

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	\$213,000				
External Revenues	(\$213,000)				
Program Income (County)					
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				

Is Item Included in Current Budget: YES _____ NO X

Budget Account No.: Fund _____ Agency _____ Org _____ Object _____

Reporting
Category _____

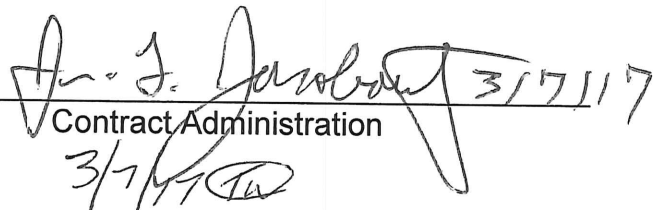
B. Recommended Sources of Funds / Summary of Fiscal Impact:

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:


 ASO 2/27
 OFMB ET 2/24


 Contract Administration
 3/1/17

B. Legal Sufficiency:


 Assistant County Attorney
 3/8/17

C. Other Department Review:

 Department Director

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

17- 0621

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET TRANSFER

FUND 1151 LAW ENFORCEMENT TRUST FUND

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
<u>Expenditures</u>								
<u>Transfers</u>								
160-1690-9498	Trfr to PBSO Fd 1902	0	412,501	213,000	0	625,501		
<u>Reserves - New Projects</u>								
160-9900-9902	Reserves - Operating Reserves	2,575,972	2,163,471	0	213,000	1,950,471		
	TOTAL FUND			\$213,000	\$213,000			

Palm Beach County Sheriff's Office

Signatures

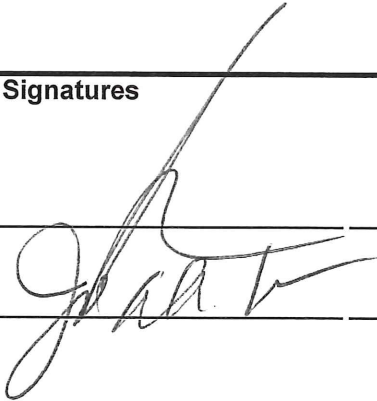
Date

By Board of County Commissioners
At Meeting of March 14, 2017

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted



2/27/17

Deputy Clerk to the
Board of County Commissioners

Attachment # _____



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

Attachment A

APPLICATION

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

FEID #: 65-0746922

Web Address: www.childprotectionteampalmbeach.org

Address: 5305 Greenwood Avenue, Suite 101

STREET ADDRESS

West Palm Beach, FL 33407

CITY, STATE, ZIP

Executive Director: Alison J. Hitchcock, M.S.W.

NAME

SIGNATURE

561-433-3544 - 252

Alison.Hitchcock@FLHealth.gov

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Sharyn Cornett

NAME

SIGNATURE

561-433-3544 - 234

Sharyn.Cornett@FLHealth.gov

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: 06/14/16

DATE



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

Attachment A

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

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

CPT contracts doctors to conduct forensic medical exams to evaluate alleged abuse and neglect, and provide expert testimony critical to the prosecution of child abusers. The State of Florida has set the allowable rate for the medical exams at \$500, yet Palm Beach County only contributes \$250 toward the cost of medical exams. The Attorney general's office contributes \$500 in cases of sexual abuse-about 25% of cases. However all exams are conducted by the same medical professionals and except for a few additional lab tests, costs our agency the same to provide.

What results are you committed to achieving?

We are committed to providing all victims of abuse with the same level of care. We see the disparity in funding for exams as a kind of victim discrimination. We are committed to all victims of abuse having access to medical exams that will provide the necessary documentation to prosecute people who hurt children. We conduct approximately 1100 medical exams each year. Only about 250 of them are reimbursed fully. For the others, CPT absorbs the additional expense. CPT is committed to finding resources to assure that abuse and neglect victims receive the same level of medical attention as sexual abuse victims, and not cutting corners to provide a mandated service, albeit of lesser quality.



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

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	\$245,000.00	\$10,000.00	4.08%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$245,000.00	\$10,000.00	4.08%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

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

VENDORS: Dr. William Rosenstein, and Samorah Jean-Baptiste Gilles
SERVICE: Forensic Medical Evaluations

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



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

Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):



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

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 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.

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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 No If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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

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)

Alison J. Hitchcock, M.S.W.

Executive Director

Name (please print)

Title (please print)

Signature

Date

Alison J. Hitchcock, M.S.W.
June 27, 2016

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 27th day of

June, 20 16 by Alison Hitchcock (name of individual) as

Executive Director (title) of Child Protection Team of Palm Beach, Inc (name of

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

_____ as identification.

Sharyn R. Cornett
Notary Public



My Commission Expires: March 13, 2019



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

Attachment A

APPLICATION

Organization Name: CollegePath, Inc

FEID #: 26-2623205

Web Address: collegepathusa.org

Address: 1530 W Boynton Beach Blvd #3333

STREET ADDRESS

Boynton Beach, FL 33436

CITY, STATE, ZIP

Executive Director: Kimba Williams

NAME

SIGNATURE

561-755-7284

kmwilliams@collegepathusa.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: CollegePATH, Inc c/o Kimba Williams

NAME

SIGNATURE

561-755-7284

kmwilliams@collegepathusa.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: June 28, 2016

DATE



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

Attachment A

Organization Name: CollegePath, Inc

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

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

- Crime Prevention Program
- Drug Abuse Education
- Drug Prevention Program
- Drug Treatment Program
- Safe Neighborhood
- School Resource Officers

Organization Purpose:

We seek to inform, mentor, and prepare minority, low-income, and/or first-generation high school students for success to and through college. Our resources are centered around: college test prep, college selection, college applications, scholarships, financial aid, and young adult life skills.

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

With the rise of rape and drug/alcohol abuse on college campuses, we seek to provide a 5-day directed classroom workshop to inform, educate, and teach prevention of these occurrences from happening in some of our most vulnerable teens who will soon attend college. We partner with area high-schools/ colleges to host 100-125 teens to help them: Participate in Campus Life 101: A panel workshop series focused on the truth about drugs, alcohol, sexual consent, virtual predators, time management and other college bound issues in an open-dialogue environment; Identify benefits of college education; Explore careers; Gain tips and strategies about college admissions; Identify colleges that meet their needs; Benefit from personal writing conferences; Work on their Common Application or an application for a state university in Florida.

What results are you committed to achieving?

Our teens who may be students of color, first-generation to college, or low-income will learn the effects of drug/alcohol abuse on their bodies and how it relates to sexual abuse, disqualification of financial aid, and failure to succeed in high school and beyond. They will also be encouraged to choose a higher education path with exposure to the motivational speakers, professionals, and college advisors in attendance and will learn how to make positive life choices, demonstrate responsible behavior amongst their peers and be more equipped to advocate for themselves in the midst of a sexual violation. We are committed to this goal and educating our teens about many of the challenges they may face as college-bound teens and strategies on how to prevent rape and drug/alcohol abuse in high-school, college, and their communities.



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

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	\$11,000.00	\$1,000.00	9.09%
2.	Employee Benefits/Payroll Taxes	\$4,630.00	\$0.00	0.00%
3.	Professional Fees	\$31,500.00	\$6,100.00	19.37%
4.	Occupancy/Utilities	\$3,750.00	\$1,250.00	33.33%
5.	Telephone	\$100.00	\$0.00	0.00%
6.	Postage/Shipping	\$425.00	\$0.00	0.00%
7.	Printing & Publications	\$13,300.00	\$3,000.00	22.56%
8.	Supplies	\$7,500.00	\$3,250.00	43.33%
9.	Travel	\$1,602.00	\$810.00	50.56%
10.	Meetings	\$13,550.00	\$4,540.00	33.51%
11.	Miscellaneous Expenses	\$10,150.00	\$5,050.00	49.75%
	Total Expenses	\$97,507.00	\$25,000.00	25.64%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Our staff and contract college advisors are paid an additional \$1000 for planning and facilitating summer workshops. We would need 10-11 advisors for a group of 125 teen participants.

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

Motivational speakers, College Administration/Admission reps, law enforcement, health professionals, current college students, who will participate in the week long workshop to provide expert advise, unique perspectives and case studies to student participants around the full college experience as it relates to drug and alcohol abuse, non-consensual sex, violation of student's rights, student independence and how to be successful and responsible in high school and college.

Occupancy/Utilities (list utilities):

For use of a facility to conduct advisor and counselor training. The facility charge is \$150/hr x 5 hours a day x 5 days = \$3750. The training is to be conducted 1-3 weeks prior to workshop.

Telephone (provide telephone numbers):

n/a; advisors and counselors to use personal mobile phones

Printing & Publications (list type of material):

Teen workbooks, outreach flyers, brochures for safe sex, brochures for STD's, informational leaflets about sexual consent/rape, website updates, brochures for drug/alcohol abuse, releases, training and workshop materials, college info publications - to be used by participants during the week-long workshop. We will also begin posting periodic ongoing information for use by our larger community base on our website about these and other important young adult/ college student issues.



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

Attachment A

Supplies (list supplies/equipment):

The following supplies will be used for each of the 125 teen participants and/or staff during the week long workshops: binders, flash drives, lanyards, writing instruments, highlighters, drawstring backpacks, dry erase markers, copy paper, copying machine costs, A/V equipment, video, and other required supplies. Computers will be furnished by one of our area partner high-schools at no cost.

Travel (individuals traveling, destination and purpose):

Travel allowance for staff @ \$0.44 per mile x 10 staff members x 5 days x 60 mi per day = \$801 X 2 weeks = \$1602; 1 week for training; 1 week for workshop facilitation.

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

Teens, parents, presenters, CollegePATH staff, and volunteers will facilitate directed classroom style workshops around college bound activities and the dangers and ramifications (i.e. legal, financial aid, school expulsion) of drug abuse, alcohol abuse, and non-consensual sex in high-school and beyond. This also includes costs for leasing space at area high schools to conduct workshop; We also cover food costs, including 1 meal and snacks for 10 staff members over the training week.

Miscellaneous Expense (specify items):

Includes costs for snacks for teen participants, refreshments, insurances, necessary county or local filings, and any expenses unforeseen at this time.



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

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 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.

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

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)

Kimba M. Williams

Executive Director

Name (please print)

Title (please print)

Kim Williams
Signature

6/30/16
Date

NOTARY SECTION:

State of FL

County of Palm Beach

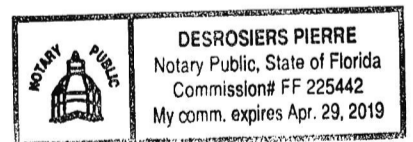
The foregoing Agreement was acknowledged and subscribed before me this 30 day of

June, 2016 by Kimba M Williams (name of individual) as

Executive Director (title) of College PATH, Inc. (name of

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

FL DL as identification.



Desrosiers Pierre
Notary Public

My Commission Expires: Apr 29, 2019



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

Attachment A

APPLICATION

Organization Name: DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.

FEID #: 23-7074625

Web Address: WWW.DAFPBC.ORG

Address: 400 SOUTH SWINTON AVENUE

STREET ADDRESS

DELRAY BEACH, FL 33444

CITY, STATE, ZIP

Executive Director: ALTON TAYLOR

NAME

SIGNATURE

561-278-0000

DAFPBC@MSN.COM

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Russell Polner

NAME

SIGNATURE

561-278-0000

DAFPBC@MSN.COM

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

6/29/16

DATE



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

Attachment A

Organization Name: DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.

LETF Funding Request (**MUST match total on Financial Application**): \$120,000.00

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:

Founded in 1968 by a Physician, Pharmacist and a Police Officer, it is the mission of the Drug Abuse Foundation to convert private and public resources in to a service system to encourage and support the process of recovery from chemical addiction and to promote drug free living and mental wellbeing

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

We are implementing a new Overdose Management Protocol in our Crisis Stabilization Program. The goal of this protocol is to reduce the potential of death due to overdose of individuals seeking emergency stabilization services. There are three main contributing elements that the problem of overdose deaths is fueled by: Heroin Epidemic, the reduction in publicly funded rehab services, and the growth of the private rehab sector. These 3 issues act like a perfect storm in increasing the potential for more overdoses and more potential deaths. Our proposal is to implement some enhancements to our Crisis Stabilization program to better equip our program to cope with this reality. These enhancements involve new campus fencing improvements, Narcan resuscitation protocol, and Crisis Medical Support.

What results are you committed to achieving?

The overdose management protocol will serve the following individuals each year:

SERVICE GOALS

- Emergency Medical Assessments 3,500 annually
- Emergency Medical Hospital Case Management Support 375 annually
- Narcan Protocol Administration 125 annually

Services provided to these clients will reduce overdose deaths and the case management services provided will encourage individuals revived with Narcan to enter treatment, thus reducing the strain on resources from other public sector services such as law information and medical services.



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

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			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$120,000.00	\$120,000.00	100.00%
	Total Expenses	\$120,000.00	\$120,000.00	100.00%



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

Attachment A

Budget Narrative

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Salaries (list employees and individual compensation):

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

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Telephone (provide telephone numbers):

Printing & Publications (list type of material):



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

Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Up to 3 passenger vans, interior campus fencing and gates (5 gates), crisis medical support equipment (2 defibrillators, a wall mounted otoscope, wall mounted ophthalmoscope, thermometer, BP Kit, Pyxis Med Station, New medical crash carts, reusable Amu-bag (for Narcan resuscitation, Nebulizer (250), 2 rolling vital carts, a phlebotomy chair, and fetal heart doppler).



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

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LAW ENFORCEMENT TRUST FUND DONATION**

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DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.

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

ALTON TAYLOR

EXECUTIVE DIRECTOR & CEO

Name (please print)

Title (please print)

Signature

Date

NOTARY SECTION:

State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 29th day of

June, 20 16 by Alton Taylor (name of individual) as

Executive Director & CEO (title) of Drug Abuse Foundation (name of organization/ agency), who is personally known to me or who produced

as identification.

Terri Ann Michelle Binns Beavers
Notary Public

My Commission Expires: 5/19/17



Terri Ann Michelle Binns Beavers
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF019115
Expires 5/19/2017

DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.



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

Attachment A

APPLICATION

Organization Name: Gratitude House

FEID #: 23-7215233

Web Address: www.gratitudehouse.org

Address: 1700 North Dixie Highway

STREET ADDRESS

West Palm Beach, Fl 33407

CITY, STATE, ZIP

Executive Director: Lynn Gentithes & Anne Hurley

NAME

Lynn Gentithes Anne Hurley

SIGNATURE

(561)833-6826

lynng@gratitudehouse.org & anneh@gratitud

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Lucinda Valantiejus

NAME

Lucinda Valantiejus

SIGNATURE

(561)833-6826

Lucindav@gratitudehouse.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: 12/28/16

DATE



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

Attachment A

Organization Name: Gratitude House

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 primary purpose of Gratitude House is to offer rehabilitation and support services with dignity and respect to chemically dependent and dually diagnosed women 18 years and older in a safe and nurturing environment.

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

Gratitude House is requesting funding to support one mother and her child for our Mothers & Infants in Treatment Together (MITT) program. The MITT Program is specifically designed for parenting and/or pregnant women and allows women to have their infants (up to 1 year) reside in treatment with them. The treatment is integrated so that as a mother recovers from addiction, the multiple risks the children face—of illness, injury, emotional disturbance, and future substance abuse—are also reduced. MITT participants receive clinical treatment, case management, education, job training, life skills, positive parenting, child development, and a structured plan for a successful family reunification.

What results are you committed to achieving?

We are committed to strengthening maternal-fetal attachment to foster stronger motivation in the mother to become and remain abstinent from drug use, take better care of her own health, and make changes in her own social relationships and life circumstances. The ultimate goal is for family reunification. Specifically we will measure the following:

100% of pregnant women entering treatment will have drug free infants.

70% of women in treatment 90days will have an increase in their Outcome Rating Scale (ORS) of at least 5 points.

70% of women in treatment 6 months will reach Phase II of the program.

75% of women will be drug free 30 days prior to discharge.



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

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	\$766,600.00	\$10,000.00	1.30%
2.	Employee Benefits/Payroll Taxes	\$160,986.00		0.00%
3.	Professional Fees	\$53,181.00		0.00%
4.	Occupancy/Utilities	\$260,794.00		0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$90,736.00		0.00%
9.	Travel	\$10,544.00		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$179,375.00		0.00%
	Total Expenses	\$1,522,216.00	\$10,000.00	0.66%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Please see attached list of employees and compensation.

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

Medical Director and ARNP: Physical and psychiatric assessments

Auditor: Annual audit

Occupancy/Utilities (list utilities):

Electric, water, sewer, gas

Building maintenance and services

Mortgage

Security

Telephone (provide telephone numbers):

General & Administrative: 561-833-6826

Clinical Director: 561-670-4008

Printing & Publications (list type of material):



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

Attachment A

Supplies (list supplies/equipment):

Household supplies; medical and clinical supplies; educational materials, i.e., AA/NA books, drug/alcohol testing, office supplies, food, etc.

Travel (individuals traveling, destination and purpose):

3 vans for use in transporting clients to medical appointments, court, etc. Includes insurance and gas

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

Miscellaneous Expense (specify items):

Liability insurance, human resources, training & development, client activities, administrative cost



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

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 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 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, been enjoined from violating any law relating to a charitable solicitation? Yes No If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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

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)

Lynn Gentithes & Anne Hurley

Acting Executive Directors

Name (please print)

Title (please print)

Lynn Gentithes
Anne Hurley

Signature

12.28.16

Date

NOTARY SECTION:

State of _____

County of _____

The foregoing Agreement was acknowledged and subscribed before me this _____ day of _____, 20____ by _____ (name of individual) as _____ (title) of _____ (name of organization/ agency), who is personally known to me or who produced _____ as identification.

Notary Public

My Commission Expires: _____



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

Attachment A

APPLICATION

Organization Name: Horses Healing Hearts, Inc.

FEID #: 27-1386140

Web Address: www.HHHUSA.org

Address: 10359 Oak Meadow Lane

STREET ADDRESS

Wellington, FL 33449

CITY, STATE, ZIP

Executive Director: Lizabeth Olszewski

NAME

SIGNATURE

561-713-6133

liz@hhhusa.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: David Flinchum, Treasurer

NAME

SIGNATURE

561-315-2251

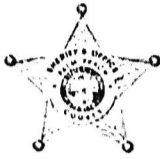
david.flinchum@pnc.com

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: 06-29-2016

DATE



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

Attachment A

Organization Name: Horses Healing Hearts, 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:

Horses Healing Hearts is a program for children of parents suffering from substance use disorder. Utilizing the horse as learning vehicle, the participants learn responsibility, confidence, and coping skills allowing them to choose a healthier lifestyle and end the generational cycle of addiction.

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

Currently, HHH serves approximately 61 children in Palm Beach County. These children meet weekly in one of 3 sponsor barns (Delray Beach, Boca Raton, or Boynton Beach). In the beginning they have a group counseling session overseen by a state certified prevention specialist, Rhonda Fritzshall. The 2-hour sessions begin and end with "circle time" allowing the children a safe place to share their feelings, followed by riders taking turns receiving 15 minutes of private ride time (when not riding participating in arts and crafts, board games, etc.). Ending "Circle time " will sometimes include a reading from an Ala-teen book or by giving three words to describe their time at HHH. Our evidence-based activities are taken from a SAMHSA curriculum written by NACoA. (The Children's Program Kit) Our organization is the only one in the nation of it's kind.

What results are you committed to achieving?

We are committed to giving these "at risk" children tools for a more productive life than that of their parents. This population has both a genetic predisposition and "learned behavior" towards substance abuse disorder. We teach them their parent's addiction is not their fault and they are not alone, and that HHH is a safe place to share and explore their feelings so they don't result in unhealthy behavior. We use horses because it is scientifically proven that working with them reduces cortisol (stress hormone). (Washington State University Study 2014) We have child testimonies that our program kept them from taking their own life. Additionally, one of our participants testified before congress in Washington DC this May in support of the CARA Bill. He was recognized publicly by Congressman Ted Deutch and Senator Joseph Abruzzo.



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

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	\$38,591.81		0.00%
2.	Employee Benefits/Payroll Taxes	\$2,907.00		0.00%
3.	Professional Fees	\$40,962.40	\$10,000.00	24.41%
4.	Occupancy/Utilities	\$4,346.40		0.00%
5.	Telephone	\$0.00		0.00%
6.	Postage/Shipping	\$546.00		0.00%
7.	Printing & Publications	\$0.00		0.00%
8.	Supplies	\$82,280.51		0.00%
9.	Travel	\$5,728.32		0.00%
10.	Meetings	\$0.00		0.00%
11.	Miscellaneous Expenses	\$19,101.52		0.00%
	Total Expenses	\$194,463.96	\$10,000.00	5.14%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

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

Rhonda Fritzshall - Children's Program Director/ Program Lessons/ Equine Therapy

Sponsor Barns - (Johnson's Folly - Delray Beach, Carriage Hill - Boca Raton) (Fees paid for Instructor time and use of horses for the Children's Prevention Program)

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



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

Attachment A

Supplies (list supplies/equipment):

Program Supplies: Arts and crafts, Program Meals, Equine Therapy horse fee, horse care supply expenses, office supplies.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):



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

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 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 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, been enjoined from violating any law relating to a charitable solicitation? Yes No If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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

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)

Lizabeth Olszewski

Executive Director

Name (please print)

Title (please print)

Signature

Date

NOTARY SECTION:

State of Florida

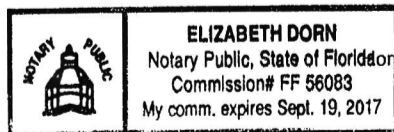
County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 30 day of June, 2016 by Lizabeth Olszewski (name of individual) as Executive Director (title) of Horses Healing Hearts, Inc (name of organization/ agency), who is personally known to me or who produced Florida Driver license as identification.

Elizabeth Dorn
Notary Public

My Commission Expires: Sep 19, 2017

Revised 4/2016



Horses Healing Hearts, Inc.



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

Attachment A

APPLICATION

Organization Name: NOPE Task Force, INC.

FEID #: 20-1289080

Web Address: www.nopetaskforce.org

Address: 50 S. US Hwy 1, suite 212

STREET ADDRESS

Jupiter, FL 33477

CITY, STATE, ZIP

Executive Director: Karen H. Perry

NAME

SIGNATURE

561-478-1055x201

kperry@nopetaskforce.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Richard Perry

NAME

SIGNATURE

561-758-8025

rperry@Nopetaskforce.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: 6-13-16

DATE



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

Attachment A

Organization Name: NOPE Task Force, 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:

To reduce the frequency and impact of Drug Overdose Death through community education, family support and purposeful advocacy.

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

NOPE projects to serve approximately 18,000 students and parents in Palm Beach County in 2017 through our substance abuse prevention programs, Candle Light Vigil and family support activities Social Media and website.

NOPE Task Force will provide substance abuse prevention services to Palm Beach County secondary school youth and their parents. The NOPE presentations provide substance abuse prevention in a high impact, multimedia format that is purposefully blunt and evokes powerful emotions. The student presentation focuses on addiction, the risks of combining drugs, contacting 911 if overdose is suspected and getting help for a friend or family member if they begin using drugs or alcohol. The parent presentation focuses on the reality our nation faces regarding youth drug abuse and offers suggestions on parenting strategies to combat the issue.

What results are you committed to achieving?

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



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

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	\$125,500.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$10,081.50	\$0.00	0.00%
3.	Professional Fees	\$16,900.00	\$6,500.00	38.46%
4.	Occupancy/Utilities	\$24,000.00	\$0.00	0.00%
5.	Telephone	\$5,440.00	\$0.00	0.00%
6.	Postage/Shipping	\$6,894.56	\$0.00	0.00%
7.	Printing & Publications	\$35,000.00	\$0.00	0.00%
8.	Supplies	\$6,500.00	\$0.00	0.00%
9.	Travel	\$6,000.00	\$0.00	0.00%
10.	Meetings	\$5,000.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$93,000.00	\$3,500.00	3.76%
	Total Expenses	\$334,316.06	\$10,000.00	2.99%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Executive Director, FTE @ volunteer
Program Director of Operations, FTE @ \$47,500
Program Coordinator FTE@\$34,500

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

Bonneau Accounting Services-for monthly accounting fees, payroll and payroll tax report, and year end tax return preparation \$7,800

Digital Story Line - Social Media Story writing and Maintenance Support \$6,000

KDT - IT Service Maintenance and support \$2,400

Occupancy/Utilities (list utilities):

Jupiter Investments LC
\$23,001.16 for 1,357 sq. ft. one year lease including electric.

Telephone (provide telephone numbers):

561-478-1055
866-612-NOPE
Phone service through Comcast
Cell phone stipend for 4 employees at 30.00 per month

Printing & Publications (list type of material):

1)Web site hosting and maintenance 2)NOPE video creation and updates, including training video, memorial video, and school presentation videos 3)NOPE vigil materials 4)Training materials and manuals 5)Presentation brochures 6)Media campaigns- social media, website stories press releases 7) Invitation printing for awareness campaigns



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

Attachment A

Supplies (list supplies/equipment):

Office Supplies
Computer Software & Supplies

Travel (Individuals traveling, destination and purpose):

Presentations - 40 presentation locations in PBC (attending will be Law Enforcement, NOPE Representatives and Parents)
Conferences - NOPE staff will attend the FL. Sheriff's Association Conference; National RX Conference in Atlanta, Ga.; CLAAD Conference in Washington DC. (Attending will be the NOPE Executive Director, Director of Operations, Program Manager, Program Coordinator)

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

All NOPE prevention program implementers must attend a two day NOPE training in order to present at any of the NOPE presentations. Training Seminars are provided to new NOPE Chapters and new NOPE presenters. NOPE presenters may include NOPE staff, PBSO or other law enforcement agencies, parents that have lost a child to overdose or local addiction professionals. Training materials include guide books, meals, and advertisement materials.
Heroin Task Force and Sober Home Task Force Meetings

Miscellaneous Expense (specify items):

1) All other Administrative Expenses not enumerated above include: Bank Charges, Computer & Internet, Credit Card Charges, Dues & Subscriptions, Insurance, License Fees, Meals, Office Expense & Temporary Help.
2) All other Direct Expenses not enumerated above include: Appreciation Dinner, Auto Expenses, Awareness Campaign Expenses for Candle Light Vigil, Display Expense, Fund Raising Expense for Annual Gala, grant related expenses, leased equipment for the Photocopier and Video Expense.



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

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 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.

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

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)

Karen Perry
Name (please print)

Executive Director
Title (please print)

[Signature]
Signature

6-16-16
Date

NOTARY SECTION:

State of Florida

County of Palm Beach

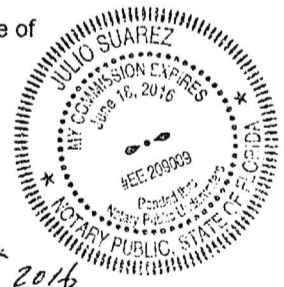
The foregoing Agreement was acknowledged and subscribed before me this 16th day of

June, 2016 by Karen Perry (name of individual) as

Executive Director (title) of NOPE TASK FORCE (name of

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

Drivers license as identification.



[Signature]
Notary Public

My Commission Expires: June 18th 2016



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

Attachment A

APPLICATION

Organization Name: Palm Beach County PAL, Inc.

FEID #: 65-0461384

Web Address: www.pbso.org/pal

Address: 3228 Gun Club Road
STREET ADDRESS
West Palm Beach, FL 33406
CITY, STATE, ZIP

Executive Director: Scott Scrivner

NAME
Scrivner, Scott L. Digitally signed by Scrivner, Scott L.
DN: dc=org, dc=pbso, ou=People,
ou=PAL Program, cn=Scrivner, Scott L.
Date: 2016.06.28 10:46:24 -04'00'

SIGNATURE
561 688-3821 pbcpal@pbso.org
TELEPHONE NUMBER E-MAIL ADDRESS

Fiscal Agent: Dale Sisson

NAME
Sisson, Dale L. Digitally signed by Sisson, Dale L.
DN: dc=org, dc=pbso, ou=People,
ou=Information Technology, cn=Sisson,
Dale L.
Date: 2016.06.28 11:27:22 -04'00'

SIGNATURE
561-688-3248 Sissond@pbso.org
TELEPHONE NUMBER E-MAIL ADDRESS

Date:

DATE



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

Attachment A

Organization Name: Palm Beach County PAL, 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:

To provide educational, recreational, and resource opportunities to encourage teens to make positive life decisions and establish productive relationships between youth and their communities.

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

The event to be funded is the 7th annual Youth Summit to be held in April of 2017 at Palm Beach Lakes High School in West Palm Beach. The partners of the annual event are projecting that 550-600 youth, 60 volunteers and presenters, and approximately 30 vendors will be in attendance. They youth will participate in life enriching workshops in the areas of Crime / Gang and Drug Prevention, Health, Education, and Employment Readiness. The youth will have the opportunity to dialogue with victims of crimes, former gang members, DJJ involved teens, former alcohol & other substance users, as well as law enforcement and school resource officers; and employment and community experts.

What results are you committed to achieving?

The teens will receive valuable information that will assist them in making positive life choices by understanding the repercussions of their acts on their future. The youth who participate in the summit will be better equipped to advocate for safer neighborhoods and will be able to disseminate their knowledge amongst their peers.



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

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	\$1,300.00	\$500.00	38.46%
4.	Occupancy/Utilities	\$1,953.00	\$0.00	0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$10,612.78	\$8,962.60	84.45%
9.	Travel	\$400.00	\$300.00	75.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$400.00	\$237.40	59.35%
	Total Expenses	\$14,665.78	\$10,000.00	68.19%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

N/A

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

For the payment of a Disc Jockey for the event = \$500.00

The committee will explore other alternatives for the payment of the production of the Youth Summit video/DVD. The teens from the WPB Youth Empowerment Center, under the direction of Dwayne Taylor Productions, produce the annual video/DVD. The fee of \$800.00 is used to pay a stipend to the teens who produce the video/DVD.

Occupancy/Utilities (list utilities):

N/A

The committee will explore other alternatives for the payment of the event's facility, Palm Beach Lakes High School, as well as the payment for IT services and janitorial services = \$1953.00

Telephone (provide telephone numbers):

N/A

Printing & Publications (list type of material):

N/A



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

Attachment A

Supplies (list supplies/equipment):

Lunch and refreshments for 700 attendees (youth, volunteers, and service providers) = \$4,575.00
650 T-Shirts with the Youth Summit imprint & logo and sponsors' logos = \$4,387.60

The committee will explore other alternatives for the payment of the drawstring bags (hold resource information/material) = \$1,150.18

The committee will explore other alternatives for the rental of tables and chairs = \$500.00

Travel (individuals traveling, destination and purpose):

Assist local agencies with gas allowance for the transporting of youth from the Glades area = \$300.00

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

N/A

Miscellaneous Expense (specify items):

Purchase of items/supplies for the event such as paper goods as well as incentive raffle prizes for the youth attendees = \$237.40



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

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 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.

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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 No If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



**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 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)

SCOTT SCRIVNER
Name (please print)

DIRECTOR
Title (please print)

[Signature]
Signature

6/28/14
Date

NOTARY SECTION:

State of FL

County of PBC

The foregoing Agreement was acknowledged and subscribed before me this 28 day of

June, 20 14 by SCOTT SCRIVNER (name of individual) as

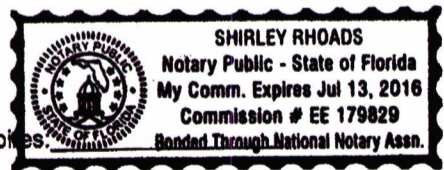
DIRECTOR (title) of Palm Beach County PAL (name of

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

_____ as identification.

[Signature]
Notary Public

My Commission Expires _____





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

Attachment A

APPLICATION

Organization Name: Palm Beach County Substance Abuse Coalition

FEID #: 80-0501520

Web Address: www.pbcscac.org

Address: 2300 High Ridge Road, Suite 365

STREET ADDRESS

Boynton Beach, FL 33426

CITY, STATE, ZIP

Executive Director: Jeff Kadel

NAME

SIGNATURE

561-374-7627

JeffKadel@pbcsac.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Palm Beach County Substance Abuse Coalition

NAME

SIGNATURE

561-374-7627

JeffKadel@pbcsac.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: 6/28/16

DATE



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

Attachment A

Organization Name: Palm Beach County Substance Abuse Coalition

LETF Funding Request (**MUST** match total on Financial Application): \$3,000.00

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

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

The PBCSAC, partners with the PBCSD, Allstate, Rotary Club of Wellington & Delray Beach, South FL Fair, Hanley Center Foundation, MADD, and PBSO, will host the annual county-wide Alcohol Prevention Poster Contest. Students in grades K-12 are invited to create an underage drinking prevention poster for school buses. Seven winners will be honored at a community event before the posters are placed on the district's 1,000 school buses and viewed by 60,000 daily school bus riders daily. Over 300 of the top entries are displayed at the South FL Fair exhibit in January 2017. The anti-alcohol message will be further extended to the community through www.pbcBusPoster.org, media coverage, & during the online voting period.

What results are you committed to achieving?

As a result of this project, each year, over 60,000 Palm Beach County students and a minimum of 10,000 area adults will be educated on the risks and dangers of underage drinking. This knowledge will in turn help to: (1) Increase the number of youth who report they are alcohol free. (2) Increase the number of youth who believe that alcohol use is harmful to their health. (3) Increase the number of youth disapproving of alcohol use. (4) Increase the number of parents and caregivers who believe giving alcohol to those underage is harmful to their health.



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

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	\$8,550.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$1,500.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$525.00	\$0.00	0.00%
5.	Telephone	\$180.00	\$0.00	0.00%
6.	Postage/Shipping	\$29.40	\$29.40	100.00%
7.	Printing & Publications	\$1,765.67	\$1,765.67	100.00%
8.	Supplies	\$500.00	\$325.00	65.00%
9.	Travel	\$100.00	\$0.00	0.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$1,745.60	\$879.93	50.41%
	Total Expenses	\$14,895.67	\$3,000.00	20.14%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

NA - This application is not requesting personal pay support. Alexa Lee and Lavidah Johnson from PBCSAC are the primary staff that coordinate the project. They are supported by Bito David; Shane Searchwell and Alexander Toros from the School District; Tom Carreras from the Rotary Club of Wellington; Ryan Wertepny from Hanley Center Foundation; and Paige Poole from South Florida Fair.

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

NA

Occupancy/Utilities (list utilities):

NA - This application is not requesting fund support with utilities. Office space, electric and internet utilities used to complete the program are in kind from PBCSAC.

Telephone (provide telephone numbers):

NA - This application is not requesting fund support with utilities. The primary numbers used for this program include PBCSAC's office line: 561-374-7627 and Alexa Lee's cell phone: 561-301-9975.

Printing & Publications (list type of material):

\$1,753.56: - Print (2,500) 5" x 8" full-color bleed decals of the winning posters to go on the inside of all Palm Beach County School District buses. Print (64) 15" x 24" posters for each winner's school, a full set of seven posters for each winner, and additional ones for other local schools and community centers. Print (250) 11x18 posters to advertise the contest to schools and the community.



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

Attachment A

Supplies (list supplies/equipment):

\$325 -300 matte papers and labels, sticky tack, and 7 ribbons are used to create the South FL Fair display. About 3 reams of colored paper are used to send certificates to each participant and manila envelopes are used to pony the certificates. Award certificates and frames are needed for top winners and sponsors. Invitations and envelopes are used to mail to the school and award winners. Replacement for lost or damaged supplies from the year prior are purchased which may be paint and plywood.

Travel (individuals traveling, destination and purpose):

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

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

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

Miscellaneous Expense (specify items):

\$745.60 awards (includes \$100 gift cards for each of the top six winners: two elementary school, two middle school and two high school students) and two incentive drawing gift cards at \$50 to increase participation. Other organizations have provided funds for food and rental fees for the Awards Ceremony.



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

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 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 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, been enjoined from violating any law relating to a charitable solicitation? Yes No If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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

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

NA

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

Jeff Kadel

Executive Director

Name (please print)

Title (please print)

Signature

Date

6/30/16

NOTARY SECTION:

State of Florida

County of Palm Beach

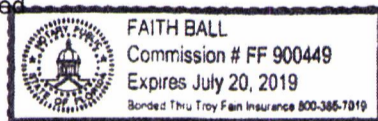
The foregoing Agreement was acknowledged and subscribed before me this 30th day of

June, 2016 by JEFF KADEL (name of individual) as

Executive Director (title) of PBCSAC (name of

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

_____ as identification.



Notary Public

My Commission Expires: 7/20/19



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

Attachment A

APPLICATION

Organization Name: Sunset House Inc

FEID #: 65-0695313

Web Address: www.sunsetrecovery.org

Address: 8800 Sunset Dr.
STREET ADDRESS
Palm Beach Gardens, FL 33410
CITY, STATE, ZIP

Executive Director: Michael Gordon

NAME

SIGNATURE

561-627-9701 ext 102

mgordon@sunsetrecovery.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Stephen Denny

NAME

SIGNATURE

561-628-2439

stephen@ahsreality.net

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

6/29/14

DATE



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

Attachment A

Organization Name: Sunset House Inc

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

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

- Crime Prevention Program
- Drug Abuse Education
- Drug Prevention Program
- Drug Treatment Program
- Safe Neighborhood
- School Resource Officers

Organization Purpose:

Sunset House Is a 501 (c) 3 DCF licensed level IV agency dedicated to helping men who wish to recover from chemical and/or alcohol dependency. We believe all men can achieve lasting recovery if they are given the proper tools and education.

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

Sunset House is requesting funding for our Clinical Director to sufficiently serve our clients.

The Clinical Director performs the following objectives/activities:

1. Maintains compliance with all government guidelines for counseling services.
2. Continuous development of clinical services.
3. Maintains an informed and well-trained staff.
4. Developes and maintains the clinical services of the organization, emphasizing quality, continuous improvement, and objective-based performance for all counselors.

What results are you committed to achieving?

The following results will be achieved by retaining this position.

1. Weekly clinical staff meetings.
2. Monitoring weekly progress of each client.
3. Documentation of client files.
 - a. Regular psychosocial assessments.
 - b. Treatment plans implemented.
 - c. Discharges and referrals executed.
4. Oversight of spirituality group.
5. Clinical supervision of staff.



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

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	\$313,473.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$39,650.00		0.00%
3.	Professional Fees	\$64,604.00	\$15,000.00	23.22%
4.	Occupancy/Utilities	\$174,849.00		0.00%
5.	Telephone	\$11,095.00		0.00%
6.	Postage/Shipping	\$580.00		0.00%
7.	Printing & Publications	\$5,774.00		0.00%
8.	Supplies	\$4,834.00		0.00%
9.	Travel	\$0.00		0.00%
10.	Meetings	\$3,645.00		0.00%
11.	Miscellaneous Expenses	\$68,391.00		0.00%
	Total Expenses	\$686,895.00	\$15,000.00	2.18%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Michael Gordon - \$65,000
Darren Platt - \$42,500
Veronica Tsai - \$44,500
David Breen - \$31,000
Administrative Assistant and Residential Managers - \$130,473

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

Ryan Potter, LCSW, MCAP - Clinical Director
Bridgette Hampton, MD - Medical Director
Robert Mahoney, CPA - Accountant
Square Space - Website Hosting
Paychex - Payroll Services

Occupancy/Utilities (list utilities):

Household expenses, client food vouchers, mortgage, interest, property taxes, direct tv, FPL, maintenance and repairs, general liability, property insurance and depreciation.

Telephone (provide telephone numbers):

Office and Staff Number:
561-827-7401, 561-827-7404, 561-827-7405, 561-627-9701, 561-627-3902
Residential Housing Number:
561-207-7747, 561-207-7748, 561-207-7749, 561-207-7750, 561-207-7751, 561-207-7752,
561-207-7753

Printing & Publications (list type of material):

Printing of the Golf Journal, Letterhead, Envelopes, Advertising and Marketing Brouchures, Xerox Lease.



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

Attachment A

Supplies (list supplies/equipment):

Office Expenses

Travel (individuals traveling, destination and purpose):

N/A

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

Michael Gordon, Executive Director

Program Director

Conferences for marketing the Sunset House Program

Miscellaneous Expense (specify items):

Client fees and security deposit refunds, consulting fees, auto expenses, program expenses, food, fundraising expenses, independent contractors, golf tournament expenses.



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

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 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.

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

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)

Michael Gordon
Name (please print)

Executive Director
Title (please print)

[Signature]
Signature

6/29/2016
Date

NOTARY SECTION:

State of FLORIDA
County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me this 29 day of

June, 2016 by Michael Gordon (name of individual) as
Director (title) of Sunset House Inc.

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

FL Drivers Lic as identification.

[Signature]
Notary Public

My Commission Expires: 10/5/2019

