PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Agenda Item No. 3 DD-1

Meeting Date: Au	uquet 15 2017	Γ., ٦	0				
mooring Dute. At	ugust 10, 2017	[×]	Consent	L	1	Regular	
Department: Submitted By: Submitted For:	<u>Palm Beach C</u> Palm Beach C			1]	Public Hearing	

EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$183,000 from the Law Enforcement Trust Fund (LETF) to the Palm Beach County Sheriff's Office (PBSO).

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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 \$1,136,220. The funds requested are to aid PBSO and qualified organizations that meet the requirements set forth in F.S. 932.7055. Use of LETF requires approval by the Board, upon request of the Sheriff. The current State LETF balance is \$1,684,130. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$1,501,130. 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
Center For Child Counseling, Inc.	\$5,000
Child Rescue Coalition, Inc.	\$20,000
Clinics Can Help, Inc.	\$18,000
Crime Stoppers of Palm Beach County, Inc.	
Girls Scouts of Southeast Florida, Inc.	\$25,000
HACER Ministry Corp	\$10,000
Hanley Center Foundation, Inc.	\$20,000
KidSanctuary Campus, Inc.	\$5,000
Mental Health Association of Palm Beach County, Inc.	\$10,000
National Center for Missing and Exploited Children, Inc.	\$10,000
Palm Beach County Shoriffo Foundation, Inc.	\$10,000
Palm Beach County Sheriff's Foundation, Inc. (Explorers Program)	\$25,000
West Palm Beach Library Foundation, Inc.	\$25,000
Total Amount	\$183,000

(Continued on Page 3)

Attachments:

- 1. Budget Transfer
- 2. LETF Donation Applications (12)

RECOMMENDED BY:

DEPARTMENT DIRECTOR

APPROVED BY:

COUNTY ADMINISTRATOR

DATE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2017	2018	2019	2020	2021
Operating Costs	\$183,000				
External Revenues Program Income (County)	(\$183,000)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curren	t Budget: YES		NO <u>X</u>	<u></u>	
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:

Contract Admini ration Legal Sufficiency: Assistant County Attorney

C. Other Department Review:

Β.

Department Director

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

(Continued from Page 1)

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

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1 pages

FUND 1151 LAW ENFORCEMENT TRUST FUND

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
Expenditures								
<u>Transfers</u> 160-1690-9498	Trfr to PBSO Fd 1902	0	1,388,392	183,000	0	1,571,392		
<u>Reserves - New Projec</u> 160-9900-9902	<u>cts</u> Reserves - Operating Reserves	2,575,972	1,684,130	0	183,000	1,501,130		
	TOTAL FUND			\$183,000	\$183,000		-	
			/				_	
Palm Beach County	Sheriff's Office	Signatures	/	Date				nty Commissioners August 15, 2017
	MENT/DIVISION							
Administration/Budg	jet Department Approval	g.					Deputy Clerk to t Board of County	

OFMB Department - Posted

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

APPLICATION
Organization Name: Center for Child Counseling, Inc.

Attachment A

FEID #: 65-0932032

Web Address:

Address:

7731 N. Military Trail, Suite 4

STREET ADDRESS

Palm Beach Gardens, FL 33410 CITY, STATE, ZIP

www.centerforchildcounseling.org

Executive Director:

Renee Layman, LMHC

SIGNATURE

561-244-9499

TELEPHONE NUMBER

renee@centerforchildcounseling.org E-MAIL ADDRESS

Fiscal Agent:

NAME

SIGNATURE

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

Revised 10/2016



Organization Name: Center for Child Counseling, Inc.

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

\$5,000.00

Attachment A

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The Center for Child Counseling is building the foundation for playful, healthful, and hopeful living for children and families in Palm Beach County through an array of prevention, early intervention, and treatment programs for children and families impacted by abuse, violence, and trauma.

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

The foundation of Center for Child Counseling's Childcare and Community Social-Emotional Wellness (CCSEW) Program is stopping the intergenerational cycle of abuse and violence and detecting social-emotional and behavioral health concerns early in their course, minimizing the effects on quality of life. Throughout Beach County, the program provides multilayered prevention, early intervention, and targeted interventions for children at-risk for or struggling with social-emotional difficulties related to abuse, violence, and other forms of toxic stress that impact healthy development. Activities include parent workshops, child and family counseling, and community-wide education for professionals on the impact of violence and utilization of trauma-informed strategies.

What results are you committed to achieving?

We recognize the importance of providing effective and efficient services to clients by utilizing an outcome-based process of service delivery. Long-term program outcomes include 1) increasing child and caregiver resiliency and emotional health 2) Promoting child-caregiver attachment and 3) increasing use of positive caregiving strategies. Child-level outcomes are based on best practice assessments which measure changes in a child's resiliency and protective factors. Higher resiliency and protective scores correlate with higher academic achievement, language skills, school readiness, social skills, and relationship skills. These children avoid expulsion, mental health, behavioral problems, and parental stress. These outcomes correlate with prosocial behaviors across the lifespan, including decreased delinquency and crime.

Revised 10/2016

Center for Child Counseling, Inc.



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

FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2017	To:	June 30, 2018
()) = (0 m 2 1 2011	10,	June 30, 2018

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$264,250.00		1.89%
2.	Employee Benefits/Payroll Taxes	\$47;656.00)	0.00%
3.	Professional Fees	\$0.00)	0.00%
4.	Occupancy/Utilities	\$11,300.00		0.00%
5.	Telephone	\$1,880.00)	0.00%
6.	Postage/Shipping	\$400.00		0.00%
7.	Printing & Publications	\$1,150.00		0.00%
8.	Supplies	\$9,650.00		0.00%
9.	Travel	\$26,600.00		0.00%
10.	Meetings	\$500.00		0.00%
11.	Miscellaneous Expenses	\$1,500.00		0.00%
	Total Expenses	\$364,886.00	\$5,000.00	1.37%

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Center for Child Counseling, 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):

Salaries include Clinical Director (.40 of \$55,000); Senior Therapist @ \$45,000; and 5 therapists @ \$40,000. Requested \$5,000 to support therapist salary to provide parent/caregiver educational workshops, prevention activities for at-risk children, and early intervention for children with behavioral concerns. Target area is Riviera Beach - Bethune and Washington Elementary.

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

n/a

Occupancy/Utilities (list utilities):

Rent includes .25% of office space.

Telephone (provide telephone numbers):

Telephone includes landline and \$40 monthly reimbursement for cell phones for each staff.

Printing & Publications (list type of material):

Printing for workshops and educational materials, including parenting manual.

Revised 10/2016

Center for Child Counseling, Inc.

Supplies (list supplies/equipment):

Basic office supplies @ \$250 per month and therapeutic program supplies, including Trauma Kits and Play Therapy toys.

Travel (individuals traveling, destination and purpose):

Mileage reimbursement for staff, allowable at the federal rate. Services are available throughout Palm Beach County.

Meetings (attendees, purpose, items needed for meeting): Snacks for parent meetings to increase engagement.

Miscellaneous Expense (specify items): Background checks, etc.

Revised 10/2016

Center for Child Counseling, Inc.

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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 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 ☐ 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 I if yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 10/2016

Center for Child Counseling, Inc.

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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 granization which has been held to be tax exempt under the granization which has been held to be tax exempt under the granization which has been held to be tax exempt under the granization 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

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Renee Layman CEO Name (please print) Title (please print) 5 116 Signature NOTARY SECTION: RUDDER PEARCE Notary Public - State of Florida Florida State of My Comm. Expires Aug 14, 2018 Commission # FF 150910 nded Through National Notary Ass Beach Palm County of The foregoing Agreement was acknowledged and subscribed before me this <u>16</u> $\frac{16}{10}$ day of May 2017 by Renec Layman (name of individual) as president & CEO (title) of Center For child Counseling (name (name of organization/ agency), who is personally known to me or who produced FL ONIVER'S LICENSE ____ as identification.

Rudden Peace

Notary Public

My Commission Expires: 8/14/2018

Revised 10/2016

Center for Child Counseling, Inc.

7

Attachment A



	AFFLICATIO	
Organization Name:	Child Rescue Coalition, Inc.	
	FEID #:	
Web Address:	childrescuecoalition.org	
Address:	4530 Conference Way South	ו
	Boca Raton, FL 33431	
	CITY, STATE, ZIP	
Executive Director:	William Wiltse, President	
	NAME MARKENSK	
	SIGNATURE	
	561-988-4217	wwiltse@childrescuecoalition.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Eisaal Agant:	Nancy R. Wilcox	
Fiscal Agent:	-	•
	NAME Accury ()	Viecas
	SIGNATURE	
	561-988-4227	nwilcox@childrescuecoalition.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	5/17/2017	
	DATE	

APPLICATION

Revised 10/2016

Attachment A

1



Organization Name: Child Rescue Coalition, Inc.

LETF Funding Request (MUST match total on Financial Application): _____\$20,000.00

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:

Protect all children from sexual exploitation and abuse through technology innovation, law enforcement partnerships, and global collaborations. To date, we have helped law enforcement arrest over 8,700 child predators and rescue nearly 2,000 child victims.

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

We are seeking support for our two main core program areas: technology maintenance and ongoing support for Palm Beach County law enforcement and for our community outreach efforts via our Blankets & Bear Hugs care package program. Each area is directly relevant to the protection and well-being of our children in Palm Beach County. Part of this outreach program is community-based where we work with area companies who wish to do employee volunteer initiatives whereby their employees help us make care packages to provide law enforcement when they encounter child victims of sexual predators. The other program is core to our mission and will provide law enforcement investigators in PBC direct evidence of those predators who are downloading and sharing child abuse imagery in online chat rooms and peer to peer networks.

What results are you committed to achieving?

Child Rescue Coalition is committed to achieving continued success in our community outreach and technology program. In short, Child Rescue Coalition will continue to build upon its success in providing ongoing support and training for law enforcement investigators, forensic examiners and prosecutors on CRC's technology platform. This technology leads to increased arrests, prosecutions, and convictions of online child predators. In addition, CRC is equally committed to supporting child victims through our Blankets & Bear Hugs care package law enforcement program where packages are made by community supporters and corporate partners and provided to law enforcement to give to rescued children. This program provides improved community and law enforcement morale and helps build connection and heightened awareness to those in our coalition.

Revised 10/2016

Child Rescue 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	\$33,501.00	\$15,020.00	44.83%
2.	Employee Benefits/Payroll Taxes	\$7,370.00	\$3,304.00	44.83%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7	Printing & Publications	\$3,500.00	\$1,676.00	47.89%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$44,371.00	\$20,000.00	45.07%

Revised 10/2016

Child Rescue Coalition, Inc.



Budget Narrative

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

Salaries (lis	employees a	and individual	compensation):
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J. Fernandez R. Machorro J.B. Brockway N. Wilcox	\$200,000 x 8% = \$157,571 x 2% = \$95,000 x 5% = \$50,000 x 10% = \$115,000 x 4% =	> \$ \$ \$ \$ \$	16,000 3,151 4,750 5,000 4,600	LETF = LETF = LETF = LETF = LETF =	\$200,000 x 3% = \$157,571 x 1% = \$95,000 x 2% = \$50,000 x 6.488% = \$115,000 x 2% =	\$ \$ \$ \$ \$	6,000 1,576 1,900 3,244 2,300
N. WIICOX	\$115,000 x 4% ≈ Salaries Fringes	\$ \$ \$	4,600 33,501 7,370	LETF =	\$115,000 x 2% = Salaries Fringes	\$ \$	2,300 15,020 3,304

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material): CRC Awareness & Education Publicity - Total=\$3,500 LETF=\$1,676

Revised 10/2016

Child Rescue Coalition, Inc.



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

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 10/2016

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Child Rescue Coalition, 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 \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 rourd 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 10/2016

Child Rescue Coalition, Inc.

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 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)

Christopher A. Noe Name (please print Signature /

NOTARY SECTION:

State of Florida County of Pale Beach

VP of Strategic Development

Title (please print)

12/30/16

The foregoing Agreement was acknowledged and subscribed before me this <u>30th</u> day of <u>Nece</u> (name of individual) as <u>V.P. of Skretegic Developmentale</u>) of <u>Child Rescue Cechiker</u>, <u>Lac</u> (name of

as identification.

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

NANCY R WILCOX MY COMMISSION # FF918173 EXPIRES September 14, 2019 FloridaNotaryService.com

Notary Public

My Commission Expires: 9/11-4/19

Revised 10/2016

Child Rescue Coalition, Inc.



Attachment A

1

APPLICATION Organization Name: Child Rescue Coalition, Inc. FEID #: 45-5358378 childrescuecoalition.org Web Address: 4530 Conference Way South Address: STREET ADDRESS Boca Raton, FL 33431 CITY, STATE, ZIP William Wiltse, President **Executive Director:** NAME SIGNATURE wwiltse@childrescuecoalition.org 561-988-4217 TELEPHONE NUMBER E-MAIL ADDRESS Nancy R. Wilcox **Fiscal Agent:** NAME SIGNATURE 561-988-4227 nwilcox@childrescuecoalition.org TELEPHONE NUMBER E-MAIL ADDRESS 5/17/2017

Date:

DATE

Revised 10/2016



Organization Name:_____Child Rescue Coalition, Inc.

LETF Funding Request (MUST match total on Financial Application): ____\$20,000.00

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:

Protect all children from sexual exploitation and abuse through technology innovation, law enforcement partnerships, and global collaborations. To date, we have helped law enforcement arrest over 8,700 child predators and rescue nearly 2,000 child victims.

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

We are seeking support for our two main core program areas: technology maintenance and ongoing support for Palm Beach County law enforcement and for our community outreach efforts via our Blankets & Bear Hugs care package program. Each area is directly relevant to the protection and well-being of our children in Palm Beach County. Part of this outreach program is community-based where we work with area companies who wish to do employee volunteer initiatives whereby their employees help us make care packages to provide law enforcement when they encounter child victims of sexual predators. The other program is core to our mission and will provide law enforcement investigators in PBC direct evidence of those predators who are downloading and sharing child abuse imagery in online chat rooms and peer to peer networks.

What results are you committed to achieving?

Child Rescue Coalition is committed to achieving continued success in our community outreach and technology program. In short, Child Rescue Coalition will continue to build upon its success in providing ongoing support and training for law enforcement investigators, forensic examiners and prosecutors on CRC's technology platform. This technology leads to increased arrests, prosecutions, and convictions of online child predators. In addition, CRC is equally committed to supporting child victims through our Blankets & Bear Hugs care package law enforcement program where packages are made by community supporters and corporate partners and provided to law enforcement to give to rescued children. This program provides improved community and law enforcement morale and helps build connection and heightened awareness to those in our coalition.

Revised 10/2016

Child Rescue Coalition, Inc.



FINANCIAL APPLICATION

Perio	d Covered (one year)	From:	July 1, 2017	To: June 3	0, 2018
No.	Expense		Program Total	LETF Request	LETF
1.	Salaries		\$33,501.00	\$15,020.00	44.83%

1.	Salaries	+		
2.	Employee Benefits/Payroll Taxes	\$7,370.00	\$3,304.00	44.83%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$3,500.00	\$1,676.00	47.89%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$44,371.00	\$20,000.00	45.07%

Revised 10/2016

Child Rescue 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)	Salaries	list employees	s and individual	compensation):
-------------------------------------------------------	----------	----------------	------------------	----------------

W. Wiltse J. Fernandez R. Machorro J.B. Brockway N. Wilcox	\$200,000 x 8% = \$157,571 x 2% = \$95,000 x 5% = \$50,000 x 10% = \$115,000 x 4% =	\$ \$ \$ \$	16,000 3,151 4,750 5,000 4,600	LETF = LETF = LETF = LETF = LETF =	\$200,000 x 3% = \$157,571 x 1% = \$95,000 x 2% = \$50,000 x 6.488% = \$115,000 x 2% =	\$ \$ \$ \$	6,000 1,576 1,900 3,244 2,300
	Salaries Fringes	\$ \$	33,501 7,370		Salaries Fringes	\$	15,020 3,304

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material): CRC Awareness & Education Publicity - Total=\$3,500 LETF=\$1,676

Revised 10/2016

Child Rescue Coalition, Inc.



Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 10/2016

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Child Rescue Coalition, 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 I 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 Nor 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 \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 10/2016

Child Rescue Coalition, Inc.

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 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)

Christopher A. Noe

Namé (please print Signature

NOTARY SECTION:

State of Florida County of Pale Beach

VP of Strategic Development

Title (please print)

12/30/16

The foregoing Agreement was acknowledged and subscribed before me this <u>30th</u> day of <u>December</u>, 20<u>16</u> by <u>Christophen A. Noe</u> (name of individual) as <u>V.P. of Strategic Archippuce</u>(title) of <u>Child Cescue Cheliken</u>, <u>Lac</u> (name of

as identification.

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

Notary Public

My Commission Expires: _______

Revised 10/2016

Child Rescue Coalition, Inc.

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NANCY R WILCOX MY COMMISSION # FF918173

EXPIRES September 14, 2019 FioridaNotaryService.com

Attachment A

APPLICATION					
Organization Name:	Child Rescue Coalition, Inc.				
	FEID #:				
Web Address:	childrescuecoalition.org				
Address:	4530 Conference Way Sc Street ADDRESS	uth			
	Boca Raton, FL 33431				
	CITY, STATE, ZIP				
Executive Director:	William Wiltse, President				
	NAME Miller M	to .			
	SIGNATURE 561-988-4217	wwiltse@childrescuecoalition.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Nancy R. Wilcox				
	NAME Access C	Wiecon			
	SIGNATURE	· · · · · · · · · · · · · · · · · · ·			
	561-988-4227	nwilcox@childrescuecoalition.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	5/17/2017				
	DATE				

Revised 10/2016



Organization Name: Child Rescue Coalition, Inc.

LETF Funding Request (MUST match total on Financial Application): _____\$20,000.00

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:

Protect all children from sexual exploitation and abuse through technology innovation, law enforcement partnerships, and global collaborations. To date, we have helped law enforcement arrest over 8,700 child predators and rescue nearly 2,000 child victims.

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

We are seeking support for our two main core program areas: technology maintenance and ongoing support for Palm Beach County law enforcement and for our community outreach efforts via our Blankets & Bear Hugs care package program. Each area is directly relevant to the protection and well-being of our children in Palm Beach County. Part of this outreach program is community-based where we work with area companies who wish to do employee volunteer initiatives whereby their employees help us make care packages to provide law enforcement when they encounter child victims of sexual predators. The other program is core to our mission and will provide law enforcement investigators in PBC direct evidence of those predators who are downloading and sharing child abuse imagery in online chat rooms and peer to peer networks.

What results are you committed to achieving?

Child Rescue Coalition is committed to achieving continued success in our community outreach and technology program. In short, Child Rescue Coalition will continue to build upon its success in providing ongoing support and training for law enforcement investigators, forensic examiners and prosecutors on CRC's technology platform. This technology leads to increased arrests, prosecutions, and convictions of online child predators. In addition, CRC is equally committed to supporting child victims through our Blankets & Bear Hugs care package law enforcement program where packages are made by community supporters and corporate partners and provided to law enforcement to give to rescued children. This program provides improved community and law enforcement morale and helps build connection and heightened awareness to those in our coalition.

Revised 10/2016

Child Rescue Coalition, Inc.



FINANCIAL APPLICATION

Peric	Period Covered (one year) From: July 1, 2017 To: June 30, 2018						
No.	Expense	Program Total	LETF Request	LETF			
1.	Salaries	\$33,501.00	\$15,020.00	44.83%			
2.	Employee Benefits/Payroll Taxes	\$7,370.00	\$3,304.00	44.83%			
3.	Professional Fees			0.00%			
4.	Occupancy/Utilities			0.00%			
_5.	Telephone	-, (10. J		0.00%			
6.	Postage/Shipping			0.00%			
7.	Printing & Publications	\$3,500.00	\$1,676.00	47.89%			
8.	Supplies			0.00%			
9.	Travel			0.00%			
10.	Meetings			0.00%			
11.	Miscellaneous Expenses			0.00%			
	Total Expenses	\$44,371.00	\$20,000.00	45.07%			

Revised 10/2016

Child Rescue Coalition, Inc.

Budget Narrative

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

W. Wiltse J. Fernandez R. Machorro J.B. Brockway N. Wilcox	\$200,000 x 8% = \$157,571 x 2% = \$95,000 x 5% = \$50,000 x 10% = \$115.000 x 4% =	\$ \$ \$ \$	16,000 3,151 4,750 5,000 4,600	LETF = LETF = LETF = LETF =	\$200,000 x 3% ≃ \$157,571 x 1% = \$95,000 x 2% = \$50,000 x 6.488% =	\$ \$ \$ \$	6,000 1,576 1,900 3,244
	•	\$ \$					
	Salaries Fringes	\$ \$	33,501 7,370		Salaries Fringes	\$ \$	15,020 3,304

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material): CRC Awareness & Education Publicity - Total=\$3,500 LETF=\$1,676

Revised 10/2016

Child Rescue Coalition, Inc.



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

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 10/2016

Child Rescue Coalition, 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 \square No \checkmark 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 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 10/2016

Child Rescue Coalition, Inc.



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 State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

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

Christopher A. Noe

Name (please print Signature -

NOTARY SECTION:

State of Florida County of Palme Beach

VP of Strategic Development

Title (please print)

12/30/16

The foregoing Agreement was acknowledged and subscribed before me this <u>30⁴⁴</u> day of <u>Necessadores</u>, 20<u>16</u> by <u>Ckristophen A. Noc</u> (name of individual) as <u>V. P. of Skretegic Acceleptication</u> of <u>Child Rescue Checkities</u>, <u>Lec</u> (name of

as identification.

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

NANCY R WILCOX MY COMMISSION # FF918173 EXPIRES September 14, 2019 Fiorid

Notary Public

My Commission Expires: _______

Revised 10/2016

Child Rescue Coalition, Inc.

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



APPLICATION

Organization Name:	Clinics Can Help				
-	FEID #:				
Web Address:	www.clinicscanhelp.org				
Address:	2560 Westgate Avenue				
	STREET ADDRESS				
	West Palm Beach, Florida, 33	3410			
	CITY, STATE, ZIP				
Executive Director:	Owen O'Neill	\sim			
		Nell			
	SIGNATURE	C.			
	(561) 640-2995	Owen@clinicscanhelp.org			
	TELEPHONENUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Sherry Eastwood				
	NAME	N .			
	Sheery Ee	Local			
	SIGNATURE				
	(561) 602-3440	SherryEast@comcast.net			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	February 20, 2017				
	Date				

Revised 10/2016



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

		Clinics	Can Help	
Organization	Name:			

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?

Crime Prevention Program

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Clinics Can Help (CCH) has a mission to collect and donate medical equipment and supplies for children and adults in need in Palm Beach County.

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

Annually hundreds of families in local PBC communities find they have no crib in which to put their newborns to sleep. Regretfully this has caused serious injuries for some newborns who roll off of adult beds or couches and even has resulted in deaths for some of those newborns. Several years ago in response to this, Clinics Can Help (CCH), taking the lead and working in partnership with the Florida Department of Children and Families (DCF) initiated the CRIBS Project.

CCH is requesting support from the Palm Beach County Sherriff's Office LETF to buy portable cribs as they provide safe spaces for babies to sleep in but also serve as equipment which eliminates injuries and actually saves lives. We will also provide multilingual educational information for the families receiving the cribs on how to put newborns and infants to sleep safely.

What results are you committed to achieving?

1. 277 cribs will be provided to families who cannot afford to purchase a crib for their newborn or infant.

2. 100% of the families who use these cribs will learn how to put their newborns to bed safely.

3. All families will minimize the chances of injures as a result of the use of these cribs.

4. Deaths of infants under the age of 1 due to not having safe places to sleep and which had been the number one reason for infant deaths in 2011, will be eliminated by those who are trained how to put their newborns to sleep and also receive these cribs.

Revised 10/2016

Clinics Can Help

June 30, 2018

To:



Period Covered (one year)

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

FINANCIAL APPLICATION

July 1, 2017

From:

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$2,651.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$477.00	\$0.00	0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%

4.	Occupancy/Utilities			
5.	Telephone	\$60.00	\$0.00	0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$125.00	\$0.00	0.00%
8.	Supplies	\$18,000.00	\$18,000.00	100.00%
9.	Travel		£	0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$21,313.00	\$18,000.00	84.46%

Revised 10/2016

5/2017



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):

Maureen Ashe, Director of Operations and The CRIBS Project: \$1,053 (30 hours) Owen O'Neill, Executive Director: \$1342 (30 hours) Money for salaries to be raised by a fundraiser

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers): Office Phone (561) 640-2995 Office Fax (561) 640-1881 Money for Utilities to be raised by a fund raiser.

Printing & Publications (list type of material): Brochures on the CRIBS Project. Flyers and Educational Material on safe sleeping. Money for printing to be raised by a fund raiser.

Revised 10/2016

5/2017

Attachment A



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

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 10/2016

5/2017

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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 V 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 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 \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 10/2016

Clinics Can Help

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 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)

Owen O'Neill

Name (please print) Signature

NOTARY SECTION:

State of Florida

County of Palm Brach

Executive Director

Title (please print)

2/20/2017

The foregoing Agreement was acknowledged and subscribed before me this <u>20</u> day of <u>February</u>, 20<u>17</u> by <u>Owen O'Neill</u> (name of individual) as <u>Executive Divector</u> (title) of <u>Clinics Can Help</u> (name of

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

_____as identification.

is Karanael Notary Public

My Commission Expires: Marcin 24,2017

Revised 10/2016

Clinics Can Help

ERIN KAVANAGH Notary Public - State of Florida

My Comm Expires Mar 26, 2017 Commission # FF 156871 Bonded through National Notary Assn.



Organization Name: Crime Stoppers of Palm Beach County FEID #: 59-2112742 www.crimestopperspbc.com & www.studentcrimestoppers.com Web Address: P.O. Box 6245 Address: STREET ADDRESS West Palm Beach, FL 33405 CITY, STATE, ZIP Heidi Schalk **Executive Director:** NAME chall SIGNATURE 561-385-1500 hjlupi@aol.com TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** Anthony Genovese NAME 8 ks SIGNATURE 561-512-9689 agnypd95@yahoo.com TELEPHONE NUMBER E-MAIL ADDRESS 12/16/16 DATE

Revised 10/2016

Date:

APPLICATION



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:

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

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

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

What results are you committed to achieving?

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

Revised 10/2016

Crime Stoppers of Palm Beach County

Attachment A



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

FINANCIAL APPLICATION

Perio	d Covered (one year) From:	July 1, 2017	To: June 3	0, 2018
No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$42,000.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$10,598.00		0.00%
3.	Professional Fees	\$9,000.00		0.00%
4.	Occupancy/Utilities	\$3,000.00		0.00%
5.	Telephone	\$15,000.00	\$5,000.00	33.33%
6.	Postage/Shipping	\$1,200.00		0.00%
7.	Printing & Publications	\$90,000.00	\$15,500.00	17.22%
8.	Supplies	\$7,800.00		0.00%
9.	Travel	\$9,200.00		0.00%
10.	Meetings	\$1,200.00		0.00%
11.	Miscellaneous Expenses	\$18,065.00	\$4,500.00	24.91%
	Total Expenses	\$207,063.00	\$25,000.00	12.07%



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):

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

Printing & Publications (list type of material):

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

Revised 10/2016

Crime Stoppers of Palm Beach County



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

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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

Revised 10/2016

Crime Stoppers of Palm Beach County



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 \square No \checkmark If yes, please provide the reasons for such denial, suspension, or revocation

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Revised 10/2016

Crime Stoppers of Palm Beach County



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

Anthony Genovese President Name (please print) Title (please print) 12/14/16 Date Signature / NOTARY SECTION: State of Florida County of Palm Blach (title) of CV IME Shipper's President (name of organization/ agency), who is personally known to me or who produced JESSICA SHEEHAN DL #G512-010-43-284=Sidentification. MY COMMISSION # FF 911634 EXPIRES: July 21, 2017 ded Thru Notary I My Commission Expires: July 21, 2017 ary Public

Revised 10/2016

Crime Stoppers of Palm Beach County



APPLICATION				
Organization Name:	Girl Scouts of Sc	outheast Florida		
	FEID #:	0657327		
Web Address:	www.gssef.or	g		
Address:	1224 W. India	antown Rd.	i	
	STREET ADDRESS	3458		
	CITY, STATE, ZIP			
Executive Director:	Lisa Y. Johns	on		
	NAME HJ	ay. Johns		
	SIGNATURE			
	561-427-017	5	ljohnson@gssef.org	
	TELEPHONE NU	MBER	E-MAIL ADDRESS	
Fiscal Agent:	Jeffrey J. Van	ier		
	Augu	Mania		
	561-427-0195	5	jvanier@gssef.org	

Date:

12/12/14 DATE ----

TELEPHONE NUMBER

Revised 10/2016

1

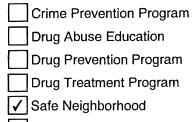
E-MAIL ADDRESS



Organization Name: Girl Scouts of Southeast Florida

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

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



School Resource Officers

Organization Purpose:

Our mission: Girl Scouting builds girls of courage, confidence, and character who make the world a better place. Girl Scouts of Southeast Florida is focused on providing leadership opportunities for girls that will help them develop skills and values that will serve them all their lives.

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

Chief among the threats facing girls today is relational aggression - the subtle, emotional form of bullying experienced most intensely by middle school girls, yet not adequately addressed by current interventions. To foster skills needed to reduce relational aggression among girls, Girl Scouts created BFF (Be a Friend First) in 2012. Current funding will allow us to serve 50 girls at Lake Worth Middle School and L.C. Swain Middle School. In 2017-18, GSSEF proposes to deliver the evidence-based BFF intervention program to 150 girls in grades 6-8 by partnering with at least 2 youth development organizations and/or Title I Middle Schools in Palm Beach County. Six sessions include hands-on activities, group discussions, role-play exercises, and creative self-expression.

What results are you committed to achieving?

In replicating BFF, GSSEF anticipates that results will align with those achieved by the formal evaluation of BFF in 2013. As such, the majority of girls (65% or more) participating in BFF will demonstrate a stronger awareness and understanding of bullying behaviors and gain important leadership and resolution skills. These competencies will support girls in modeling pro-social behavior and educating and inspiring others to act. As a result, girls completing BFF will ultimately help prevent bullying in their schools, homes, and communities, resulting in increased safety within each of these arenas. All 150 girls will become Girl Scouts and be encouraged to attend year-round programs offered by GSSEF.

Revised 10/2016

Girl Scouts of Southeast Florida



FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2017	То:	June 30, 2018
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$4,764.00	\$4,764.00	100.00%
2.	Employee Benefits/Payroll Taxes	\$1,136.00	\$1,136.00	100.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$0.00	\$0.00	0.00%
8.	Supplies	\$1,700.00	\$1,700.00	100.00%
9.	Travel	\$400.00	\$400.00	100.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$2,000.00	\$2,000.00	100.00%
	Total Expenses	\$10,000.00	\$10,000.00	100.00%



Budget Narrative

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

Salaries (list employees and individual compensation):

\$2,640 -Percentage of Full time staff - Recruitment/ Program Delivery & Supervision / Grant Administration / Finance

\$2,124 - \$18.00/hour x 3hours x 6 series x 6 weeks. 10 additional hours for pre- and post-evaluations.

\$1,136 - Employer paid payroll taxes, contribution to pension plan, health plans, workers compensation, FL unemployment tax

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Supplies (list supplies/equipment):

\$1,150 - \$23 per girl - \$12 per book set and \$11 per girl for other supplies to be used in the workshops

\$550 - \$11 per girl. Healthy snacks including drinks to be served

Travel (individuals traveling, destination and purpose):

Travel reimbursement - for staff to travel to and from program sites throughout Palm Beach County

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

Miscellaneous Expense (specify items):

Registration dues @\$40 per girl for 50 girls (2018 Membership) \$2,000.00



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 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 10/2016

Girl Scouts of Southeast Florida



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 granization 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

N/A

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

Sara Nunez

Name (please print) nature

NOTARY SECTION:

State of Flovida County of Palm Beach

Vice President of Philanthropy

Title (please print)

12/12/14

The foregoing Agreement was acknowledged and subscribed before me this 12^{H} day of Perember, 20 16 by Sava Nunez (name of individual) as Vice President of Philappin (title) of GivI Scouts of SE Floridaname of

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

Leich Amanda Hinson

FL DLICEMSE as identification.

Muruda lot ry Public

My Commission Expires: 952019

Revised 10/2016

STATE OF FLORIDA Girl Scouts of Southeast Florida Comm# FF907345 Expires 8/5/2019

7

Attachment A

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

	APPLICATION	
Organization Name:	H.A.C.E.R. Ministry Corp.	
	FEID #:	
Web Address:	www.hacerus.org	
Address:	2727 Georgia Avenue	
	STREET ADDRESS	
	West Palm Beach, FL 33405	
	City, State, Zip	
Executive Director:	Dr. Harry Bayron, M.D.	
	NAME	
	SIGNATURE	
	561-692-3772	harry@hacerus.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Not Applicable	
	NAME	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	12/28/2016	
	DATE	
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and a second second



Organization Name:______

LETF Funding Request (MUST match total on Financial Application): \$20,000.00

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:

Our mission is to empower our community to take ownership of their present, so they can conquer their future. We offer a variety of educational tools such as health, housing, and finance education services, as well as reading and writing workshops.

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

H.A.C.E.R will involve the Palm Beach County Sheriff's office in community outreach activities in the 33405 zip code by providing ongoing interaction with the Hispanic Community. Officers contact information will be disseminated widely. These outreach activities will include access to residents at H.A.C.E.R.'s bi-weekly Food Pantry distributions; the Thanksgiving Celebration, health fairs and more. H.A.C.E.R. will purchase 1,000 coloring books entitled "Friendly Police Officers are My Heroes" with PBSO contact information printed on the cover, and crime prevention flyers to be distributed at community events. Other activities to be funded include food pantry operations, food pantry inventory and fuel for the food truck

What results are you committed to achieving?

Create opportunities for relationships between immigrant community members and PBSO to help cultivate trust and understanding.

Raise awareness of crime prevention techniques, and how community embers can partner with PBSO to increase safety.

Provide food to low-income residents in need through the Food Pantry.

Revised 10/2016

H.A.C.E.R. Ministry Corp.





FINANCIAL APPLICATION

Period Covered (one year) From: Ju	uly 1, 2017	То:	June 30, 2018
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$19,000.00	\$1,400.00	7.37%
2.	Employee Benefits/Payroll Taxes	\$1,444.00		0.00%
3.	Professional Fees	\$15,350.00	\$4,100.00	26.71%
_4	Occupancy/Utilities	\$7,200.00		0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$2,270.00	\$2,270.00	100.00%
8.	Supplies	\$24,000.00	\$12,000.00	50.00%
9.	Travel	\$2,600.00	\$230.00	8.85%
10.	Meetings	\$450.00	\$200.00	44.44%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$72,314.00	\$20,000.00	27.66%



Budget Narrative

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

Salaries (list employees and individual compensation):

Program Coordinator \$6,000 Coordinates food pantry operations with volunteer support. Works directly with PBSO to implement program. Director of Volunteers; Recruiter of Volunteers; I.T. Services - \$13,000

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

Program and fundraising consultant - \$6,000 Accounting and Tax Preparation - \$5,850 Software Programmer - \$500 M.D. Consultant - \$3,000

Occupancy/Utilities (list utilities):

Facility Rental Electricity

Telephone (provide telephone numbers): Not applicable

Printing & Publications (list type of material): Friendly Police Officers are My Heroes'' Coloring Books - \$2,270 Crime Prevention Flyers



Supplies (list supplies/equipment):

Food for Pantry and Thanksgiving event Office Supplies Program Supplies Maintenance Supplies

Travel (individuals traveling, destination and purpose):

Fuel for the Food Pantry truck to pick up food from the food banks and deliver it to the distribution site. Staff and insured volunteers perform the travel D & O /Liability insurance Vehicle maintenance Vehicle tag

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

Miscellaneous Expense (specify items):



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

Revised 10/2016

H,A.C.E.R. Ministry Corp.



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

Dr. Harry Bayron, M.D.	C.E.O.
Name (please print)	Title (please print)
Signature	$\frac{12}{29/20/4}$ Date
NOTARY SECTION:	
State of <u>FLORIDA</u>	
County of PALM BEACH	
The foregoing Agreement was acknowledged an Dec, 20_10 by Havry	
President (CCO (title) of	HACER Ministry (name of
organization/ agency), who is personally known	to me or who produced
FL DC as ide	AMES P GOMEZ Notary Public - State of Florida
James P Henrich	Commission # GG 022830 My Comm. Expires Aug 21, 2020 Bonded through National Notary Assn.
Notary Public	My Commission Expires: D8-21-2020
/	
Revised 10/2016	H.A.C.E.R. Ministry Corp. 7

Attachment A

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

APPLICATION

Organization Name: Hanley Center Foundation d/b/a Hanley Foundation

FEID #: 20-2871945

Web Address:

www.hanleyfoundation.org

Address:

700 South Dixie Highway, Suite 103

STREET ADDRESS

West Palm Beach, FL 33401

CITY, STATE, ZIP

Jan Cairnes

Executive Director:

NAME SIGNATURE

561-268-2350

TELEPHONE NUMBER

jan@hanleyfoundation.org E-MAIL ADDRESS

donna@hanleyfoundation.org

Fiscal Agent:

Donna Clark

NAME Clark nn SIGNATURE

561-268-2356

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

6/29/17

DATE

Revised 10/2016



Organization Name: Hanley Center Foundation d/b/a Hanley 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:

Hanley Center Foundation's prevention services mission is to raise awareness, educate and empower individuals and families, in cooperation with community partners, to prevent substance abuse and promote healthy lifestyles.

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

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

What results are you committed to achieving?

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

Revised 10/2016

Hanley Center Foundation d/b/a Hanley Foundation





FINANCIAL APPLICATION

Period Covered (one year)	From:	July 1, 2017	To:	June 30, 2018
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$50,121.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$16,037.91		0.00%
3.	Professional Fees	\$3,700.00		0.00%
4.	Occupancy/Utilities	\$11,030.07		0.00%
5.	Telephone	\$1,200.00		0.00%
6.	Postage/Shipping	. \$500.00		0.00%
7.	Printing & Publications	\$21,900.00	\$5,000.00	22.83%
8.	Supplies	\$900.00		0.00%
9.	Travel	\$1,034.63		0.00%
10.	Meetings	\$0:00	· · · · · · · · · · · · · · · · · · ·	0.00%
11.	Miscellaneous Expenses	\$18,008.94		0.00%
	Total Expenses	\$124,432.55	\$5,000.00	4.02%

Revised 10/2016

Hanley Center Foundation d/b/a Hanley Foundation



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):

Ryan Wertepny, Director, is responsible for monitoring the project and all related staff to the project. Ryan will provide training and monitoring for all project programs. Ashleigh Lentz, Prevention Coordinator is responsible for the implementation of all programs proposed in the schools and the community. Susan Wheeler, Administrative Assistant, will attend to administrative needs, tracking, documenting, and preparing program materials.

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

N/A

Occupancy/Utilities (list utilities):

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

Telephone (provide telephone numbers):

Cell phone stipends for project staff at \$50 per month: Ashleigh Lentz 407-454-1626 Ryan Wertepny 561-284-8992

Printing & Publications (list type of material):

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

Revised 10/2016

Hanley Center Foundation d/b/a Hanley Foundation



Supplies (list supplies/equipment):

Includes rental and materials for copy machine.

Travel (individuals traveling, destination and purpose):

Travel to all schools designated. Palm Beach County covers over 2,500 square miles and our proposal includes schools in all areas of the county - 2,325 miles @ 0.445 per mile = 1,034.63.

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

Miscellaneous Expense (specify items):

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

Revised 10/2016

Hanley Center Foundation d/b/a Hanley Foundation



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 $No[\sqrt{}]$ No v 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 \bigtriangledown 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 10/2016

Hanley Center Foundation d/b/a Hanley Foundation



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Florida Department of State, Division of Corporations

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

Jan Cairnes

Name (please print) Signature

NOTARY SECTION:

State of Florido Beach County of $\underline{P} \alpha$

Executive Director

Title (please print)

7/5/17

The foregoing Agreement was acknowledged and subscribed before me this 54 day of

by Jan airnes ___ (name of individual) as 20 1 Hanley Foundationname of rertan Executive (title) of ___

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

as identification.

Neovoi ary Public No

My Commission Expires:

SUSAN L. WHEELER **IISSION # GG11547** EXPIRES: June 15, 2021

Revised 10/2016

Hanley Center Foundation d/b/a Hanley Foundation

APPLICATION						
Organization Name:	KidSanctuary Campus, Inc.					
	FEID #: _	42-1764903				
Web Address:	kidsanctua	arycampus.org				
Address:	700 S. Dix	kie Highway, Suite 10	1			
	West Palm Beach, FL 34305					
		CITY, STATE, ZIP				
	,,-					
Executive Director.	Marlo S. Massey					
	Name Marlo Staney					
	SIGNATURE		0			
	(561) 653		marlo@kidsanctuarycampus.org			
,	TELEPHONE	ENUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Connie M. Frankino					
		(/	ukero .			
	SIGNATURE		interd .			
	(561) 653-	-	cmfrankino@comcast.net			
	TELEPHONE	ENUMBER	E-MAIL ADDRESS			
Date:	Decembe	r 16, 2016				
· · · ·	DATE		_			

Revised 10/2016



Organization Name:______KidSanctuary Campus, 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:

KidSanctuary Campus is a not for profit organization committed to providing a safe home and campus for children in Florida who have been removed from their current home, or living conditions, and placed in foster care due to abuse, abandonment and neglect.

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

Since 2009, KidSanctuary Campus has been a leader in our community with a strategically designed and specialized campus for children in foster care, offering 24 -hour care by licensed house parents in a loving environment that nurtures self-esteem, a sense of belonging and hope for a brighter future. Currently, the 10 acre campus offers safe homes for 18 children in foster care, ages 9 mos. to 18 yrs. old, with 2 homes for girls and 1 for boys. KidSanctuary Campus is preparing to break ground on a fourth home that will be designated for boys. Children may stay until they are adopted, reunified with their family or turn eighteen. In addition to the cottages, KidSanctuary Campus will be offering enrichment services to meet or exceed developmental standards through collaborative programs at the new enrichment center on the campus.

What results are you committed to achieving?

The construction of the new home for boys will fulfill critical needs -offer more "safe beds", in response to reports that on a daily basis, there over 200 children in need of a safe home/bed in our community; and it will offer siblings an opportunity to stay together. The funds will directly support the Office & Laundry/Utility Room in the new home (attached floorplan). The Office is a vital room where the licensed house parents and case coordinators work together to ensure that each child receives the individualized services and programs to offer the best possible start to a brighter future. It is the hub for all case management and coordination of services for tutoring, mentoring, court dates, visitations, therapies, school activities and administration of any prescribed medicine. The Laundry Room teaches valuable Life Skills, as all children have chores and do laundry.

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KidSanctuary Campus, Inc.

Attachment A



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

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			0.00%
5.	Telephone		、	0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$2,750,000.00	\$10,000.00	0.36%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$2,750,000.00	\$10,000.00	0.36%

Revised 10/2016



Budget Narrative

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

Salaries (list employees and individual compensation):

n/a

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

n/a

Occupancy/Utilities (list utilities):

n/a

Telephone (provide telephone numbers): n/a

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

Revised 10/2016

KidSanctuary Campus, Inc.



Supplies (list supplies/equipment):

Supplies for the project/program include construction materials as it pertains to the Office in the new boys home (cottage). The budgeted construction cost to build the home is \$650,000 - the Office space within the home is budgeted at \$10,000 and the laundry/utility room is budgeted at \$20,000. We are currently seeking additional financial support for this project. The project will take 10 months from groundbreaking. The anticipated groundbreaking is within the 2017 calendar year.

Travel (individuals traveling, destination and purpose):

n/a

Meetings (attendees, purpose, items needed for meeting): n/a

Miscellaneous Expense (specify items):

n/a

Revised 10/2016

KidSanctuary Campus, 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 \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 round guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No round guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No round guilty of, or pled guilty or no contendere to, any felony within the last 10 years? Yes No round guilty of, or pled guilty or no contendere to, any felony within the last 10 years? Yes No with 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 10/2016

KidSanctuary Campus, Inc.





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 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)

Connie M. Frankino President & CFO Name (please print) Title (please print) wm hashio 12/21/2016 NOTARY SECTION: State of County of _____ The foregoing Agreement was acknowledged and subscribed before me this $_$ December, 20 16 by Connie M. Frankino (name of individual) as President & CFO (title) of KIDSANCTU ARY AMPUS (name of organization/ agency), who is personally known to me or who produced Valid Florida Driver's License MEGAN HEFFRON as identification. Notary Public, State of Ohio My Commission Expires June 24, 2018 2018 Public My Commission E Revised 10/2016 KidSanctuary Campus, Inc. 7

APPLICATION				
Organization Name:	Mental Health Association of Palm Beach County			
	FEID #:			
Veb Address:	www.mhapbc.org	·		
Address:	909 Fern St.			
	STREET ADDRESS			
	West Palm Beach, FL 3340)1		
	CITY, STATE, ZIP			
Executive Director:	Pamela Gionfriddo			
/	Pamula SM	f .		
	SIGNATURE	· · · · · · · · · · · · · · · · · · ·		
	561-832-3755	pgionfriddo@mhapbc.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		

Fiscal Agent:

Pamela Gionfriddo

NAME tam

SIGNATURE 561-832-3755

pgionfriddo@mhapbc.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

5-23-17 DATE

Revised 10/2016

Attachment A

1



Organization Name: Mental Health Association of Palm Beach County

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:

MHAPBC works to improve mental wellness and eliminate stigma in our community through education, advocacy, and outreach. Our 'Mental Health GPS' program is Guiding People to Services using screening, navigation, care coordination, peer mentoring, and our Helpline (561-801-HELP).

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

MHA's Peer Place Support Center offers aftercare, behavioral health services, and education to people with mental illness and addictions. We now have 5 certified Peer Specialists, who provide effective mentoring services. We have recently begun outreach into the community into hospitals.

Provide a navigation helpline for behavioral health (801-HELP) Provide up to 75 support groups per month at Peer Place. Help train people with behavioral health concerns and provide supported employment. Provide a safe place for people to gather who need our services.

What results are you committed to achieving?

Have at least 600 visits per year from people with behavioral health concerns. Prevent re-hospitalization and incarceration of people with behavioral health concerns. Help people regain stability, prevent isolation, and prevent suicide. Improve quality of life by providing peer support, tools and education.

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Mental Health Association of Palm Beach County



FINANCIAL APPLICATION

Peno	d Covered (one year) From:	July 1, 2017	To: June 30), 2018
No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$108,627.00	\$4,650.00	4.28%
2.	Employee Benefits/Payroll Taxes	\$14,071.73	\$350.00	2.49%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$60,000.00	\$5,000.00	8.33%
5.	Telephone	\$15,600.00		0.00%
6.	Postage/Shipping	\$300.00		0.00%
7.	Printing & Publications	\$1,477.00		0.00%
8.	Supplies	\$3,000.00		0.00%
9.	Travel	\$2,500.00		0.00%
10.	Meetings	\$1,500.00		0.00%
11.	Miscellaneous Expenses	\$26,301.00		0.00%
	Total Expenses	\$233,376.73	\$10,000.00	4.28%

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Mental Health Association of Palm Beach County

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):

Care Coordination Manager: \$50,000 Fred Orr (Certified Peer Specialist and Program Coordinator) \$30,000 Patrick Majors - Peer Mentor: \$8,320 Joseph Pergolizi - Peer Mentor - \$6,435 Maryann Roman - \$13,872

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

NA

Occupancy/Utilities (list utilities):

Rent=\$5000 per month total; 20,000 for expansion of Peer Place. We rented the space next to Peer Place for additional support groups, but may not have to give it up if we cannot raise funds. Utilities have gone up to \$500 per month. Insurance and maintenance - \$2,000

Telephone (provide telephone numbers): 561-832-3755 - Fern St. office 561-712-0584 - Peer Place 561-801-4357 - Helpline

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

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Mental Health Association of Palm Beach County



-2

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

Supplies (list supplies/equipment): Program expenses, Food, Activity Supplies, Jewelry making supplies

Travel (individuals traveling, destination and purpose):

Mileage for outreach at current federal reimbursement rate

Meetings (attendees, purpose, items needed for meeting): Food for Peer Place visitors/clients, Writing utensils and paper.

Miscellaneous Expense (specify items):

Equipment rental (copier), Web site maintenance, Web Author database, legal fees, audit, office supplies, security, telecommunications.

Revised 10/2016

Mental Health Association of Palm Beach County



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 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 10/2016

Mental Health Association of Palm Beach County



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

N/A

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

Pamela Gionfriddo

Name (please print) am

Signature

NOTARY SECTION:

State of FLORIDA County of PALM BEACH

Chief Executive Officer

Title (please print)

5/23/17 Date

The foregoing Agreement was acknowledged and subscribed before methis $\frac{23RD}{2}$ day of ____, 20<u>17</u> by PAMELA GIONFRIDDO (name of individual) as MAY CHIEF EXECUTIVE OFFICER (title) of MENTAL HEALTH ASSOCIATION OF PEC (name of organization/ agency), who is personally known to me or who produced

as identification.

Mary ann Koman Notary Public

My Commission Expires:



COMMISSION # FI EXPIRES: Sept. 21, 2018 WWW.AARONNOTARY.COM

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Mental Health Association of Palm Beach County

APPLICATION

Attachment A

1



Organization Name: National Center for Missing & Exploited Children/Florida Regional FEID #: 52-1328557 www.missingkids.org Web Address: 9716 Alternate A1A Address: STREET ADDRESS Lake Park, FL 33403 CITY, STATE, ZIP Nancy A. McBride **Executive Director:** AME SIGNATURE 561-848-1900 nmcbride@ncmec.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** Xavier Graham NAME SIGN Έ 571-482-3409 xgraham@ncmec.org TELEPHONE NUMBER E-MAIL ADDRESS 5/22/17 Date: DATE

Revised 10/2016



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

LETF Funding Request (MUST match total on Financial Application): <u>\$10,00.00</u>

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

The mission of the National Center for Missing and Exploited Children® is to serve as a resource center for law enforcement, families and the public to help find missing children, reduce child sexual exploitation and prevent child victimization.

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

NCMEC/FL will promote Kidsmartz[™] with law enforcement & community partners. KidSmartz educates children & their parents/guardians about preventing abduction and empowers them to practice safer behaviors. Resources will be provided to help families and communities teach children how to recognize and avoid potentially dangerous situations & how to respond to tricks used by potential abductors. NCMEC/FL will support digital Child ID events by training law enforcement and community organizations how to use digital Child ID machines and allowing them to borrow the machines for community Child ID events. NCMEC/FL will partner with Palm Beach County law enforcement, schools, and community agencies to address the issue of child safety with an emphasis on children with autism and homeless youth.

What results are you committed to achieving?

NCMEC/FL will implement community outreach programs and initiatives designed to reduce incidents of child abduction and sexual exploitation through the dissemination of essential safety information. NCMEC/FL will support PBSO and other municipalities activities' for Back to School, National Night Out, Sensory Friendly Touch A Truck events, and the South Florida Fair. NCMEC/FL will continue to work with law enforcement in Palm Beach County to help recover critically missing children through outreach and training opportunities. NCMEC/FL will also work with law enforcement and community agencies to provide appropriate resources for children with special needs.

Revised 10/2016

National Center for Missing & Exploited Children/Florida Regional

3



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

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FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees		л	0.00%
4.	Occupancy/Utilities			0.00%
5,	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$2,000.00	\$2,000.00	100.00%
8.	Supplies	\$5,238.00	\$5,238.00	100.00%
9.	Travel	\$600.00	\$600.00	100.00%
10.	Meetings	\$ 6 50.00	\$650.00	100.00%
11,	Miscellaneous Expenses	\$1,512.00	\$1,512.00	100.00%
	Total Expenses	\$10,000.00	\$10,000.00	100.00%

Revised 10/2016



Budget Narrative

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

Salaries (list employees and individual compensation):

n/a

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

n/a

Occupancy/Utilities (list utilities):

n/a

Telephone (provide telephone numbers): n/a

Printing & Publications (list type of material):

Funds are requested to offset the cost of printing safety tips, posters, banners,and training materials in English, Spanish, and SymbolStix[™] for non-verbal children . Specific publications associated with NCMEC programs are card stock for Child ID Cards, Going To & From School More Safely Tips, Halloween Safety Tips, KidSmartz[™] abduction prevention tips for parents and activities for children.

Revised 10/2016

National Center for Missing & Exploited Children/Florida Regional



Supplies (list supplies/equipment):

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

Travel (individuals traveling, destination and purpose):

Funds will be used for local travel for outreach/training professionals. Travel will be throughout Palm Beach County with an emphasis on municipal law enforcement agencies and the Community Policing Sites in the 15 PBSO Districts. Travel is reimbursed at \$0.54 per mile.

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

Train-the-Trainer presentations will be offered for community policing officers, crime prevention officers, security professionals, educators, and youth serving organizations. Abduction prevention and Internet safety presentations will also be offered to parents and children throughout the year. Training materials and light refreshments will be provided. Staff will also participate in monthly public information officer, Crime Prevention Association, and Police Chief Association meetings.

Miscellaneous Expense (specify items):

Miscellaneous expenses include indirect costs such as telephone, copier, processing and payment of invoices, and grant and financial reporting.

Revised 10/2016

National Center for Missing & Exploited Children/Florida Regional



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 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 \square No \square 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 10/2016

National Center for Missing & Exploited Children/Florida Regional

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 State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

National Contention Missing and Exploited Children CNC State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Michelle (Signature NOTARY SECTION: State of <u>Vir</u> County of (H) estandría The foregoing Agreement was acknowledged and subscribed before me this 13^{44} day of e (, DeLaun (hame of individual) as December, 20 16 by Michel SEVP.COO (title) of (name of organization/ agency), who is personally known to me or who produced as identification. My Commission Expires Notary Public

Revised 10/2016

National Center for Missing & Exploited Children/Florida Regional



ND DONATION

Attachment A

APPLICATION				
Organization Name:	Palm Beach County Sheriff's	Foundation - Explorers		
	FEID #:	, 		
Web Address:	PBCSHERIFFSFOUNDAT	TON.COM		
Address:	3228 Gun Club Road			
	West palm Beach, Fl. 334			
	CITY, STATE, ZIP			
Executive Director:	Richard Seymour			
	NAME V			
	SIGNATURĚ			
	561-371-9381	ricks@csipalmbeach.com		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:				
	NAME			
	SIGNATURE			
	SIGNATORE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:				
	DATE			

Revised 10/2016



Organization Name: Palm Beach County Sheriff's Foundation - Explorers

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:

Our mission and purpose is to facilitate the development of productive citizens through hands on training. To provide organized and supervised recreation and education programs under the leadership of law enforcement to help establish positive relationship between youth and their communities.

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

For safety purposes flashlights and radios are to be used by the Explorers when working community events. This will further their communication skills and their visibility in the community. Disney Education Series and camping teaches team work and life skills. Youth will learn to work together as a team putting their skills to the test.

youth will travel to Washington DC to learn about our government in which they will enforce the laws for, in their future careers. The youth will have the opportunity to visit the law enforcement memorial to pay tribute to the fallen officers.

What results are you committed to achieving?

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

Revised 10/2016

Palm Beach County Sheriff's Foundation - Explorers



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

FINANCIAL APPLICATION

Perio	d Covered (one year) Fro	m: July 1, 2017	To: June 3	0, 2018
No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$0.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
	£			1

3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$0.00	\$0.00	0.00%
8.	Supplies	\$3,599.55	\$100.00	2.78%
9.	Travel	\$11,730.00	\$200.00	1.71%
10.	Meetings	\$13,041.72	\$12,950.72	. 99.30%
11.	Miscellaneous Expenses	\$23,454.36	\$11,749.28	50.09%
	Total Expenses	\$51,825.63	\$25,000.00	48.24%

Revised 10/2016

Palm Beach County Sheriff's Foundation - Explorers



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):

N/A

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

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

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

Revised 10/2016

Palm Beach County Sheriff's Foundation - Explorers



Supplies (list supplies/equipment):

45 Maglite flashlights 2 cell D LED (15 for each Explorer Post) \$42.50 each; Total \$1,912.50

45 Flashlight holders (15 for each Explorer Post) \$8.00 each; Total \$360.00

45 Hand held Radios Baofeng UV82 (15 for each Explorer Post) \$29.49 each; Total \$1,327.05

Travel (individuals traveling, destination and purpose):

Washington DC Law Enforcement Memorial Educational learning experience. 15 Explorers from 3 Explorer posts with a total of 45 youth and 6 Advisors. Travel by Amtrack Train \$140.00 per person; Total \$7,140.00

Washington DC Buss pass \$90.00 X 51= Total \$4,590.00

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

Disney youth Education Series Leadership and teamwork summer course; The evolution of technology class with a a three day park hopper pass. We are requesting funding for 3 Explorer Posts, 45 Explorers and 6 Advisors; \$255.72 each. Total 51 X \$255.72 = 13,041.72

Miscellaneous Expense (specify items):

Meals and Lodging not included in conference and training fees. Disney Lodging / camping fees for 4 nights, 45 youth and 6 Advisors; Total \$2,520.00 Meals for Disney Leadership \$14.09 X 51 Participants X 4 days = Total 2,874.36 Lodging for Washington DC \$240.00 per night X 18 rooms X 4 nights =\$12,960.00 Meals for Washington 5 days X 51 participants X 20.00 per day = Total \$5,100.00

Revised 10/2016

Palm Beach County Sheriff's Foundation - Explorers



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 row within 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 \bigtriangledown 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 10/2016

Palm Beach County Sheriff's Foundation - Explorers

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

PALM BEACH COUNTY SUBJECTIVE FORD DATION State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) BOARD CHALLEMAN Title (please print) RICHARD J SUMMOUR Name (please print) 31 JAN 17 Signature NOTARY SECTION: State of County of The foregoing Agreement was acknowledged and subscribed before me this 3/ day of by Kicharn ΛM_{20} Faceman and the form <u>urman</u>(title) of <u>PB</u> he r I MAY organization/ agency), who is personally known to me or who produce A States **COLLEEN D DANFORTH** MY COMMISSION # FF199280 as identification. EXPIRES February 28, 2019 Floridablotaryparvice.cr My Commission Expires: <u>2-</u>28-19

Notary Public

Revised 10/2016

Palm Beach County Sheriff's Foundation - Explorers



Attachment A

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Organization Name: West Palm Beach Library Foundation FEID #: 65-106-8311 www.wpblf.org Web Address: 411 Clematis Street 3rd Floor Address: STREET ADDRESS West Palm Beach, FL 33401 CITY, STATE, ZIP **Rebecca Weiss Executive Director:** NAME ٤ $\overline{\mathbf{v}}$ SIGNATURE 561-868-7793 WeissR@MyCityLibrary.org TELEPHONE NUMBER E-MAIL ADDRESS **Robert Sanders Fiscal Agent:** N SIGNATURE (561) 650-7972 SandersR@GTLaw.com TELEPHONE NUMBER E-MAIL ADDRESS 12/20/2016 Date: DATE

Revised 10/2016

APPLICATION



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

Organization Name: West Palm Beach Library Foundation

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

\$25,000.00

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

✓ Crime Prevention Program

___ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

The Teen Mentor and Teen Skill Building (TSB) programming. Designed to build self-esteem and provide teens with the confidence and motivation to be successful in life. TSB brings teens to the Mandel Public Library of WPB, a safe haven, where they can receive homework help, get advice on life challenges, make friends with similar interests, and receive assistance with job readiness, GED/ college preparedness and STEAM initiatives such as robotics programming. TSB reaches out to at-risk teens, helping them gain the positive skills needed to become outstanding, responsible citizens through a variety of activities designed with their needs in mind. Based on feedback a "Girls Who Code" club was started to give young women confidence and technical computer programming skills in order to obtain meaningful employment.

What results are you committed to achieving?

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

Revised 10/2016

West Palm Beach Library Foundation



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

FINANCIAL APPLICATION

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

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$8,594.56	\$8,594.56	100.00%
2.	Employee Benefits/Payroll Taxes	\$657.48	\$657.48	100.00%
3.	Professional Fees	\$8,000.00	\$7,000.00	87.50%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
_6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$8,000.00	\$6,000.00	75.00%
9.	Travel			0.00%
10.	Meetings			0.00%
	Miscellaneous Expenses	\$4,747.96	\$2,747.96	57.88%
	Total Expenses	\$30,000.00	\$25,000.00	83.33%

Revised 10/2016

West Palm Beach Library Foundation



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):

\$8,594.56 Teen Mentor: \$10.33/hour at 16 per week x 52 weeks.

\$657.48 Employee Benefits/Payroll Taxes calculated at .0765% per hourly rate based on 2013 tax benefit rate.

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

\$5,000 Job Readiness programs and supplies to teach job skills, resume building and interview skills. Presentations on topics such as applying to a college, choosing a major, finding scholarships and understanding financial aid. Practice SAT testing. Author visits including Kwame Alexander poet, educator, and New York Times bestselling author, and recipient of the 2015 John Newbery Medal. \$2,000 Administrative costs of the WPB Library Foundation.

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 10/2016

West Palm Beach Library Foundation



Supplies (list supplies/equipment):

\$6,000 Supplies for "Girls Who Code" and Robotic Programming Series - We have started a "Girls Who Code" club to give young women confidence and technical computer programming skills in order to obtain meaningful employment. The robotics programming series will help students learn valuable technology support skills while gaining confidence through peer interaction.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

\$2,747.96 Copies for attendees of of author Kwame Alexander book. Teen books, DVDs, eBooks, magazines and software for the Library's permanent collection or additional gift books for teens.

Revised 10/2016

West Palm Beach Library Foundation



Disclosure re: Organization's background:

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Revised 10/2016

West Palm Beach Library Foundation

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

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 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-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 Re

West Palm Beach Library Foundation

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

Rebecca Marie Weiss

Name (please print) Signature

NOTARY SECTION: State of County of

Executive Director Title (please print)

12.22.2014

The foregoing Agreement was acknowledged and subscribed before methis 22 day of Winninnin hame_of individual),as Kebecca hnok DOOM bv tion Mary (name of (title) of U

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

as identification. otar

My Commission Expires: Upil 29, 2020

Revised 10/2016

West Palm Beach Library Foundation