u>954-990-1670</u> TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	12-APRIL-2015 Date	
	•	



Organization Name:_______ USNSCC Region 6-5, Inc., Boca Delray Division

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

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

✓ Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

The Boca Delray Division meets once a week for a 3 hour drill throughout the year. Drills consist of physical training, military drill, & basic seamanship skills. In addition, Drug & Sexual Abuse, Equal Opportunity, Human Right & Hazing education are mandatory courses given annually. Sea Cadet training consists of Navy Non-Resident Training Courses (NRTC) & count towards requirements for actual military service. Advanced trainings are also available and include trainings such as Airman, Seaman, Fire Fighting, Medical, STEM, Sea Perch, Culinary, Construction and many more. The unit also participates in community service events such as Honor Flight, beach cleanups, parades, color guards, & Special Olympics. Cadets earn an average of 25 community service hours each year.

What results are you committed to achieving?

It is the goal of the Boca Delray Division, through training & guidance, to develop mature young adults who have discipline, self-esteem, personal values, & the commitment to move forward in their lives. Many of the graduates of the USNSCC program have been awarded scholarships in military academies and/or have gone on to serve the community in the Coast Guard, law enforcement, fire and military services. We hope to build a solid foundation for these future leaders to build on and give them a head start in their lives.

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Attachment A



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense Program Total		LETF Request	LETF
1.	Salaries	\$0.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$3,800.00	\$1,000.00	26.32%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$200.00	\$0.00	0.00%
7.	Printing & Publications	\$2,000.00	\$500.00	25.00%
8.	Supplies	\$10,100.00	\$2,500.00	24.75%
9.	Travel	\$4,000.00	\$1,000.00	25.00%
10.	Meetings	\$18,000.00	\$4,000.00	22.22%
11.	Miscellaneous Expenses	\$6,200.00	\$1,000.00	16.13%
	Total Expenses	\$44,300.00	\$10,000.00	22.57%

Revised 11/2014



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

Budget Narrative

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

Salaries (list employees and individual compensation): NONE - All Volunteers

Professional Fees (list vendor and type of service provided): NONE - Most services are donated by parent volunteers.

Occupancy/Utilities (list utilities):

Storage facility - Monthly storage fees are very high. We have training equipment, gear, color guard equipment, uniforms and other supplies for training and demonstrations. Local facility requires a yearly contract and monthly storage fees.

Telephone (provide telephone numbers): NONE - All cell phones used are personal cell phones used by our adult volunteers.

Printing & Publications (list type of material):

Cadet application packages, Adult volunteer application packages, awards/certificates for cadets, required forms for service jackets, educational and testing material, business cards and brochures which are used as a means of marketing and recruiting. Ink, envelopes, labels, pens, pencils, staples, paper clips, paper, etc.

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Attachment A

Supplies (list supplies/equipment):

Uniforms, insignia, patches, boots, gloves, ribbons/awards, covers, camping equipment, sea bags, PT gear, equipment for flagship competition training, office equipment, ropes, media supplies.

Travel (individuals traveling, destination and purpose):

Expenses for operation & maintenance of donated trailers for transport of unit equipment for training evolutions.

Our hopes are to be able to travel to a Navy base via bus with all the cadets so they can experience military trainings aboard US Navy bases and ships. The US Navy will allow these young men & women to actually train aboard Navy ships while depolyed.

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

Weekly meetings are held at a local middle school where we must pay for the usage of a classroom & field privileges. Our unit holds several FTX weekends & the cost of maintaining/replacing equipment, & cooking & cleaning supplies are an ongoing expense. We also hold a formal annual luncheon where we honor the cadets & their accomplishments throughout the year. We feel this is very important to their self-esteem & provides incentive to continue to progress & move through the program.

Miscellaneous Expense (specify items):

State and Federal registration and fees. Liability insurance which is mandatory to meet the USNSCC National Organization requirements. Books, computers, projector, training models needed for weekly drills or special ops and field training exercises. The field training exercises (FTX) weekends teach survival training, navigation skills, wilderness survival, search and rescue training, swim qualifications, and team building skills.

Revised 11/2014

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

Attachment A

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APPLICATION CERTIFICATION

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Division (Not-for-profit organizations with headquarters outside of Florida) Jeff Leibowi Exec. Dorector Title (please print) Name (please print) <u>12-APR16-2015</u> Date Signature NOTARY SECTION: State of FLORIDA County of BROWARD The foregoing Agreement was acknowledged and subscribed before me this 12 day of APRIL , 20/5 by JEFF LEIBOWITZ (name of individual) as EXECUTIVE DIRECTOR (title) of USNSCC Region 6-5, Inc (name of organization/ agency), who is personally known to me or who produced personally Known as identification. aine F. nasta Notary Public ELAINE F. NASTA MY COMMISSION # FF 040499 My Commission Expires: AUGUST 25, 2017 EXPIRES: August 25, 2017



APPLICATION

Organization Name: we	: West Jupiter Community Group, Inc.				
	FEID #:				
Web Address:	www.ewrunnerctr.org				
Address:	7187 Church Street				
	Jupiter, FL 33458				
	City, State, Zip				
Executive Director:	Edna W. Runner				
	NAME Tobra (D.	Runn			
	SIGNATURE 561-745-0950	runner@ewrunnerctr.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Anna Poulin				
	NAME	Li			
	SIGNATURE				
	561-745-0950	anna.poulin@ewrunnerctr.org			
		E-MAIL ADDRESS			

Date:

12/9/14 DATE

Attachment A



Attachment A

LETF Funding Request (MUST match total on Financial Application): \$5,000.00

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

Crime Prevention Program

___ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

TO PROVIDE A SAFE AND NURTURING ENVIRONMENT FOR AT-RISK STUDENTS SO THEY MAY PURSUE ACADEMIC AND PERSONAL EXCELLENCE

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

*PURPOSE: THE GOAL OF OUR CRIME PREVENTION PROGRAM AND SAFE NEIGHBORHOOD IS TO DEVELOP AND RETAIN A HIGH LEVEL OF SELF ESTEEM, TEACH YOUTH HOW TO UTILIZE FREE TIME IN A POSITIVE MANNER, TEACH AND LEAD OTHERS BY ROLE MODELLING AND IMPLEMENT POSITIVE LEADERSHIP SKILLS IN THE COMMUNITY. *CURRICULUM- 25 WAYS TO MAKE KIDS SAFER / PROPER USE OF 911 & STRANGER DANGER / ANIMAL KINDNESS & DOG SAFETY, MISSING & EXPLOITED CHILDREN, CRIME/DRUG AWARENESS AND PREVENTION *INSTRUCTORS: GWEN MONTGOMERY & TRAVIS CONWAY *GUEST SPEAKERS: SHERIFF'S DEPT / PALM BEACH FIRE & RESCUE / JUPITER POLICE / OTHER RELATED PROFESSIONALS.

What results are you committed to achieving?

*CRIME PREVENTION AND SAFE NEIGHBORHOOD OUTCOME: PREPARE YOUTH TO DEVELOP POSITIVE CRIME PREVENTION RELATIONSHIPS THAT WILL ENRICH THEIR LIVES. PROVIDING SUPPORT TO OUR LOCAL COMMUNITY TO TACKLE THE PROBLEM OF CRIME. PREVENTING OUR AT-RISK YOUTH AND THEIR FAMILIES FROM BECOMING INVOLVED IN VIOLENCE IN THE COMMUNITY, WITH EMPHASIS ON EARLY CRIME INTERVENTION AND PREVENTION. AWARENESS OF SURROUNDINGS / PROPER 911 USE / STRANGER DANGER TECHNIQUES. FOSTERING PARTNERSHIPS WITH VARIOUS LAW ENFORCEMENT ORGANIZSATIONS THROUGH CRIME PREVENTION ACTIVITIES. USING THE SKILLS GAINED THROUGH THESE PROGRAMS TO MAKE CORRECT CHOICES AND HAVING YOUTH BECOME POSITIVE ROLE MODELS AND GIVE BACK TO THE COMMUNITY THEY LIVE IN.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$28,000.00	\$0.00	0.00%
_2.	Employee Benefits/Payroll Taxes	\$8,364.00	\$0.00	0.00%
3.	Professional Fees	\$1,000.00	\$222.00	22.20%
4.	Occupancy/Utilities	\$1,000.00	\$0.00	0.00%
5.	Telephone	\$750.00	\$0.00	0.00%
6.	Postage/Shipping	\$125.00	\$30.00	24.00%
7.	Printing & Publications	\$1,000.00	\$200.00	20.00%
8.	Supplies	\$1,000.00	\$122.00	12.20%
9.	Travel	\$5,000.00	\$1,056.00	21.12%
10.	Meetings	\$13,000.00	\$2,270.00	17.46%
11.	Miscellaneous Expenses	\$6,400.00	\$1,100.00	17.19%
	Total Expenses	\$65,639.00	\$5,000.00	7.62%



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):

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

CHILDREN CREATE THEIR OWN SONGS THAT REFLECT POSITIVE ATTITUDES AND LIFE CHOICES AS WELL AS BUILD SELF ESTEEM AND FRIENDSHIPS. THEY ARE RECORDED PROFESSIONALY AND TRANSFERRED TO CD'S FOR EACH CHILD TO HAVE.

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material): CERTIFICATES OF COMPLETION FOR BOTH CRIME PREVENTION AND SAFETY CURRICULUM HANDOUTS

Revised 11/2014

Attachment A



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

Supplies (list supplies/equipment): PENS, PAPER, PRINTER INK

Travel (individuals traveling, destination and purpose):

BUS DRIVER, FUEL & TOLLS FOR 4 EDUCATIONAL FIELD TRIPS, 107 STUDENTS & STAFF 1-MUSEUM OF DISCOVERY & SCIENCE, FT. LAUDERDALE 2-KIDS FITNESS FESTIVAL OF PALM BEACH 3-NAVY SEAL MUSEUM IN FT. PIERCE 4-TOWN OF JUPITER JAIL TOUR

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

ADMISSION FEES FOR 3 EDUCATIONAL FIELD TRIPS, 107 STUDENTS & 7 STAFF 1-MUSEUM OF DISCOVERY & SCIENCE, FT. LAUDERDALE 2-KIDS FITNESS FESTIVAL OF PALM BEACH 3-NAVY SEAL MUSEUM IN FT. PIERCE

Miscellaneous Expense (specify items):

MEALS PROVIDED FOR 3 EDUCATIONAL FIELD TRIPS, 107 STUDENTS & 7 STAFF 1-MUSEUM OF DISCOVERY & SCIENCE, FT. LAUDERDALE 2-KIDS FITNESS FESTIVAL OF PALM BEACH 3-NAVY SEAL MUSEUM IN FT. PIERCE



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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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, Department, Division (Not-for-profit organizat	tions with headquarters outside of Florida)
Amatoulin	Asst. Exec Director
Name (please print)	Title (please print)
Signature	12/9/14 Date
NOTARY SECTION:	101 HE 201253
State of Flurida County of Palm Brach	Dic Under Williams
County of Palm Brach	
The foregoing Agreement was acknowledged and	subscribed before me this day of
December, 2014 by Anna Poulir ASSistant (title) of Lu) (name of individual) as
Assistant (title) of L	Jest. Jupiter Com (name
of organization/ agency), who is personally known	to me or who produced
as identi	fication.

Notary Public My Commission Expires: 10/-2016

Revised 11/2014



Attachment A

1

APPLICATION

Organization Name: West Palm Beach Library Foundation					
	FEID #:				
Web Address:	www.wpblf.org				
Address:	411 Clematis Street 3rd Floor				
	STREET ADDRESS				
	West Palm Beach, FL 33	401			
	CITY, STATE, ZIP				
Executive Director:	James Sugarman				
(Tra figh				
	SIGNATURE				
	561-822-9972	SugarmanJ@mycitylibrary.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Charles Hanna, Treasur	er			
	Name Chales Har	me			
	SIGNATURE				
	561-805-5758	charles.hanna@suntrust.com			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	12-12-2014				
	DATE				



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

Organization Name: ______ Beach Library Foundation

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

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

✓ Crime Prevention Program

Drug Abuse Education

___ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

Continuation of the Teen Mentor position and Teen Skill Building (TSB) programming. Designed to build self-esteem and provide teens with the confidence and motivation to be successful in life. TSB brings teens to the Mandel Public Library of WPB, a safe haven, where they can receive homework help, get advice on life challenges, make friends with similar interests, and receive assistance with job readiness, GED and college preparedness. TSB will reach out to at-risk teens, helping them gain the positive skills needed to become outstanding, responsible citizens through a variety of activities designed with their needs in mind such as workshops arts & crafts, poetry slams, and group technology projects.

What results are you committed to achieving?

TSB's outreach will focus on the needs and challenges of low income teens. Workshops will be held that address life lessons on communication skills, building relationships, and making healthy decisions, especially handling peer issues such as substance abuse, bullying, and urban life. "Get-the-Job" programs will reach 48 teens offering job-related skills. Life-skills and education-related workshops will assist teens with staying in school, passing the GED or preparing for college. Through the TSB programs, teens will gain community service hours at the Library. TSB programs will provide teens with the social and critical thinking skills required to help them as they move toward adulthood.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$7,000.00	\$7,000.00	100.00%
2.	Employee Benefits/Payroll Taxes	\$535.00	\$535.00	100.00%
3.	Professional Fees	\$3,665.00	\$3,665.00	100.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone		-	0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$750.00	\$750.00	100.00%
9.	Travel	\$1,050.00	\$1,050.00	100.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$2,000.00	\$2,000.00	100.00%
	Total Expenses	\$15,000.00	\$15,000.00	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):

7,000 Teen Mentor: $10.33/hour at 16 per week x <math display="inline">{\sim}42$ weeks.

535 Employee Benefits/Payroll Taxes calculated at .0765% per hourly rate based on 2013 tax benefit rate.

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

\$2,165 Job Readiness programs which includes supplies to teach job skills, resume building and interview skills. Author visits on issues that empower teen participants through life-skills education i.e. using social media safely, bullying and urban life. Presentations on topics such as applying to a college, taking ACT/SAT, choosing a major, finding scholarships and understanding financial aid.

\$1,500 Administrative costs of the WPB Library Foundation.

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

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Attachment A



Attachment A

Supplies (list supplies/equipment):

\$500 Gift Cards for teens to purchase clothes and tattoo covering materials for job interviews. \$250 Jump drives for teens who have no computers to store resumes and cover letters.

Travel (individuals traveling, destination and purpose):

\$1,050 Trolleys for trip to Peggy Adams Animal Rescue League to learn about animal care, benefits of spaying or neutering and harmful results of dog fighting.

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

Miscellaneous Expense (specify items):

\$1,000 Teen books, DVDs, eBooks, magazines and software for the Library's permanent collection.

\$1,000 Gift books for teens to take home to build their home libraries.



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 purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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

West Palm Beach Library Foundation

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Charles Hanna Name (please print)

WPBLF Treasurer Title (please print)

12/11/14

NOTARY SECTION:

Signature

State of Florida County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 1/1 day of December, 2014 by Charles 144 nnA (name of individual) as WPBLF Treasurer (title) of West Dalm Beach Library To undaligname of organization/ agency), who is personally known to me or who produced

as identification.

enced. Notary Public 7/27/18

My Commission Expires: Revised 11/2014





Attachment A

APPLICATION

Organization Name:	Zoological Society of the Palm Beaches				
	FEID #: 591259270				
Web Address:	www.palmbeachzoo.org				
Address:	1301 Summit Boulevard STREET ADDRESS				
	West Palm Beach, FL 3:	3405			
	CITY, STATE, ZIP				
		Υ.			
Executive Director:	Andrew M. Aiken				
	NAME				
	Argin Aile				
	SIGNATURE				
	561.533.0887	aaiken@palmbeachzoo.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:	NA				
U	NAME				
	SIGNATURE				
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	12/3/2014				
	DATE	—			

Revised 11/2014



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

Organization Name: Zoological Society of the Palm Beaches

LETF Funding Request (MUST match total on Financial Application): \$5,000.00

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

✓ Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The mission of the Zoological Society of the Palm Beaches is to inspire people to act on behalf of wildlife and the natural world. We advance our conservation mission through endangered species propagation, education and support of conservation initiatives in the field.

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

The Palm Beach Zoo has established a Zoo School Program - a one-week, on-site learning opportunity designed for Palm Beach County elementary students grades 3 - 5, attending Title I schools. This experience combines the students' regular academic lessons with interdisciplinary and engaging zoo lessons and activities, and includes a Drub Abuse Education Component provided in collaboration with the PBCSO. Each Zoo School session will also address Crime Prevention by improving students' learning skills, academic achievement, citizenship, and long-term success in life. The program is offered October through May for class sizes of 18 - 22 students ages 8 - 11. Students and teachers will use the Zoo School classroom as their homeroom for the week, and have access to the entire zoo.

What results are you committed to achieving?

The zoo will conduct a minimum of 10 one-week Zoo School sessions. Each session will serve one class of 3rd - 5th graders in a Palm Beach County Title I elementary school with average class size of 20 students. Participating students will be tested on their life-science knowledge before and after Zoo School and results will be tabulated and compared, with a goal of 87% of students showing significant knowledge gains. Teachers will be surveyed to measure the quality, relevance, and effectiveness of Zoo School, with a goal of 95% positive endorsement of the program. 10% of students will attend a one-hour drug abuse education program presented by PBCSO.

Revised 11/2014



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2015	To:	June 30, 2016
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$6,000.00	\$750.00	12.50%
2.	Employee Benefits/Payroll Taxes	\$1,800.00	\$200.00	11.11%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$3,250.00	\$350.00	10.77%
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	\$1,000.00	\$100.00	10.00%
9.	Travel	\$14,000.00	\$1,600.00	11.43%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$15,400.00	\$2,000.00	12.99%
	Total Expenses	\$41,450.00	\$5,000.00	12.06%

Revised 11/2014



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):

Education Specialist at \$24,000 per year will work 25% of her time on Zoo School = \$6,000. Benefits calculated at 30% of salary.

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

NA

Occupancy/Utilities (list utilities):

Zoo Classroom at \$55 per day x 50 days = \$2,750 Electricity/HVAC/water at \$10 per day x 50 days = \$500

Telephone (provide telephone numbers): NA

Printing & Publications (list type of material): NA



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

Supplies (list supplies/equipment):

Teaching supplies: Owl pellets, pencils, paper, misc.

Travel (individuals traveling, destination and purpose):

Bus transportation for students at approximately \$280 per day x 50 school days = \$14,000

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

Miscellaneous Expense (specify items):

Zoo admission at \$7.50 per day x 5 days x 200 students = \$7,500 Carousel rides at \$1 x 2 rides per week per child x 200 students = \$400 Lunch at \$7.50 per day x 5 days = \$37.50 per week per student x 200 students = \$7,500

Revised 11/2014



Attachment A

APPLICATION CERTIFICATION

I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 5 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 organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit 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, or (c) a non-Florida not-for-profit 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 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 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 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 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 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, Department, Division (Not-for-profit organizations with headquarters outside of Florida)

Andrew M. Aiken Name (please print)

Signature

Title (please print) $\frac{12/4}{17}$ Date

President and CEO

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this <u>44</u> day of <u>December</u>, 20<u>19</u> by <u>Andrew Arken</u> (name of individual) as <u>President/CEO</u> (title) of <u>Palm Beach ZoO</u> + Conservation Society of organization/ agency), who is personally known to <u>me</u> or who produced

as identification. mila 4 iscusi Notary Public My Commission Expires: MA-Y 29,2017 Revised 11/2014 6 Mill STALE