Agenda Item No.

3DD-1

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

Meeting Date: Febr	ruary 7, 2017	[×]	Consent]]	Regular	
Department:		[]	Ordinance	I	1	Public Hearing	
Submitted By: Submitted For:			Sheriff's Office Sheriff's Office				

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$412,501 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 25% 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 2017 estimated donation requirement is \$293,779. 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 \$412,501. 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 \$2,575,972. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$2,163,471. 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 (DC)

ORGANIZATION	AMOUNT
Children's Case Management Organization, Inc.	\$5,000
Faith, Hope, Love, Charity, Inc.	\$25,000
Family Promise of North-Central Palm Beach County, Inc.	\$5,000
Florida Sheriffs Youth Ranches, Inc Harmony in the Streets	\$130,000
Gulf Stream Council of the Boy Scouts of America, Inc.	\$10,000
KidSafe Foundation, Inc.	\$5,000
Lost and Found of Palm Beach County, Inc.	\$12,000
National Campaign to Stop Violence, Inc.	\$18,000
Palm Beach County PAL, Inc STEM Program	\$10,000
Palm Beach County PAL , Inc Tennis Program	\$25,000
Palm Beach Recovery Coalition, Inc.	\$25,000
Rico's Scholarship Foundation, Inc.	\$8,950
Safety Council of Palm Beach County, Inc Baby in Back Program	\$3,000
Take Stock in Children, Inc.	\$25,000
The ARC of Palm Beach County, Inc.	\$25,000
Urban League of Palm Beach County, Inc.	\$50,551
Wounded Warriors of South Florida, Inc.	\$25,000
Young Women's Christian Association of Palm Beach County, Inc.	\$5,000
Total Amount	\$412,501

(Continued on Page 3)

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2017	2018	2019	2020	2021
Operating Costs	\$412,501				
External Revenues Program Income (County)	(\$412,501)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curre	nt 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:

A 1/19/17

Legal Sufficiency: Β.

Assistant County Attorney

C. Other Department Review:

Department Director

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

ministration Contract

(Continued from Page 1)

Background and Justification: The Palm Beach County Sheriff's Office is dedicated to providing the most efficient and effective law enforcement services and also has a long-standing commitment to the reduction of crime and implementation of crime and drug prevention programs within Palm Beach County. Use of LETF requires approval by the Board in accordance with F.S. 932.7055, upon request of the Sheriff. This Statute also requires that no less than 25 % 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.

Attachments:

 Budget Transfer LETF Donation A 		
RECOMMENDED BY: _		
	DEPARTMENT DIRECTOR	DATE



BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

3GEX 011917 + 696

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	0	412,501	0	412,501		Dittine
<u>Reserves - New Projec</u> 160-9900-9902	ts Reserves - Operating Reserves	2,575,972	2,575,972	0	412,501	2,163,471		
	TOTAL FUND			\$412,501	\$412,501			
		Λ						
Palm Beach County S	Sheriff's Office	Signatures		Date			By Board of County County County At Meeting of Febru	ommissioners ary 7, 2017
INITIATING DEPARTN	IENT/DIVISION		0					
Administration/Budge	et Department Approval	At h	ll	1/19/17			Deputy Clerk to the Board of County Com	nissioners
OFMB Department - P	Posted			······································				

Attachment # ____1



Attachment A

APPLICATION

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

FEID #: 65-0166352

Web Address:

www.familiesfirstpbc.org

Address:

3333 Forest Hill Blvd., 2nd Floor

STREET ADDRESS

West Palm Beach, FL 33406

Executive Director:

Julie Swindler

NAME wind SIGNATURE

jswindler@familiesfirstpbc.org

TELEPHONE NUMBER

561-318-4221

E-MAIL ADDRESS

Fiscal Agent:

N/A

NAME

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

1

Date:

DATE

6/15/16

Revised 4/2016

2 Attachment #



Attachment A

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

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:

Serving our community for 26 years, Families First of Palm Beach County provides child abuse prevention, health, housing, and behavioral health services for families whose life circumstances impact child and family health and stability.

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

The Targeted Outreach for Pregnant Women Program (TOPWA), through the Law Enforcement Trust Fund, serves women of child bearing age residing in the County jail and throughout Palm Beach County who are considered high risk for substance abuse and/or HIV, or women who are HIV + and/or substance exposed. The women who are pregnant and post-partum will receive education concerning their pregnancy and medical concerns, risk reduction information, referral and linkage to drug treatment facilities and ongoing medical care/supportive services through the Healthy Beginnings System of Care and other prevention and intervention services to ensure healthy birth outcomes and assist the family with their sobriety.

What results are you committed to achieving?

1. To ensure program participants are channeled into medical and social services care network to change risk related behaviors.

2. To foster a change in risk-related behaviors among HIV+ women and women high risk for HIV.

3. To encourage women at high risk of becoming HIV infected to get tested for HIV by providing increased availability to HIV counseling and testing services.

4. To ensure that women needing substance abuse treatment are referred and linked to appropriate services.

5. To ensure that women served are referred and linked to appropriate medical providers.

Revised 4/2016



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2017 To: December 31, 2017

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$228,932.00	\$3,159.00	1.38%
2.	Employee Benefits/Payroll Taxes	\$82,197.00	\$1,841.00	2.24%
3.	Professional Fees	\$8,229.00		0.00%
4.	Occupancy/Utilities	\$20,757.00		0.00%
5.	Telephone	\$6,775.00		0.00%
6.	Postage/Shipping	\$810.00		0.00%
7.	Printing & Publications	\$950.00		0.00%
8.	Supplies	\$7,812.00		0.00%
9.	Travel	\$14,219.00		0.00%
10.	Meetings	\$488.00		0.00%
11.	Miscellaneous Expenses	\$61,673.00		0.00%
	Total Expenses	\$432,842.00	\$5,000.00	1.16%

Revised 4/2016

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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):

J. Tomici - 1 FTE - Supervisor - \$47,380 + compensation - \$12,240; M. Andres - 1 FTE - Outreach Worker - \$36,060 + compensation - \$11,908; J. Dillard - 1 FTE - Outreach Worker - \$36,048 + compensation - \$18,193; Wanda Jones - 1 FTE - Outreach Worker - \$31,689 + compensation - \$12,137; P. Francois - 1 FTE - Outreach Worker - \$34,170 + compensation - \$15,108; D. Chin - .50 FTE - Prog. Director - \$30,952 + compensation - \$8,484; R. Childs - .15 FTE - D. Director - \$12,633 + compensation - \$4,127.

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

Prorated share of Nonprofits First for cost of Certification and I.T. related expenses as well as share of National Council on Accreditation for the ongoing accreditation process. Prorated share of costs for annual audit from Templeton and Company as well as other consultation expenses = \$8,229.

Occupancy/Utilities (list utilities):

Prorated share of rent = \$20,757 (utilities are included).

Telephone (provide telephone numbers):

Prorated share of telephone costs - (561) 721-2887 (West Palm Beach) and (561) 996-8710 (Belle Glade) + cell phone numbers for each employee (561) 324-1114, (561) 319-4394, (561) 324-8331, (561) 324-1101, (561) 301-9619, (561) 281-9501, (561) 324-1129. Prorated share of lap top expenses in the field for 4 full-time Outreach Workers. = \$6,775.

Printing & Publications (list type of material): TOPWA brochures, business cards and prorated share of letterhead and envelopes = \$950.

Revised 4/2016



Attachment A

Supplies (list supplies/equipment):

Prorated share of office and program supplies = \$6,082. Equipment Lease and Maintenance = \$1,730.

Travel (individuals traveling, destination and purpose):

To reimburse .54 a mile for outreach workers and program supervisor for traveling to client homes, outreach venues, and meetings and conferences throughout Palm Beach County for a total cost of \$14,219.

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

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

Miscellaneous Expense (specify items):

\$61,673 which includes prorated share of cost for insurance (2,430), building maintenance (300), dues for Child Welfare League and ongoing accreditation (2,533), sponsored events including health fairs and baby showers (4,500), background screening and other miscellaneous expenses (325), and indirect administrative costs (51,585).

Revised 4/2016

Children's Case Management Organization, Inc.



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \Box No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nov If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \Box No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Children's Case Management Organization, Inc.



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 of Florida

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

Julie Swindler

Name (please print) ulie Swinds

NOTARY SECTION:

State of _____FL County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this $_/_{5}$ day of June____, 20_16_ by Julic Swincher (name of individual) as

CED (title) of Families First of PBL (name of

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

as identification.

Brondi Broatha

Notary Public

My Commission Expires:

Chief Executive Officer

Title (please print)

6/15/16

BRANDE BRADFORD (407) 398-0153

MY COMMISSION #FF041233 EXPIRES July 31, 2017 FloridaNotaryService.com

Revised 4/2016

Attachment A

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

APPLICATION

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

FEID #: 65-0464807

Web Address:

www.standown.org

Address:

3175 S. Congress Avenue - Suite 310

STREET ADDRESS

Palm Springs, FL 33461

Executive Director:

Roy J. Foster

CITY, STATE, ZIP

NAME SIGNATURE

(561) 968-1612 TELEPHONE NUMBER

Marcia Rainford

r129@msn.com

E-MAIL ADDRESS

Fiscal Agent:

NAME SIGNA (561) 968-1612

Marcr@standown.org

1

E-MAIL ADDRESS

Date:

05/25/2016

TELEPHONE NUMBER

DATE

Revised 4/2016

Attachment A



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

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

Reintegrating homeless and at risk veterans and their families back into the community with housing and financial sustainability; restoring hope and promoting community awareness.

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

Funding requested will be utilized for Stand Down House. Stand Down House provides (3) nutritional meals daily, emergency/transitional housing for homeless and at risk veterans struggling with PTSD, addictions, traumatic brain injuries, physical limitations, mental health disorder, etc. In addition case management is provided to created an Individual Development Plan for each veteran that will lead to permanent housing and financial stability. Some of the services include job readiness, job training/placement, On-job-Training Program and additional training deemed necessary for individual. Veterans attend Relapse Prevention, Anger Management, AA/NA meetings on-site and off-site, workshop with Licensed Psychologist. Veterans are provided transportation to and from medical/mental health appointments at WPB VAMC daily.

What results are you committed to achieving?

Faith*Hope*Love*Charity, Inc. will achieve the following goals:

(1) 95% will maintain sobriety;

(2) 85% will complete individual development plans;

(3) 85% will obtain employment or increase their income to ensure financial & housing stability; and

(4) 75% will secure permanent housing.

Revised 4/2016

Faith*Hope*Love*Charity, Inc.



FINANCIAL APPLICATION

Period Covered (one year)

January 1, 2017

From:

To: December 31, 2017

Attachment A

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$168,295.00	\$0.00	0.00%.
2.	Employee Benefits/Payroll Taxes	\$42,073.00	\$0.00	0.00%
3.	Professional Fees	\$15,855.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$145,981.00	\$10,000.00	6.85%
5	Telephone	\$14,061.00	\$0.00	0.00%
6.	Postage/Shipping	\$914.00	\$0.00	0.00%
7.	Printing & Publications	\$10,651.00	\$0.00	0.00%
8.	Supplies	\$128,214.00	\$15,000.00	11.70%
9.	Travel	\$4,475.00	\$0.00	0.00%
10.	Meetings	\$607.70	\$0.00	0.00%
11.	Miscellaneous Expenses	\$305.00	\$0.00	0.00%
	Total Expenses	\$531,431.70	\$25,000.00	4.70%

Revised 4/2016

Faith*Hope*Love*Charity, Inc.



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): Liability Ins. - \$5,000.00 Utilities - \$5,000.00

Telephone (provide telephone numbers): N/A

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

Revised 4/2016

Faith*Hope*Love*Charity, Inc.

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Attachment A



N/A

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

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

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items): N/A

Revised 4/2016

Faith*Hope*Love*Charity, Inc.

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Attachment A

Attachment A



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

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🖉 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No 🕢 If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No [/] If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \square If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Faith*Hope*Love*Charity, Inc.

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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 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 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 of Florida, Department of State, Division Corporations

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

Roy J. Foster

Name (please print)

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this _25th_ day of

______May_____, 20_16____by ___Roy J. Foster _____(name of individual) as

Executive Director (title) of Faith*Hope*Love*Charity, Inc. (name of

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

as identification. tary Public

My Commission Expires: April 16, 2019

Executive Director

Title (please print)

<u>05/25/</u>2016

Date



Faith*Hope*Love*Charity, Inc.



Attachment A

APPLICATION

Organization Name: Family Promise of North/Central Palm Beach County, Inc.

FEID #: 26-2142007

Web Address:

www.familypromisencpbc.org

Address:

1003 Allendale Road

STREET ADDRESS

West Palm Beach, Florida 33405

CITY, STATE, ZIP

Executive Director:

Rhonda B. Clinton

Olen SIGNATURE

561-318-8864

TELEPHONE NUMBER

rbclinton@comcast.net E-MAIL ADDRESS

Fiscal Agent:

N/A

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

6-28-16

DATE

Revised 4/2016

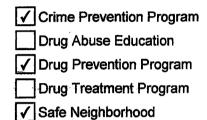


Attachment A

Organization Name: Family Promise of North/Central 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?



School Resource Officers

Organization Purpose:

Family Promise of North/Central Palm Beach County, Inc. partners with the interfaith community to help local homeless children by empowering their families to regain self-sufficiency.

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

Our "aftercare" program called L.I.F.E. (Learning Inspires Family Excellence) has built a foundation in the past year with funding from the LETF. Services & activities would be continued & expanded with additional funds. Drug and Crime Prevention materials are always needed as we consume them with each adult or child in that program, which is now 57 FAMILIES! In just 5 years we have a 100% success rate and additional programming such as this is ensuring that outcome for local children who were once homeless. Exposing our clients to speakers such as the local Lunch and Learns with appropriate topics. Encouraging our families to get involved in Neighborhood Associations & participate to build a sense of Safe Community and personal growth. Positive role modeling, interactive discussion with peers who have made the wrong choices, legal consequences, etc..

What results are you committed to achieving?

Children & adults will learn to role model, they will have an increased respect and comfort level to discuss drugs, alcohol & crime openly in their neighborhoods and influence change. Understanding long term effects from poor decisions, looking for signs of addictions or abuse in others, and collaborating with every partner in our community to make the program stronger with even more resources

Revised 4/2016

Family Promise of North/Central Palm Beach County, Inc.



FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31, 2017

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	\$500.00	\$500.00	100.00%
7.	Printing & Publications	\$2,500.00	\$2,500.00	100.00%
8	Supplies	\$1,000.00	\$1,000.00	100.00%
9.	Travel			0.00%
10.	Meetings	\$1,000.00	\$1,000.00	100.00%
. 11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$5,000.00	\$5,000.00	100.00%

Revised 4/2016

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Family Promise of North/Central Palm Beach County, Inc.

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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):

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

We would purchase a new or used "workhorse" printer if awarded to do more in-house printing of some program materials. We will also seek new curricula additions to what we already use with our families and as many things as we can at no cost.

Revised 4/2016

Family Promise of North/Central Palm Beach County, Inc.



Attachment A

Supplies (list supplies/equipment):

If awarded, we would need fewer supplies than last year but will still need to replenish manuals and other consumeables. We need printer ink to do more in-house copying when we can.

Travel (individuals traveling, destination and purpose):

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

Our community provides Lunch & Learns at a modest price. Our clients could attend appropriate sessions. Our clients would have the modest funds from your grant to attend Neighborhood Association functions and contribute their own fee or support. Our clients can be introduced to Club 100 as participants or coaches. In house meetings require snacks & often child care stipends, for safety classes for First Aid and CPR and case management meetings, & more. Bus and Tri Rail may be needed for some

Miscellaneous Expense (specify items):

Postage/Shipping: We have a handful of graduates who have moved and STILL participate in the L.I.F.E. Program from afar! Tallahassee, The Bronx, Chicago and Okeechobee are 4 of our families who are still receiving services, thanks to past support from LETF. Know that in every category, we seek donated goods/services and collaboration before spending funds :) We are grateful and have great outcomes!!

Revised 4/2016

Family Promise of North/Central Palm Beach County, Inc.

Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes NoVIIf yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Family Promise of North/Central Palm Beach County, Inc.



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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)

nature

Executive Director Title (please print) <u>6-30-16</u> Date

NOTARY SECTION: State of _ County of

The foregoing Agreement was acknowledged and subscribed before me this 3044 day of (Inten 20 ____ (name of individual) as by _ (title) of turnly frame of North/ (whi PBL W_ (name of

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

((1/1)) as identification.

BRICE LORIN BRADSHAW NOTARY PUBLIC STATE OF FLORIDA Comm# EE828498 Expires 9/8/2016

Notary Public

My Commission Expires: 510 8,2016

Revised 4/2016

Family Promise of North/Central Palm Beach County, Inc.



Attachment A

APPLICATION

Organization Name: Florida Sheriffs Youth Ranches, Inc.

FEID #: 23-7303117

Web Address:

www.youthranches.org

Address:

2486 Cecil Webb Place

STREET ADDRESS

Live Oak, FL 32060

CITY, STATE, ZIP

Executive Director:

William A. Frye, Jr. NAME SIGNATURE bfrye@youthranches.org 386-842-5501

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Teena Buchanan

Buchano N SIGNATURE

tbuchanan@youthranches.org

TELEPHONE NUMBER

386-842-5501

E-MAIL ADDRESS

Date:

6/8/16 Date

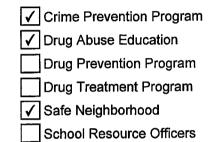
Revised 4/2016



Organization Name: Florida Sheriffs Youth Ranches, Inc.

LETF Funding Request (MUST match total on Financial Application): _______\$130,000.00

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



Organization Purpose:

The Harmony in the Streets(HITS) program delivers fun-filled sessions of day camp to youth in their local communities. Youth are taught ways to work together in groups and training is provided in conflict management. Various leadership techniques including peer mediation are used.

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

Harmony in the Streets for calendar year 2017 will consist of 16 weeks of one-week sessions at sites selected by the Palm Beach County Sheriffs Office based on community needs. The program is available for children between the ages of 6-12. They will have opportunities to participate in recreational activities and workshops. The workshops will include the following: drug awareness, education, conflict resolution, anger management, nutrition and wellness management, and introduction to gang resistance education.

What results are you committed to achieving?

Harmony in the Streets is designed to reduce violence and bring children together with law enforcement officers within the community. This builds trust and teaches the children that "Law Officers are your Friends." The program will help children to understand cultural diversity, develop sensitivity to others and teach them that drugs, alcohol and tobacco are negative substances that are not needed for individual self-confidence and self-respect.

Revised 4/2016

Florida Sheriffs Youth Ranches, Inc.

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Attachment A



Attachment A

FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$67,163.92	\$44,066.16	65.61
2.	Employee Benefits/Payroll Taxes	\$5,138.04	\$3,371.06	65.61
3.	Professional Fees			0.00
4	Occupancy/Utilities	\$31,680.00	\$23,800.00	75.13
5.	Telephone			0.00
6	Postage/Shipping			0.00
7.	Printing & Publications			0.00
8.	Supplies	\$35,445.00	\$35,445.00	100.00
9.	Travel	\$27,352.00	\$21,517.78	78.67
10.	Meetings			0.00
11.	Miscellaneous Expenses	\$1,800.00	\$1,800.00	100.00
	Total Expenses	\$168,578.96	\$130,000.00	77.12

Revised 4/2016



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):

(2) Site Directors 1060.00 x10wks= 10600+810.90 prtx =11410.90
(10) Group Leaders 2410.00x9wks= 21690+1659.29prtx= 23349.29
Prog Bookkeeper 100.88x 20days = 2017.60+154.35prtx=2171.95
Office Asst 82x20days=1640.00+125.46prtx=1765.46
Mobile Dir 139.12 x28days=3895.36+298prtx=4193.36;Camp Svc Dir 274.32x10days=2743.20+209.85prtx=2953.05; HR 1,480.00+113.22prtx=1593.22 LETF Request Total 47437.22

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

None

Occupancy/Utilities (list utilities):

Hotel rooms at \$99 per night for 8 rooms for 40 nights equals \$31,680.00

Each team requires 4 rooms per night-

LETF Request is \$23,800.00

Telephone (provide telephone numbers): None

Printing & Publications (list type of material): None - certificates are printed on local printer - outside printing not required

Revised 4/2016



Attachment A

Supplies (list supplies/equipment):							
Arts and Crafts		2500.00					
Recreational Suppli	ies	1500.00					
Paper Products		500 .00					
T-Shirts		4300.00					
Food		26645.00		Total	\$35,445.00		
Travel (individuals tr	raveling, des	stination and purpo	se):				
Rental of 8 vans	\$1,659 per v	veek for 8 weeks			13272.00		
Gas - 15 miles per g	gallon - 320	00 miles equals 21	33 gallons at \$3.00/gallor	1	6400.00		
Per diem for staff 1	12 staff @\$1	6 for 40 days			7680.00		
Total Budget \$2	7352.00	LETF Request	\$ 21517.78				
Meetings (attendees None	s, purpose, i	tems needed for m	eeting):				

Miscellaneous Expense (specify items): Recruitment and Screening Fee

\$1800.00

Revised 4/2016

Attachment A



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

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No I having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \square No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \square If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016



Attachment A

APPLICATION CERTIFICATION 1 hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 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 of Florida, Department of State, Division of Corporations

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

William A. Frye, Jr.

Name (please print) Signature

NOTARY SECTION: State of <u>Florida</u>

County of Suwannee

President Title (please print) 6 4 6 Date



June, 20 16 by William A. Frye, Jr. (name of individual) as	The foregoing Agreement was	s acknowledged and subscribed before me this $\underline{\gamma}$ $\underline{+h}$ day of
O THE THE THE THE THE THE THE	June , 20 16	by William A. Frye, Jr. (name of individual) as
<u>President</u> (title) of <u>Florida Sheritts Jouth Ranchename</u> of	President	(title) of <u>Florida Sheriffs youth Ranchename of</u>

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

as identification.

Public

My Commission Expires: 11-01-2016

Revised 4/2016

Florida Sheriffs Youth Ranches, Inc.



Attachment A

APPLICATION

Organization Name: Gulf Stream Council of the Boy Scouts of America, Inc.

FEID #: 59-0624407

Web Address:

www.gulfstreamcouncil.org www.exploring.org

Address:

8335 N. Military Trail

STREET ADDRESS

Palm Beach Gardens, FL 33410

CITY, STATE, ZIP

Executive Director:

Jeffery Isaac

SIGNATUR

NAME

Jeff.Isaac@Scouting.org

TELEPHONE NUMBER

(561) 694-8585

Nancy Maxwell

E-MAIL ADDRESS

Fiscal Agent:

NAME SIGNATURE (561) 694-8585

Nancy.Maxwell@Scouting.org

E-MAIL ADDRESS

Date:

June 22, 2016

TELEPHONE NUMBER

DATE

Revised 4/2016



Attachment A

Organization Name:______Gulf Stream Council of the Boy Scouts of America, Inc.

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The Gulf Stream Council, through its Exploring division, strives to provide positive and meaningful real-world career experiences and leadership development opportunities for all teenagers and young adults in their chosen field of interest.

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

The Gulf Stream Council seeks funding for four activities providing supplemental career education for participants of the Law Enforcement Exploring program. These activities include 1) the Law Enforcement Challenge, a police career skills competition; 2) the Law Enforcement Recognition Luncheon, an event that identifies and reinforces exceptional behavior by recognizing youth and adult role models; 3) the Law Enforcement Exploring Academy, a week-long summer program exposing participants to career and life skills in a highly disciplined environment and 4) the Law Enforcement Leadership Weekend, a two-day career skills and leadership development program.

What results are you committed to achieving?

1) 150 Explorers will demonstrate and be evaluated on a variety of career skills at the Law Enforcement Challenge.

2) 270 Explorers, law enforcement agency representatives and community members will recognize the exceptional performance of Explorers and Law Enforcement Officers at the Law Enforcement Recognition Luncheon.

3) 70 Explorers will receive 40 hours of career and life-skills training at the Law Enforcement Exploring Academy.

4) 40 Explorers will receive 8 hours of career and leadership skills training at the Law Enforcement Leadership Weekend.

Revised 4/2016

Gulf Stream Council of the Boy Scouts of America, Inc.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31, 2017
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$50,000.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$7,925.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$12,550.00	\$2,000.00	15.94%
5.	Telephone	\$770.00	\$0.00	0.00%
6.	Postage/Shipping	\$100.00	\$0.00	0.00%
7.	Printing & Publications	\$120.00	\$0.00	0.00%
8.	Supplies	\$26,612.00	\$8,000.00	30.06%
9.	Travel	\$2,000.00	\$0.00	0.00%
10.	Meetings	\$100.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$0.00	\$0.00	0.00%
	Total Expenses	\$100,177.00	\$10,000.00	9.98%

Revised 4/2016

Gulf Stream Council of the Boy Scouts of America, Inc.



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):

Site fees and utilities

Fees paid for the use of venues for the Law Enforcement Challenge, Law Enforcement Exploring Recognition Luncheon & Law Enforcement Exploring Leadership Weekend and for utilities and maintenance costs for the Exploring program's use of Tanah Keeta Scout Reservation during the Law Enforcement Explorer Academy.

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 4/2016

Gulf Stream Council of the Boy Scouts of America, Inc.

\$2,000.00

Attachment A



Attachment A

Supplies (list supplies/equipment):	
Awards for the Law Enforcement Challenge (trophies, medals, etc.)	\$700.00
Uniforms, caps & water bottles for the Law Enforcement Explorer Academy	\$2,000.00
Food expenses for the Exploring Recognition Luncheon and the Law Enforcement Explorer Academy.	\$5,300.00
Travel (individuals traveling, destination and purpose):	

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

Miscellaneous Expense (specify items):

Revised 4/2016

Gulf Stream Council of the Boy Scouts of America, Inc.



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes 🗌 No 🕢 If yes, please provide the reasons for such denial, suspension, or revocation

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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \Box No \Box If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Gulf Stream Council of the Boy Scouts of America, Inc.



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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)

Jeffery Isaac Name (please print)

Chief Executive Officer Title (please print)

6/8/16

NOTARY SECTION: State of Florid A County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this $\underline{\mathcal{B}^{4, \flat}}$ day of

___ (name of individual) as June 2016 by Jeffing Isaac (title) of Gulf Stream EFO/ SE (name of

as identification.

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

Notary Public State of Florida Kelsey R Cupples 02/10/2017 My Commission Expires:

Revised 4/2016

Gulf Stream Council of the Boy Scouts of America, Inc.



Attachment A

APPLICATION

Organization Name:	KidSafe Foundation	
	FEID #: 27-1067698	
Web Address:	www.kidsafefoundation.org	
Address:	20283 State Road 7 #106	
	Boca Raton, Florida 33498	
	CITY, STATE, ZIP	
Executive Director:	Cherie Benjoseph	
	Name	
	SIGNATURE	
	561-756-2171	cherieb@kidsafefoundation.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	None	
Fiscal Agent:	None NAME	
Fiscal Agent:		
Fiscal Agent:		
Fiscal Agent:	NAME	E-MAIL ADDRESS
	NAME	E-MAIL ADDRESS
Fiscal Agent: Date:	NAME SIGNATURE TELEPHONE NUMBER	E-MAIL ADDRESS
	NAME SIGNATURE TELEPHONE NUMBER 6/16/2016	E-MAIL ADDRESS
	NAME SIGNATURE TELEPHONE NUMBER 6/16/2016	E-MAIL ADDRESS
Date:	NAME SIGNATURE TELEPHONE NUMBER 6/16/2016	
	NAME SIGNATURE TELEPHONE NUMBER 6/16/2016	E-MAIL ADDRESS



Attachment A

Organization Name: KidSafe Foundation

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:

KidSafe's purpose/mission is to protect children by preventing sexual abuse, bullying and online exploitation through comprehensive education for children, parents, and other professional adults working with children.

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

The KidSafe initiative is to provide support materials for ongoing child abuse prevention learning at local social service agencies as well as Safety Fairs, Back to School events, and local schools. The funds requested would supplement the printing of our award winning children's books, My Body is Special and Belongs to Me! and Jack Teaches his Friends to Be KidSafe! to be used as a resource for children, parents, DCF Social Workers, CPIS, and Foster Care Agencies. These books in the hands of professionals and parents on the front line of protecting children will raise awareness, teach adults and children a language of safety and prevent abuse.

What results are you committed to achieving?

Through this initiative KidSafe is committed to providing 2000 educational (and fun) children's books (named above) to Palm Beach County professionals and families. Many of these books will be provided at KidSafe child sexual abuse prevention trainings for professionals working with children. The books will also be distributed at local Safety Fairs, Conferences, and Back to School Events for children in need. These books serve as a catalyst to opening the lines of communication between children and trusted adults. Within the children's books there are also sections for adults, need to know information to help keep children safe.

KidSafe Foundation



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

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Attachment A

FINANCIAL APPLICATION

Perio	Period Covered (one year) From: January 1, 2017 To: December 31, 2017				
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	\$5,369.5	\$5,000.00	93.12%	
8.	Supplies			0.00%	
9.	Travel			0.00%	
10.	Meetings			0.00%	
11.	Miscellaneous Expenses			0.00%	
	Total Expenses	\$5,369.5	0 \$5,000.00	93.12%	

Revised 4/2016

KidSafe Foundation



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):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Children's books - My Body is Special and Belongs to Me and Jack Teaches His Friends to Be KidSafe! \$5369.50

Both books are over 30 pages, full color and stapled

Revised 4/2016

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KidSafe Foundation



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 4/2016

KidSafe Foundation



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No 🕢 If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No VII yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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Revised 4/2016

KidSafe Foundation



Attachment A

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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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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

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

Name (please print) Signatúre

Exec. Dr. of Programs Title (please print) 61616 Date

NOTARY SECTION: State of Florida

County of Palm Blach

The foregoing Agreement was acknowledged and subscribed before me this 16 day of 20_16_ by Cherie Benjoseph (name of individual) as Kec. Dis of Provemskille) of Kid State Foundation (name of

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

as identification. My Commission Expires: 8-3-17 Notary Public MISTI BARBER Notary Public - State of Florid My Comm. Expires Aug 3, 2017 Revised 4/2016 idSafe Foundation Commission # FF 007282



Attachment A

APPLICATION

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

FEID #: 26-4026664

Web Address:

www.lostfoundpbc.com

Address:

15693 83rd Lane North

STREET ADDRESS

Loxahatchee, FL 33470

CITY, STATE, ZIP

Executive Director:

Linda Boucher

NAME Sinda Boucher SIGNATURE LFPBC.LLB@gmail.com 561-790-6751

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Elizabeth Lugo	
Stabch	Rin
SIGNATURE	
561-395-8920	lugoe@volencenter.com
TELEPHONE NUMBER	E-MAIL ADDRESS

Date:

20 June 2016

DATE

Revised 4/2016



Attachment A

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

LETF Funding Request (MUST match total on Financial Application): ______\$12,000.00

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:

It is our mission to support the efficient and safe return home for individuals (both children with disabilities and adults with Alzheimer's/dementia who are "at risk" for wandering through the use of modern, reliable personal tracking equipment.

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

To provide persons at risk for "wandering" with prevention strategies and personal location transmitters at a reduced or no cost to the caregivers so financial needs do not prevent participation in the program. Funding is needed for awareness materials, the initial cost of the trnasmittes as well as maintenance supplies (straps and batteries) for current participants. We also require funding for basic operation costs, including a program manager, continued training in current technology, web site maintenance, and promotional materials.

What results are you committed to achieving?

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

Revised 4/2016



FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31, 2017
---------------------------	-------	-----------------	-----	-------------------

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$10,400.00	\$5,200.00	50.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping	\$100.00	\$50.00	50.00%
7.	Printing & Publications	\$300.00	\$150.00	50.00%
8.	Supplies	\$10,000.00	\$5,000.00	50.00%
9.	Travel	\$300.00	\$150.00	50.00%
10.	Meetings	\$500.00	\$50.00	10.00%
11.	Miscellaneous Expenses	\$2,400.00	\$1,400.00	58.33%
	Total Expenses	\$24,000.00	\$12,000.00	50.00%

Revised 4/2016

Lost and Found of Palm Beach County, Inc.



Budget Narrative

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

Salaries (list employees and individual compensation):

L. Boucher - Independent Consultant - Program Manager \$5,200.00

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

N/A

Occupancy/Utilities (list utilities):

Program Manager supplies location, storage and utilities and internet service.

Telephone (provide telephone numbers):

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

Printing & Publications (list type of material):

Brochures and business cards for the purposes of promotion and fund raising. Posters and Fliers for awareness activities. Paper and ink for document, photo and advertisement printing.

Revised 4/2016

Lost and Found of Palm Beach County, Inc.

Attachment A



Attachment A

Supplies (list supplies/equipment):

General Office Supplies

Personal tracking equipment for clients

(Current Cost \$314.96 for equipment and shipping for one year start up package). Transmitter maintenance supplies (straps, batteries, testers, O rings and grease).

Travel (individuals traveling, destination and purpose):

Includes mileage reimbursement for Program Manager to various locations for the purpose of administering the program.

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

We do not maintain a commercial address, meetings with participating agencies, volunteers, potential clients, board members, corporate sponsors and trainings must be held in public places and can accumulate expenses. These may include food, beverage, tips and/or facility fees.

Miscellaneous Expense (specify items):

Expenses for corporate and banking fees, fundraising expenses, awareness programs, insurance premiums and web site costs.

Revised 4/2016

Attachment A



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

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 7 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes I No 📝 If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Novill yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \Box No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016



APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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)

Linda Boucher Name (please print)

<u>Sinda Boucher</u> Signature

NOTARY SECTION: State of County of

The foregoing Agreement was acknowledged and subscribed before methis $20^{\pm 0}$ day of $40^{\pm 0}$, $20^{\pm 0}$ by Aind A BOCIC hV (name of individual) as

<u>Executive</u> Director Title (please print)

<u>6-20-2016</u>

(name of (title) of

organization/ agency), who is personally known to me or who produced SHEANA DRAVES $\frac{1}{\sqrt{23}}$ $\frac{1}{\sqrt{2}}$ $\frac{1}{\sqrt{2}}$ $\frac{1}{\sqrt{2}}$ $\frac{1}{\sqrt{2}}$ as identification. í ۵۴ Notary Public, State of Florida Commission# FF 95536 My comm. expires Mar. 17, 2018 My Commission Expires Notary Public

Revised 4/2016



Attachment A

APPLICATION

Organization Name: National Campaign to Stop Violence, Inc.-Do the Write Thing

FEID #: 52-2004310

Web Address:

http://www.dtwt.org/ and http://www.dothewritethingpalmbeach.com/

Address:

550 South Quadrille Blvd., Suite 200

STREET ADDRESS

West Palm Beach, FL 33401

CITY, STATE, ZIP

Executive Director:

Bill Bone, Local Chairman

NAM 6/28/2016 SIGNATURE

561-832-9434

TELEPHONE NUMBER

dtwt@billbone.com E-MAIL ADDRESS

ONE NUMBER

Fiscal Agent:

Bill Bone, Local Chariman

6/28/2016

SIGNATURE 561-832-9434

JAME.

dtwt@billbone.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

06/28/2016

Revised 4/2016

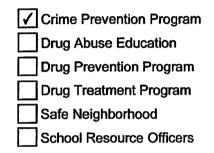


Attachment A

Organization Name:______National Campaign to Stop Violence, Inc.-Do the Write Thing

LETF Funding Request (MUST match total on Financial Application): _______\$18,000.00

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



Organization Purpose:

The mission of the National Campaign to Stop Violence is to reduce violence and its impact on the lives of young people by asking them to analyze the problem and propose solutions in writing. Locally the initiative is administered as the "Do the Write Thing Challenge".

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

"Do the Write Thing Challenge" gives middle school students an opportunity to examine the causes of violence through classroom discussion and in written form by answering 3 questions. The program is a writing "challenge" directed to every middle school student in Palm Beach County School District operated middle schools. All of the writings are judged. The "Top" writers from every fully participating school are invited to a recognition luncheon. Those writings are also published. In 2016 campaign 31 of the 34 traditional middle schools fully participated with over 28,000 submissions

What results are you committed to achieving?

The program and specifically the publication financed by the LETF gives students an opportunity to express their feelings and thoughts in writing about violence. It gives the students a "voice" and lets them know that teachers, parents and law enforcement are listening to them and want to hear from them. The program identifies kids who need to be connected in their community with services like mentor and after school programs which can help them avoid violence. The "top" writings which get published in the book are read by multiple panels of volunteer judges who are involved in the juvenile justice system and educational system. The end result is the selection of a boy and girl Ambassador who represent Palm Beach County in the National Recognition Ceremony in Washington, D.C.

Revised 4/2016



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2017 To: December 31, 2017

No.	Expense	Program Total	LETF Request	LETF
				0.00%
1.	Salaries			
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	\$18,153.00	\$18,000.00	99.16%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$102,940.00		0.00%
	Total Expenses	\$121,093.00	\$18,000.00	14.86%

Revised 4/2016



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):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

The LETF funding covers the associated printing, typesetting, book cover design and other expenses needed to produce the book of the "Top Ten" essays. Please see the attached budget which details all of the expenses for this program that totals \$121,093.00

Revised 4/2016



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 4/2016



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No verses, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 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-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-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-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-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-Florida not-for

State, Department, Division (Not-fo	or-profit organizations with headquarters outside of Florid	ja)
Bill Bone	Chairman	
Name (please print)	Title (please print)	
Ol De	0 6/28/2016	
Signature	Date	
NOTARY SECTION:		
State of		
County of	l.	
The foregoing Agreement was ack	nowledged and subscribed before me this 23 h day	y of
June , 20 26 by	Bill Bone (name of individual) as
Charman	<u>Bill Bone</u> (name of individual (title) of <u>Do The Write Thing</u> (na	me of
	onally known to me or who produced	
	as identification.	2
	1 4	
	-	
Notary Public	My Commission Expres: ##ff020744	
	PUBLIC, STATE OF INTERNET	ĩ
Revised 4/2016	National Campaign to Stop Violence, IncDo the Write Thing	

2017 Palm Beach County Do the Write Thing Challenge

EXPENSES

BANQUET EXPENSES Food (Convention Center)

Food & 22% Service Charge = \$32.94 x 1000 = \$32,940 6% Sales Tax Exempt

Tech & Venue (Convention Center)

Tech /Theater rental = \$11,000

Special Guest Appearance = \$3,000

Production Fee & Expenses (proposed by ML)

Director = \$5,400Stage Manager = \$400.00 Music director = \$400.00

Performance Fees (8 @ \$300 each) = \$2,400

Photography = \$400

Produce and run Powerpoint = \$450

Total\$56,390

PRINCIPAL GRANTS

Principal Grants \$500 x 39 Fully Participating Schools = \$19,500

Total...... \$19,500

VIDEO

Palm Beach Film Institute Production Services: Videotaping, Editing and Graphics =\$4,000 Equipment fees, production costs and supervision=\$500 Miscellaneous =\$500

Total \$5,000

sť,

воок Printing

Vital Printing Fee (\$15.17 x 900 Books) = \$13,653

Typesetting

Louise Hildestad = \$4,000

Book cover Design Elaine Weber = \$500

Essay Pick up costs

Courier = 0

Total \$18,153

TROPHIES AND PRIZES <u>Checks for the Top 10 Finalists</u> 2/\$150, 2/\$100, 6/\$75 = \$950 School Trophies 25 @ \$160 each = \$4,000 <u>Miscellaneous</u> Gift to Former Ambassadors = \$110 Total \$5,060 COMMUNICATIONS Publicity -WordSmith Communications = \$6,000 Palm Beach Post Notables Advertisements = \$600 Ad Design-Elaine Webber = \$500 <u>Maintain local Website & email accounts-</u> Josh Gill= \$100 Totai.....\$7,200 NATIONAL CEREMONY Spending & Travel Money for National Ceremony Participants 6 people Group Leader= \$200 Coordinator = \$200 Ambassadors = 2/\$100=\$200 Teachers = 2/\$100=\$200 Airport shuttle = \$290 Total.....\$1,090 MISCELLANEOUS EXPENSES Copies, Postage, Etc. = \$7,000 Gift Bags: Bags and bracelets = \$1,000 Artwork and design = 0 Refreshments for judges and Finalists = \$300 Refreshments for volunteers = \$400 Total......\$8,700 IN KIND SERVICES Administrative Assistant from L&B = valued at \$30,000 In Kind Gift Bags (1,000 items each) In Kind Florida Crystals (Pens, Ultra-Fine Sugar, Sugar Bears)
 Palm Beach County Sheriff's Office (Ear Buds, Lanyards, Pencils, Pens)
 Congressman Ted Deutch (Mini constitutions) TOTAL EXPENSES: <u>\$121,093.00</u>

As of 6-27-2016



Attachment A

1

APPLICATION

Organization Name: Palm Beach County PAL, Inc. FEID #: 65-0461384 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:** NAME Digitally signed by Scrivner, Scott L. DN: dc=org, dc=pbso, ou=People, ou=PAL Program, cn=Scrivner, Scott L. Date: 2016.06.28 12:37:47 -04'00' Scrivner, Scott L. SIGNATURE scrivners@pbso.org 561-242-5816 TELEPHONE NUMBER E-MAIL ADDRESS Dale Sisson **Fiscal Agent:** NAME ed by SI: on, Dale L Sisson, Dale L : 2016.06.28 13:12:05-04'00 SIGNATURE 561 688-3248 sissond@pbso.org TELEPHONE NUMBER E-MAIL ADDRESS 6/28/16 Date: DATE

Revised 4/2016



Attachment A

Organization Name:_____

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The Palm Beach County Police Athletic League (PAL) builds partnerships between youth, law enforcement, and the community through educational and recreational programs designed to encourage, enhance, and develop good citizenship and improve the quality of life in Palm Beach County.

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

PAL is starting a STEM (Science, Technology, Engineering and Math) Program at the Westgate Community Center. We will be serving youth ages 12-16. Youth will be grouped in teams of four (5 teams), they will build, program and operate robots and drones. Youth in this program will also be exposed to Junior Achievement, TOPS program, Health and Fitness class. We are committed to work on reducing violence, crime, drug use by keeping he youth busy with positive and constructive activities thus making their neighborhood safer for everyone. The funds requested will be used to provide a healthy meal prior to the programs as in many cases, this maybe their only food after school. Children Services Council is providing a \$25,000 grant for the purchase of all the equipment and staff needed to run the program. We just need to feed them for this awesome opportunity.

What results are you committed to achieving?

We are committed to see our youth get better grades and become better citizens so that they may one day attend college. We are committed to empower the youth so they can believe in themselves and have hope for their lives. We are also committed to improve their overall attitude toward learning and becoming productive citizens. We are committed to empower children by promoting character development and life-enhancing values in a safe and nurturing environment.

Revised 4/2016

Palm Beach County PAL, Inc.



FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31,	2017
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$6,300.00		0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$29,200.00	\$10,000.00	34.25%
9.	Travel			0.00%
10.	Meetings	\$2,125.00		0.00%
11.	Miscellaneous Expenses	\$1,000.00		0.00%
	Total Expenses	\$38,625.00	\$10,000.00	25.89%

Revised 4/2016

Palm Beach County PAL, Inc.

3

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):

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 4/2016

Palm Beach County PAL, Inc.



Attachment A

Supplies (list supplies/equipment):

20 youth, 3 meeting per week, 35 weeks, Total of 2,100 meals for the school year. \$4.76 per meal for a total of \$10,000. This will be a one time request and we will get local vendors to provide in future years.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 4/2016

Palm Beach County PAL, Inc.



Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🔽 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \Box No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No II year, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \Box No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Paim Beach County PAL, Inc.



Attachment A

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

Scott Scrivner Name (please print) Signature

Title (please print)

Director

NOTARY SECTION:

State of County of ______

The foregoing Agreement was acknowledged and subscribed before me this <u>28</u> day of <u>June</u>, 20 <u>16</u> by <u>Scott Scriver</u> (name of individual) as <u>D.RECTOR</u> (title) of <u>Falm Back County PAL</u> (name of

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

as identification.

awn SHall

Notary Public

Revised 4/2016

Palm Beach County PAL, Inc.

DAWN S HALL Notary Public - State of Florida My Comm. Expires Jan 2, 2017 Commission # EE 854856



Attachment A

APPLICATION

Organization Name: Palm Beach County PAL, Inc. FEID #: 65-0461384 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:** NAME Digitally sign DN: dc=org, o ou=PAI. Prog Date: 2016.00 Scrivner, Scott L. 10gran 6-12-47-04 SIGNATURE 561-242-5816 scrivners@pbso.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent: Dale Sisson** NAME Sisson, Dale L. SIGNATURE 561 688-3248 sissond@pbso.org TELEPHONE NUMBER E-MAIL ADDRESS 6/28/2016 Date: DATE

Revised 4/2016



Attachment A

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 Palm Beach County Police Athletic League (PAL) builds partnerships between youth, law enforcement, and the community through educational and recreational programs designed to encourage, enhance, and develop good citizenship and improve the quality of life in Palm Beach County.

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

We have First Serve PAL- tennis programs in Cabana Colony, Belle Glade & South Bay, Lake Worth, and Pahokee. We are serving children ages 6-14 (elementary and middle school ages). The program includes tennis instruction as well as homework assistance, life skills, critical thinking, and leadership using the ACE curriculum. We are committed to work on violence, crime, and drug prevention and anti-bullying that will assist with safer neighborhoods. Team building will be used to help promote self esteem. The funds requested will be used for life skills and on-court tennis instruction, as well as to purchase educational materials that will enhance the program in the classroom setting.

What results are you committed to achieving?

We are committed to see our youth get better grades and become better citizens so that they may one day attend college. We are committed to empower the youth so they can beleive in themselves and have hope for their lives. We are also committed to improve their overall attitude toward learning and becoming productive citizens. We are committed to empower children by promoting character development and life-enhancing values in a safe and nurturing environment.

Revised 4/2016

Palm Beach County PAL, Inc.



FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31, 2	017
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0%
2.	Employee Benefits/Payroll Taxes			0%
3.	Professional Fees	\$101,000.00	\$22,500	22.28%
4.	Occupancy/Utilities			0%
5.	Telephone			0%
6.	Postage/Shipping			0%
7.	Printing & Publications			0%
8.	Supplies	\$16,560.00	\$2,500.00	15.1%
9.	Travel			0%
10.	Meetings			0%
11.	Miscellaneous Expenses			0%
	Total Expenses	\$117,560	\$25,000	21.26%

Revised 4/2016

Palm Beach County PAL, Inc.

3

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):

The program runs for 44 weeks and meets 2x per week for 2 hrs. every day. We are requesting a total amount of \$22,500.00 to help us cover the cost of sending coaches and life skills instructors to 4 sites. Lake Worth - \$6,000.00 (3 coaches: \$2000 for each at \$75 per day would help us cover 26.6 sessions) Belle Glade/South Bay - \$6,000.00 (same as above)

Cabana Colony - \$4,500.00 (2 coaches)

Pahokee- \$6,000.00 (3 coaches: \$2000 for each at \$75 per day would help us cover 26.6 sessions)

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 4/2016

Palm Beach County PAL, Inc.



Attachment A

Supplies (list supplies/equipment):

Tennis equipment (racquets, balls, portable nets, court markers, etc.)- \$750 Educational Materials- \$500 T-shirts for the kids- \$450 Snacks and drinks- \$800

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 4/2016

Palm Beach County PAL, Inc.



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No \swarrow If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \square If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No VIIf yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \square No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Palm Beach County PAL, Inc.



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 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-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-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-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-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 organiza

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

Scott Scrinver Name (please print) Signature

Title (please print)

Director

6/28/16 Date

NOTARY SECTION:

State of ____ County of ______

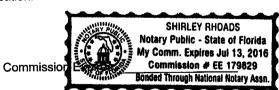
The foregoing Agreement was acknowledged and subscribed before me this _____ day of

DIRECTOR (title) of Fals Beach County PHL (name of individual) as

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

as identification.

ey Khord Notary Public



Revised 4/2016

Paim Beach County PAL, Inc.



Attachment A

1

APPLICATION

Organization Name: PALM BEACH RECOVERY COALITION, INC

FEID #: 51 0608130

Web Address:

www.PalmBeachRecoveryCoalition.com

Address:

311 N. Federal Highway, #1

STREET ADDRESS

Lake Worth, FL 33460

Executive Director:

Gail Skolnick NAME SIGNATURE palmbeachrecoverycoalition@yahoo.com 561-386-5307

E-MAIL ADDRESS

TELEPHONE NUMBER

Fiscal Agent:

Grant J. Skolnick, Esq.	
NAME	Efsenich
SIGNATURE	
561-602-1776	palmbeachrecoverycoalition@yahoo.com
TELEPHONE NUMBER	E-MAIL ADDRESS

Date:

DATE

5/27/2016

Revised 4/2016

Attachment A

Organization Name:_____

LETF Funding Request (MUST match total on Financial Application): ______\$25,000.00

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

✓ Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

Palm Beach Recovery Coalition, Inc., (PBRC) is a Florida Not-For-Profit 501(C)(3) Charitable Organization dedicated to providing support services and living accommodations for men suffering from substance abuse related disorders and homelessness in Palm Beach County.

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

Palm Beach Recovery Coalition, Inc. (PBRC) is requesting these funds for the introduction of a new program entitled, "Scholarship For Stopping Substance Abuse." The purpose of this program is to assist individuals who, as a result of drug-abuse, have thus far lived a life involved within the criminal justice system but now desire to become sober, employed and law-abiding citizens. Although substance abuse related services are made available to individuals in need throughout Palm Beach County, communicating their availability provides its own set of challenges. Many individuals suffering from substance-abuse disorders and/or departing from the criminal justice system are not proactive about seeking out needed services. These funds will assist in the provision of those services for individuals in need in Palm Beach County.

What results are you committed to achieving?

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

(This past year, Palm Beach Recovery Coalition has been approached by, and assisted, several employees of the Palm Beach Sheriff's Office who had family members and friends in need of help with support services and living accommodations related to substance abuse. PBRC was ecstatic to assist those men and women who work for PBSO, an organization that has so graciously helped our organization and the community for years. This new program is an extension of that work).

Revised 10/2016

PALM BEACH RECOVERY COALITION, INC



FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2017	To:	June 30, 2018

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$63,038.27	\$25,000.00	39.66%
5.	Telephone			0.00%
6.	Postage/Shipping		.	0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings		6 a M-	0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$63,038.27	\$25,000.00	39.66%

Revised 10/2016

PALM BEACH RECOVERY COALITION, INC



Budget Narrative

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

Salaries (list employees and individual compensation):

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

Occupancy/Utilities (list utilities):

The cost for the program Headquarters will be \$3,343.64 per month in rent. Additionally, the utility expenses amount to approximately \$2,000.00 a month.

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 4/2016

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PALM BEACH RECOVERY COALITION, INC

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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 RECOVERY COALITION, INC

Attachment A



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

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No I having provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

PALM BEACH RECOVERY COALITION, INC



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 provisions 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)

GAIL SKOLNICK **CEO/ EXECUTIVE DIRECTOR** Title (please print) Name (please print) 5/27/ NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me this $\frac{27^{th}}{2}$ day of 20 6 by Gail SKo/nick (name of individual) as CEO/ Executive Director (title) of Palm Beach Recovery Coulition (name of organization/ agency), who is personally known to me or who produced as identification.

R. Rader arlene Notary Public

MARLENE R. RADER Commission # FF 207922 Expires April 26, 2019 Bonded Thru Tray Fain Insurance 800-385-7019 My Commission - Expires -

Revised 4/2016

PALM BEACH RECOVERY COALITION, INC



Attachment A

1

APPLICATION

Organization Name: Rico's Scholarship Foundation FEID #: 47-1106078 www.ricosscholarshipfoundation.org Web Address: 2101 Vista Parkway Ste. 116 Address: STREET ADDRESS West Palm Beach, Fl. 33411 CITY, STATE, ZIP Andrew C. Joseph, Sr. **Executive Director:** NAME Toseph SR C dreur SIGNATURE (561) 307-8781 ricosscholarshipfoundation@yahoo.com TELEPHONE NUMBER E-MAIL ADDRESS Andrew C. Joseph, Sr. **Fiscal Agent:** NAME aso SR 911 SIGNATURE (561) 307-8781 ricosscholarshipfoundation@yahoo.com TELEPHONE NUMBER E-MAIL ADDRESS 6/30/16 Date: DATE

Revised 4/2016



Attachment A

Organization Name: Rico's Scholarship Foundation

LETF Funding Request (MUST match total on Financial Application): ______\$8,950.00

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:

Rico's Scholarship Foundation is a 501(c)(3) Non-profit organization that provides Students with Academic and Sports assistance to obtain Scholarships to College

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

We would like to incorporate a Drug Abuse Education/Prevention Curriculum into our current High School/College Readiness Program, "Learning to Live Drug Free". This curriculum addresses the stages of child development as they relate to Drug Prevention, facts about Drugs, Parent and Community Involvement, etc.

What results are you committed to achieving?

To increase the number of Palm Beach County Youth receiving Drug Abuse/Prevention Education and Reduce the number of Palm Beach County Youth involved with Drugs.

Revised 4/2016

Rico's Scholarship Foundation



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2017 To: December 31, 2017

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$18,000.00	\$3,500.00	19.44%
2.	Employee Benefits/Payroll Taxes	\$0.00		0.00%
3.	Professional Fees	\$10,000.00	\$1,500.00	15.00%
4.	Occupancy/Utilities	\$10,000.00	\$1,500. 00	15.00%
5.	Telephone	\$1,000.00	\$100.00	10.00%
6.	Postage/Shipping	\$1,000.00	\$100.00	10.00%
7.	Printing & Publications	\$1,000.00	\$150.00	15.00%
8.	Supplies	\$5,000.00	\$750.00	15.00%
9.	Travel	\$1,100.00	\$150.00	13.64%
10.	Meetings	\$1,500.00	\$200.00	13.33%
11.	Miscellaneous Expenses	\$5,000.00	\$1,000.00	20.00%
	Total Expenses	\$53,600.00	\$8,950.00	16.70%

Revised 4/2016

Rico's Scholarship Foundation

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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):

Andrew C. Joseph, Sr. Latonya Adams

\$900.00 Monthly \$500.00 Monthly

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

Joseph Fasciglione	Accounting
Cody Edwards	Facilitator
Andrew Joseph Jr.	Facilitator, Mentor
D.R. Gainer Enterprises	Life Skills, Tutoring, SAT & ACT Prep

Occupancy/Utilities (list utilities): Vista Center Lease (utilities included in lease)

Telephone (provide telephone numbers): (561) 307-8781

Printing & Publications (list type of material): **Marketing Materials Business Cards Registration Forms** Fliers **Banners**

Revised 4/2016

Rico's Scholarship Foundation



Attachment A

Supplies (list supplies/equipment):

Computers/Software Books/Pamphlets Paper Copier/Fax Pencils/Pens

Travel (individuals traveling, destination and purpose):

Andrew Joseph Sr. - Various Middle/High Schools-Recruitment/Follow-up Andrew Joseph Jr. - Various Palm Beach County Middle/High Schools-Recruitment/Follow-up

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

PBC Education Inititiative Committee Information Monthly RSF Organizational Meetings Planning/Operations Village of Royal Palm Commission Meeting Information

Miscellaneous Expense (specify items):

IT Support Emergency Clothing (interviews) Food Promotional Items Seasonal Activities

Revised 4/2016

Rico's Scholarship Foundation

Attachment A



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

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No I If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes I No I If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nor fit yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \swarrow If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes No I if yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Rico's Scholarship Foundation

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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-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-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-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-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-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-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-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-Prof

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

<u>HNDREW</u> C. TOSEPH SR. Name (please print) new C. Joseph SR

PRES, DENT Title (please print)

6/30/16

NOTARY SECTION:

State of Floring County of PALM Bencht

The foregoing Agreement was a	cknowledged and s	subscribed before methis 30	day of
		C Jos eph SR (name of indivi	
0	(title) of		(name of

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

The lacent _____ as identification.

My Commission Expires: June 28,2020 Notary Public IA L. HOFFMANN e of Florida 7 # FF 981012 Revised 4/2016 n 28, 2020



Attachment A

APPLICATION

Organization Name: Safety Council of Palm Beach County Inc.

FEID #: 59-1168121

Web Address:

www.safetycouncilpbc.org

Address:

4152 W Blue Heron Blvd Suite 110

Riviera Beach, Fl. 33404

CITY, STATE, ZIP

Executive Director:

1471-

Toni Burrows								
NAME	····· ···· ···· ··· ··· ··· ···		·· .	• •				
SIGNAT	SIGNATURE							

561-845-8233 Toni@safetycouncilpbc.org

TELEPHONE NUMBER E-MAIL ADDRESS

Fiscal Agent:

Leslie McKenna

SIGNATURE
561-845-8233
Leslie@safetycouncilpbc.org
TELEPHONE NUMBER E-MAIL ADDRESS

Date:

pressing the contraction

Revised 4/2016

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Attachment A

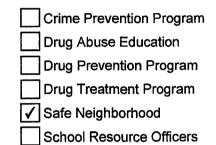


PALM BEACH COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT TRUST FUND DONATION

Organization Name: Safety Council 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?



Organization Purpose:

The Safety Councils primary purpose is to provide Safety Education.

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

Parents and caregivers are continuing to leave their children in the back seats of vehicles and they are dying from the heat. Already this year in 2016 23 deaths have been attributed to children being left in a hot vehicle.

We create awareness on this issue by distributing a bracelet reminder system. We distribute this bracelet system to organizations, parents and agencies.

PBSO also distributes these from their many district offices. This has continued to be a success and agencies contact us regularly to have them available for distribution.

What results are you committed to achieving?

We will distribute 10,000 bracelet reminder systems along with information cards throughout our county. We will raise awareness and keep this issue in the forefront of the public consciousness.

Revised 4/2016

Safety Council of Palm Beach County Inc.



FINANCIAL APPLICATION

Perio	d Covered (one year) From	M: January 1, 2017	To: December	· 31, 2017
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	\$2,760.00	\$2,760.00	100.00%
8.	Supplies			0.00%
9.	Travel	\$240.00	\$240.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$3,000.00	\$3,000.00	100.00%

Revised 4/2016

Safety Council of Palm Beach County Inc.

3



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):

10,000 silicone bracelets imprinted with Baby in Back! and PBSO website. 10,000 4x6 full color information cards.

Revised 4/2016

Safety Council of Palm Beach County Inc.

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Attachment A

Supplies (list supplies/equipment):

N/A

7

Travel (individuals traveling, destination and purpose):

We will deliver these materials around the county to the different parent, agencies and organizations. We also distribute these materials at many employer health fairs and community events.

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

Miscellaneous Expense (specify items): N/A

Revised 4/2016

Safety Council of Palm Beach County Inc.

Attachment A



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

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication; been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No If years, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \square No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

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Safety Council of Palm Beach County Inc.



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 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-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-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-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-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-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

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

on urrow Name (please print) 151 an

Executive Vice-President Title (please print)

Signature

NOTARY SECTION: State of florid A County of Alm Besser

The foregoing Agreement was acknowledged and subscribed before me this $\underline{\mathcal{SO}}$ day of

Sume , 20 16 by JONI DOAN GOIS BUISOUS (name of individual) as Executive Vice President (title) of <u>SAFETY</u> COUNCI (name of

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

Unevers dicense as identification. Floring

Notary Public

My Commission Expires: Dec 11, 2018

Revised 4/2016

Safety Council of Palm Beach County Inc.

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Ana Maria Rivera Notary Public

State of Florida MY COMMISSION # FF 182882 Expires: December 11, 2018



APPLICATION

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

FEID #: 20-8077416

Web Address:

www.takestockpalmbeach.org

Address:

1896 Palm Beach Lakes Blvd., Ste. 103

STREET ADDRESS

West Palm Beach, FL 33409

CITY, STATE, ZIP

Executive Director:

Nancy R. Stellway

NAME SIGN (561) 683-1704 nstellway@takestockpalmbeach.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

N/A

NAME

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

1

6916 DATE

Date:

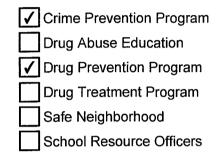
Revised 4/2016



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?



Organization Purpose:

Our purpose is to help low-income, at-risk youth overcome obstacles such as crime and drugs that can hinder their progress out of poverty.

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

We offer low-income, at-risk students one-on-one mentorship, college readiness services, anti-crime/drug workshops, full-tuition college scholarships, post-secondary retention and hope for a brighter future. Our comprehensive services start in middle school, continue through high school and remain through post-secondary schooling. Students are given two research-driven factors for the prevention of crime & drugs: a positive role model and a guaranteed post-secondary education.

What results are you committed to achieving?

With a 98% success rate, the program has effectively provided a pathway to success for low-income, at-risk youth by providing students with the resources they need to remain crime & drug free, escape poverty, and attain post-secondary education.

- 96% of TSIC students graduate from high school.
- 98% of TSIC class of 2014 entered a two or four-year post-secondary program.
- 85% of TSIC students need no post-secondary remediation.
- 59% of TSIC students complete college, compared to the state avg. of 28% for students in poverty.
- 98% of TSIC students remain drug-free and crime-free.

Revised 4/2016

College for Kids Inc. d/b/a Take Stock in Children PBC

2



FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31,	2017
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$306,721.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$29,272.00	\$0.00	0.00%
3.	Professional Fees	\$11,128.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$38,858.00	\$0.00	0.00%
5.	Telephone	\$9,088.00	\$0.00	0.00%
6.	Postage/Shipping	\$1,012.00	\$0.00	0.00%
7.	Printing & Publications	\$8,755.00	\$0.00	0.00%
8.	Supplies	\$9,852.00	\$0.00	0.00%
9.	Travel	\$16,577.00	\$0.00	0.00%
10.	Meetings	\$62,556.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$724,450.00	\$25,000.00	3.45%
	Total Expenses	\$1,218,269.00	\$25,000.00	2.05%

Revised 4/2016

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Attachment A



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

Budget Narrative

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

Salaries (list employees and individual compensation):

EXECUTIVE DIRECTOR \$96,000; DIRECTOR OF PROGRAM SERVICES \$50,880; MENTOR COORD. \$41,860; DIRECTOR OF DEVELOPMENT \$89,000; OFFICE ADMINISTRATOR \$35,000; DEVELOPMENT COOR. \$40,280; AND PROGRAM COORD. \$35,360; FINANCIAL & OFFICE ADMINISTRATOR \$45,360; DIRECTOR OF COLLEGE RETENTION \$43,000; AND COLLEGE RETENTION COACH \$38,000.

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

Financial Audit & Tax Services \$12,500 Payroll Services & Quarterly Reporting \$528 Registrations and Renewal \$400 Permits/Renewals \$200

Occupancy/Utilities (list utilities):

Facility Rent \$23,085; FPL/Electric \$2,640; Total cost for A/C Maintenance, Pest Control Services, Alarm Monitoring and Cleaning Services = \$5,108; Liability Ins. \$5,173; Property Ins. \$580; Directors & Officers Ins. \$1,120; and Communications Technology \$1,152.

Telephone (provide telephone numbers):

Main Office Line (561) 683-1704, Main Office Fax (561) 478-5863 Executive Director's direct line (561) 603-9742 Director of Development's direct line (561) 603-9718 Director of Program Services' direct line (561) 320-1076 Financial & Office Administrator's direct line (561) 768-2850 Mentor Coordinator's direct line (561) 307-5485

Printing & Publications (list type of material):

Program promotional materials, handouts, program reports, annual report, accountability report, and letterhead. As well as, student/parent handouts, student records, student activity sheets, student goal setting handouts, mentor training packets, mentor recruitment handouts, and student certificates of achievement.

Revised 4/2016 College for Kids Inc. d/b/a Take Stock in Children PBC

Attachment A



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

Supplies (list supplies/equipment):

General office supplies purchased from various vendors such as Walmart, Staples, Office Depot, and Target. Purchases include office supplies such as copy paper, pens, markers, ink cartridges, laser toners, binders, index cards, manila folders, labels, tape, staples, etc. In addition to general office supplies other purchases include cleaning supplies, storage containers, kitchen supplies and bathroom supplies.

Travel (individuals traveling, destination and purpose):

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

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

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

Miscellaneous Expense (specify items):

Expenses include the cost of four full-time AmeriCorps members that provide student advocacy, college readiness and college retention services to students participating in the program. Other expenses include donor restricted student expenses and the purchase of Florida Prepaid full-tuition college scholarship plans. LETF's allocation towards miscellaneous expenses will cover the cost of 6 PBSO Scholars, your funds will be used to purchase SIX 2-year (60-credit hours) Florida Prepaid full-tuition college scholarships (matched dollar-for-dollar by the Florida Prepaid STARS program). Also, \$1,000 towards college retention servs for your scholars

Revised 4/2016



Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No I if Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No I lf yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nor go, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes Nor If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

College for Kids Inc. d/b/a Take Stock in Children PBC



Revised 4/2016

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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 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

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

Nancy Stellway **Executive Director** Title (please print) Name (please print) 6916 Signative NOTARY SECTION: State of FLORIDA County of PARM BEACH The foregoing Agreement was acknowledged and subscribed before methis $\underline{\qquad} q$ day of 20 16 by NANCY STELLWAY JUNE (name of individual) as CECUTIVE DIRECTOR (title) of TAKE STOCKIN CHIUDNEN PBGINEME OF organization/ agency), who is personally known to me or who produced LIDIA M. VARGAS Notary Public - State of Florida as identification. My Comm. Expires Dec 30, 2017 Commission # FF 50332 Bonded Through National Notary Ass Notary Public My Commission Expires:

College for Kids Inc. d/b/a Take Stock in Children PBC



Attachment A

APPLICATION

Organization Name: The Arc of Palm Beach County

FEID #: 59-0883386

Web Address:

www.arcpbc.org

Address:

1201 Australian Ave.

STREET ADDRESS

Riviera Beach, Fl 33404

CITY, STATE, ZIP

Executive Director:

Kimberly McCarten NAME SIGNATURE

561-842-2313

kmccarten@arcpbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Russell Greene

NAME zrmel SIGNATURE

561-842-3213

rgreene@arcpbc.org

TELEPHONE NUMBER

6/22/16

E-MAIL ADDRESS

DATE

Revised 4/2016

Date:



Attachment A

Organization Name: The Arc of Palm Beach County

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

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

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

What results are you committed to achieving?

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

Revised 4/2016

The Arc of Palm Beach County



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2017 To: December 31, 2017

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$172,568.00	\$9,000.00	5.22%
2.	Employee Benefits/Payroll Taxes	\$31,396.00	\$689.00	2.19%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$37,305.00	\$0.00	0.00%
5.	Telephone	\$1,055.00	\$0.00	0.00%
6.	Postage/Shipping	\$300.00	\$0.00	0.00%
7.	Printing & Publications	\$600.00	\$0.00	0.00%
8.	Supplies	\$11,292.00	\$3,011.00	26.66%
9.	Travel	\$3,300.00	\$0.00	0.00%
10.	Meetings	\$300.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$90,380.00	\$12,300.00	13.61%
	Total Expenses	\$348,496.00	\$25,000.00	7.17%

Revised 4/2016

The Arc of Palm Beach County



Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Specialized staff will provide direct supervision to all Recreation programs offered to children and adults with developmental disabilities. Julie Lobdell, Director of Recreation will over see all Recreation programs.

A list of staff salaries will be provided for each quarterly report submitted \$9,000.00 (plus \$689.00 payroll taxes)

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

NA

Occupancy/Utilities (list utilities): NA

Telephone (provide telephone numbers): NA

Printing & Publications (list type of material): NA

Revised 4/2016

The Arc of Palm Beach County



Attachment A

Supplies (list supplies/equipment):

Equipment and program supplies for all Recreation programs, special events, instructional classes. Arc logo shirts for children and staff.

A list with receipts of equipment, supplies, special events, instructional classes and Arc logo shirts will be provided with each quarterly report. \$3,011.00

Travel (individuals traveling, destination and purpose):

NA

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

Miscellaneous Expense (specify items):

Program scholarships fund for persons who cannot afford program fees \$9,700.00; Community Outings \$2,600.00.

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

\$12,300

Revised 4/2016

The Arc of Palm Beach County



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No 📝 If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nov If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \Box No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

The Arc of Paim Beach County



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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)

Kimberly Mc Carte Name (please brint) Signature

Notary Public

NOTARY SECTION: State of FIDNdA County of PAIM BROCH

The foregoing Agreement was acknowledged and subscribed before me this 22nd day of 20 16 by KIMDEV MC(AVA EN-(name of individual) as JUNE (title) of THE Arcof PAM Beach (name of $(\mathbf{f}\mathbf{D})$ nsident CAUNDA

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

KILONS I KONSes as identification.

Notary Public - State of Florida

ly Comm. Expires Mar 24, 2018

Commission # FF 090076

My Commission Expires: March 24, 2018 KRISTIE PIROZZI

Pircsi dent/CEO Title (please print)

Ulate

The Arc of Palm Beach County



Attachment A

1

APPLICATION

Organization Name:	Urban League of Palm Beach County Inc				
	FEID #:				
Web Address:	www.ulpbc.org				
Address:	1700 N. Australian Ave				
	STREET ADDRESS				
	West Palm Beach, FL 33407	7			
	CITY, STATE, ZIP				
Executive Director:	Patrick Franklin				
Executive Director.	NAME				
	18				
	SIGNATURE				
	561-833-1461	frankin@ulpbc.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:					
riscal Agent.	NAME				
	·····				
	SIGNATURE				
					
	TELEPHONE NUMBER	E-MAIL ADDRESS			
					
Date:					
	DATE				

Revised 4/2016



Organization Name:______ Orban League of Palm Beach County Inc

LETF Funding Request (MUST match total on Financial Application): ________\$50,551.00

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The purpose of the organization is to provide programs and services to the youth in Palm Beach County that would assist them in staying crime and drug free. In addition, our program partners with a number of Law Enforcement agencies to provide these same youth, life long crime prevention practices

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

The event to be funded is the trip to the 32nd Annual Preventing Crime in the Black Community Conference. The projected dates of the conference is May 24th-27th, 2017 in Orlando, Florida. 100 youth, from all over Palm Beach County, escorted by 25 chaperones and 2 trip coordinators will have the opportunity to receive training from law enforcement and community experts from all over the country, on the best practices to prevent crime in the black community. Also, they will have the opportunity to meet and interact with other positive teens from across the country and review other model programs.

What results are you committed to achieving?

We are committed to develop community ambassadors for crime free living. Last year our program took 100 youth from all over Palm Beach County to the Annual Preventing Crime in the Black Community Conference in Miami, FL. The youth are now setting the standard for community service and crime prevention. Based on the positive effects of last year's trip, youth group participation has increased. We partner and mentor other youth groups as well. The youth have been very active in crime prevention activities such as violence prevention rallies, crime prevention campaigns, neighborhood clean-up events, and other crime prevention related activities. These youth are located across Palm Beach County and will be better ambassadors of crime prevention.

Revised 4/2016

Urban League of Palm Beach County Inc

2



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2017 To: December 31, 2017

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	\$1,500.00	\$1,500.00	100.00%
9.	Travel	\$27,276.00	\$27,276.00	100.00%
10.	Meetings	\$21,625.00	\$21,625.00	100.00%
11.	Miscellaneous Expenses	\$150.00	\$150.00	100.00%
	Total Expenses	\$50,551.00	\$50,551.00	100.00%

Revised 4/2016

Urban League of Palm Beach County Inc



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):

Telephone (provide telephone numbers):

,

Printing & Publications (list type of material):

Revised 4/2016

Urban League of Palm Beach County Inc



Attachment A

Supplies (list supplies/equipment):

Polo Collared Shirts: 100 x \$12.00 = \$1,200 Polo Collared Shirts: 25 x \$22.00 = \$300

Travel (individuals traveling, destination and purpose):

Charter Bus: 3 - 57 passenger buses @ \$425 per bus x 3 buses x 2 days = \$2,550 25 Rooms for 100 teens: 25×129 /night x 3 nights = \$9,675 13 Rooms for 25 chaperons: 13×129 /night x 3 nights = \$5,031 Pier Diem for 100 teens: 100×25 /day x 3 days = \$7,500 Pier Diem for 25 chaperons: 25×30 /day x 3 days = \$2,250 Gratuity for Bus Drivers: 6×45 per Driver = \$270

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

Conference Registration Fee for 100 teens: \$150 x 100 teens = \$15,000 Conference Registration Fee for 25 chaperones: \$265 x 25 chaperones = \$6,625

Miscellaneous Expense (specify items):

Snacks and soft drinks for bus ride to and from conference location = \$150

Revised 4/2016

Urban League of Palm Beach County Inc



Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🕢 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No 🕢 If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Novil yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \square No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Urban League of Palm Beach County Inc

6



APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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 grovisions 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

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) MESIDENT & CEO TRICK trai ne (please print) inature TARY SECTION: NŐ State of 6e C) County of The foregoing Agreement was acknowledged and subscribed before methis $3 d \tau$ day of by fatrick Flanktin_ (name of individual) as 20 16 \mathfrak{O} ί (title) of Urban & (name of organization/ agency), who is personally known to me or who produced EMANUEL RIDGEWAY MY COMMISSION # FF 056836 as identification. EXPIRES: Septe 23, 2017 d Thru Notary Public Und Notary Rublic My Commission Expires

Revised 4/2016

Urban League of Palm Beach County Inc



APPLICATION

Organization Name: Wounded Warriors of South Florida FEID #: 26-288684-6 www.wwofsf.org Web Address: 1335 Old Dixie Highway, #3 Address: STREET ADDRESS Lake Park, FI 33403 CITY, STATE, ZIP Mike Durkee **Executive Director:** NAME SIGNATURE 561-855-4207 mdurkee@wwofsf.org TELEPHONE NUMBER E-MAIL ADDRESS **Mike Durkee Fiscal Agent:** NAME SIGNATURE 561-855-4207 mdurkee@wwofsf.org TELEPHONE NUMBER E-MAIL ADDRESS 6/3/2016 Date:

DATE

Revised 4/2016

1



Attachment A

Organization Name: Wounded Warriors of South Florida

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:

Provide Emergency financial assistance to eligible disabled Veterans and their families who served post 9/11.

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

We provide five VAMC's and up to 26 CBOC's (Community Based Outpatient Centers) with \$20,000 in pre-paid debit cards per month for their post deployment teams to distribute to Veterans that require short term financial assistance: gas, food, transportation, state ID cards, etc. WWofSF pays referred Veterans bills for an average of \$35,000 to \$40,000 per month. The types of bills covered include rent/mortgage, auto loans, insurance, repairs, utility bills, taxes, and many other emergency needs. We do not give the Veteran cash, we pay the creditor directly, and attempt to relieve financial stress within the family.

What results are you committed to achieving?

WWof SF is committed to assisting as many disabled Veterans as is fiduciary possible. We provide temporary emergency financial assistance to eligible service connected disabled Veterans from Operations Iraqi Freedom, (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND). We do not have drug abuse or alcohol prevention programs. We refer the Veteran to their VA, AA, NA, or 211 for assistance. We work with the Veterans to address security needs they have relative to their housing situation. We provide financial assistance to address these security needs. By securing a safe environment in which our Veterans live, this reduces crime within their homes and their community. All this in combination works as components for safe neighborhoods.

Revised 4/2016

Wounded Warriors of South Florida



FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31, 201	7
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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	\$1,000,000.00	\$25,000.00	2.50%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$1,000,000.00	\$25,000.00	2.50%

Revised 4/2016

3



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):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 4/2016

Wounded Warriors of South Florida

4



Supplies (list supplies/equipment):

Purchases of Pre-Paid Master Cards to be distributed by the post deployment team of the West palm Beach Medial Center. Payment of emergency financial needs for veterans referred to us by the west palm beach VA Medical Center. Fee's for paying utilities and other items. These fee's average from \$2.50 to \$5.50 per credit card transaction

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 5/2015

Attachment A



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

Disclosure re: Organization's background:

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Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No I If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \Box No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nor file yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes \Box No \checkmark If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 4/2016

Wounded Warriors of South Florida



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 6 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. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. 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)

Michael Durkee Name (please print) Signature

Executive Director Title (please print)

6/16/2016

NOTARY SECTION: State of Florida

County of PalmBeach

The foregoing Agreement was acknowledged and subscribed before me this $\underline{l(j^{H})}$ day of June, 2016 by Michael Durkel (name of individual) as Executive Director (title) of Wounded Warriors of South Floridoname of

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

Sundala

My Commission Expires: 8-23-/8

Revised 4/2016

Notary Public

NOTARY PUBLIC STATE OF FLORIDA Comm# FF127128 Wounded Warriors of South Florida Expires 8/23/2018

Susan Held

as identification.



Attachment A

APPLICATION

Organization Name: Young Women's Christian Association of Palm Beach County, FL

FEID #: 59-0751935

Web Address:

www.ywcapbc.org

Address:

1016 North Dixie Highway

STREET ADDRESS

West Palm Beach, FL 33401

CITY, STATE, ZIP

Executive Director:

Suzanne Turner

NAME Une SIGNA 561-640-0050 sturner@ywcapbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent:

Carolyn Williams-Smith, CFO

NAME igni arts SIGNATURE 561-640-0050 csmith@ywcapbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

1

Date:

6/29/2016 Date

Revised 4/2016



Attachment A

Organization Name: Young Women's Christian Association of Palm Beach County, FL

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 YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, and dignity for all. Services are focused on victims of domestic violence and youth.

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

With a grant this year from LETF funds we have been able to not only continue our after-school program in the Glades for younger girls, but in January started Y-Teens in Pahokee High School. We hope to start a similar program in the fall at Glades Central High School. The program focuses on education, career enlightenment, cultural enrichment, health and safety, social development and community service. Mentoring and leadership training are key to meeting the goal of empowering girls to set and pursue goals taking charge of their lives rather than being led negatively by parents, older siblings, peers and "strangers on the street" that have a good deal for them! Funding will help continue the program at Pahokee High School, establish the program at Glades Central High School and continue the program for younger girls through the summer of 2018.

What results are you committed to achieving?

Keeping the young women on a positive course thus avoiding involvement with the criminal justice, and welfare systems. This would include achieving academically, participating in acceptable and favorable activities at school and in the community; and to be positive role models for peers at school and younger siblings at home.

Revised 4/2016

Young Women's Christian Association of Palm Beach County, FL



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2017	To:	December 31, 2	2017
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$4,000.00	\$3,000.00	75.00%
2.	Employee Benefits/Payroll Taxes	\$360.00	\$270.00	75.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7	Printing & Publications	\$100.00		0.00%
8.	Supplies	\$1,500.00	\$1,130.00	75.33%
9.	Travel	\$750.00	\$600.00	80.00%
10.	Meetings			0.00%
_11.	Miscellaneous Expenses	\$575.00		0.00%
	Total Expenses	\$7,285.00	\$5,000.00	68.63%

Revised 4/2016



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):

One or two coordinators will be paid on an hourly basis to facilitate the program at the two high schools in the Glades or one of the high schools and one middle school aged program. Nancy Smith, a teacher for 30 years will continue to conduct the sessions and oversee a second coordinator if employed. The goal is to continue the Y-Girls at two sites and Y-Teens at two sites. The money being requested will cover about half of the total cost of four programs.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Acquisition of journals and other materials utilized by the coordinators and students.

Revised 4/2016

Young Women's Christian Association of Palm Beach County, FL



Attachment A

Supplies (list supplies/equipment):

This includes nutritional snacks since the girls often have limited food and are hungry late in the day, In addition, art supplies, materials for community projects, and some sports equipment. During the past year the girls have expressed an interest in learning to do some outside sports but no equipment is available such as tennis rackets, croquet set, badminton, etc.

Travel (individuals traveling, destination and purpose):

Travel includes payment for transportation from the Glades to West Palm Beach or a nearby city for educational and/or cultural field trips. Every effort is made to keep the girls engaged in healthy activities and to broaden their understanding of vocational and professional areas of endeavor to which they may aspire. Travel may also be needed by the coordinator to come to travel to West Palm Beach or surrounding area to obtain materials, equipment or arrange activities for the girls.

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

Miscellaneous Expense (specify items):

Incidentals that may be appropriate for planned events such as the community project or extras needed during field trips.

Revised 4/2016

Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 If Yes, please provide the details

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \square No \square If yes, please provide the reasons for such denial, suspension, or revocation

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Revised 4/2016



Attachment A

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

Suzanne Turner Name (please print) Jurner Signatu

CEO Title (please print)

NOTARY SECTION:

State of Florida County of Palm Beach

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

Jighe 2016 by Syzanne Typner (name of individual) as

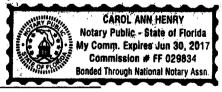
(title) of YUCA of Palm Beach Church (name of CEO

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

as identification.

Varolann House Notary Public

My Commission Expires:



Revised 4/2016