



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

| <b>Fiscal Years</b>                           | <b>2015</b> | <b>2016</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> |
|-----------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Capital Expenditures                          |             |             |             |             |             |
| Operating Costs                               | \$150,000   |             |             |             |             |
| External Revenues                             | (\$150,000) |             |             |             |             |
| Program Income<br>(County)                    |             |             |             |             |             |
| In-Kind Match (County)                        | 0           |             |             |             |             |
| Net Fiscal Impact                             | 0           |             |             |             |             |
| # Additional FTE<br>Positions<br>(Cumulative) | 0           |             |             |             |             |

Is Item Included in Current Budget: YES \_\_\_\_\_ NO X

Budget Account No.: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org \_\_\_\_\_ Object \_\_\_\_\_

Reporting Category \_\_\_\_\_

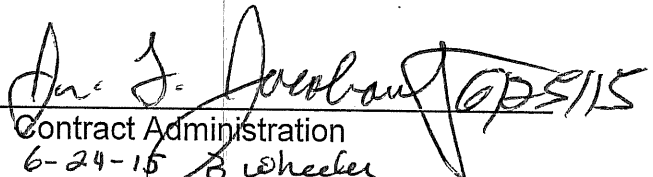
**B. Recommended Sources of Funds / Summary of Fiscal Impact:**

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

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

  
\_\_\_\_\_  
RD 6/23  
SP 6/23  
OFMB

  
\_\_\_\_\_  
Contract Administration  
6-24-15  
B Wheeler

**B. Legal Sufficiency:**

  
\_\_\_\_\_  
Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
Department Director

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

15- 0910

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET TRANSFER

FUND 1151 LAW ENFORCEMENT TRUST FUND

BGEX 00315 \* 1420

| ACCT.NUMBER                    | ACCOUNT NAME                  | ORIGINAL BUDGET | CURRENT BUDGET | INCREASE         | DECREASE         | ADJUSTED BUDGET | EXPENDED/ ENCUMBERED | REMAINING BALANCE |
|--------------------------------|-------------------------------|-----------------|----------------|------------------|------------------|-----------------|----------------------|-------------------|
| <u>Expenditures</u>            |                               |                 |                |                  |                  |                 |                      |                   |
| <u>Transfers</u>               |                               |                 |                |                  |                  |                 |                      |                   |
| 160-1690-9498                  | Trfr to PBSO Fd 1902          | 0               | 875,516        | 150,000          | 0                | 1,025,516       |                      |                   |
| <u>Reserves - New Projects</u> |                               |                 |                |                  |                  |                 |                      |                   |
| 160-9900-9902                  | Reserves - Operating Reserves | 1,170,897       | 929,646        | 0                | 150,000          | 779,646         |                      |                   |
| <b>TOTAL FUND</b>              |                               |                 |                | <b>\$150,000</b> | <b>\$150,000</b> |                 |                      |                   |

Palm Beach County Sheriff's Office

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted

Signatures

Date

*[Signature]* 6/22/15  
*[Signature]* 6/23/15

# c123

By Board of County Commissioners  
At Meeting of July 21, 2015

Deputy Clerk to the  
Board of County Commissioners

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

*[Signature]*  
COUNTY ATTORNEY

Attachment # 1



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

APPLICATION

Organization Name: City of Belle Glade

FEID #: 596000275

Web Address: www.bellegladegov.com

Address: 110 Dr. Martin Luther King Jr. Blvd. W  
STREET ADDRESS

Belle Glade, FL 33430  
CITY, STATE, ZIP

Executive Director: Lomax Harrelle

NAME

*Lomax Harrelle*  
SIGNATURE

561-992-1601  
TELEPHONE NUMBER

lharrelle@belleglade-fl.com  
E-MAIL ADDRESS

Fiscal Agent: David D. Wood

NAME

*David D. Wood*  
SIGNATURE

561-996-0100  
TELEPHONE NUMBER

dwood@belleglade-fl.com  
E-MAIL ADDRESS

Date: February 20, 2014  
DATE



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

Organization Name: City of Belle Glade

LETF Funding Request (MUST match total on Financial Application): \$150,000.00

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 improve the quality of life around the area known as the Loading Ramp by providing a safe place for the citizens of Belle Glade to congregate.

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

The Loading Ramp's conversion to a public park by providing the following:

- Four (4) circular Tiki Huts
- Two (2) rectangular Tiki Huts
- One (1) stage area
- Permanent, concrete bleachers
- A war veteran's monument
- An open space to facilitate the use of tents for small events

What results are you committed to achieving?

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



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

**FINANCIAL APPLICATION**

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

| No. | Expense                         | Program Total       | LETF Request        | LETF         |
|-----|---------------------------------|---------------------|---------------------|--------------|
| 1.  | Salaries                        |                     |                     | 0.00%        |
| 2.  | Employee Benefits/Payroll Taxes |                     |                     | 0.00%        |
| 3.  | Professional Fees               |                     |                     | 0.00%        |
| 4.  | Occupancy/Utilities             | \$7,500.00          | \$7,500.00          | 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          | \$142,500.00        | \$142,500.00        | 0.00%        |
|     | <b>Total Expenses</b>           | <b>\$150,000.00</b> | <b>\$150,000.00</b> | <b>0.00%</b> |



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

Attachment A

**Budget Narrative**

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

Salaries (list employees and individual compensation):

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

Occupancy/Utilities (list utilities):

Electrical services

Telephone (provide telephone numbers):

Printing & Publications (list type of material):