	BOA	RD OF C	I BEACH COUN OUNTY COMMI DA ITEM SUMM	SSIONERS		
Meeting Date: Ma	rch 12, 2019	[×]	Consent	[]	Regular	
Department:		[]	Ordinance	[]	Public Hearing	
Submitted By: Submitted For:	<u>Palm Beach C</u> Palm Beach C					

Agenda Item No. 3CC - 6

#### I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** a Budget Transfer of \$135,000 from the Law Enforcement Trust Fund (LETF) to the Palm Beach County Sheriff's Office (PBSO).

Summary: Florida Statute 932.7055(5) provides that the seizing agency shall use Forfeiture proceeds for school resource officer, crime prevention, safe neighborhood, drug abuse education and prevention programs, or for other law enforcement purposes, which include defraying the cost of protracted or complex investigations, providing additional equipment or expertise, purchasing automated external defibrillators, and providing matching grant funds. F.S. 932.7055(5) also requires that no less than 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 2019 donation requirement is \$177,018. 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 \$519,000. 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 \$1,563,513. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$1,428,513. 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) (Continued on Page 3)

**Background and Justification:** The Palm Beach County Sheriff's Office is dedicated to providing the most efficient and effective law enforcement services and also has a long-standing commitment to the reduction of crime and implementation of crime and drug prevention programs within Palm Beach County. Use of LETF requires approval by the Board in accordance with F.S. 932.7055, upon request of the Sheriff. This Statute also requires that no less than 25 % of the last fiscal year's revenues be donated or expended for the support or operation of drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood or school resource officer programs. The PBSO certifies that the use of these funds by the organizations listed above is in accordance with F.S. 932.7055.

#### Attachments:

<ol> <li>Budget Transfer</li> <li>LETF Donation</li> </ol>	Applications (10)		
RECOMMENDED BY:	DEPARTMENT DIRECTOR	DATE	==
APPROVED BY:	COUNTY ADMINISTRATOR	- <u>3/3/19</u> DATE	

#### II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

<b>Fiscal Years</b> Capital Expenditures	2019	2020	2021	2022	2023
Operating Costs	\$135,000				
External Revenues Program Income (County)	(\$135,000)				
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>		
Does this item include the	use of federal fu	nds: YES	NO	X	
Budget Account No.: Fund _	Agency	Org		Object	
	Reporting Category				

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

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

The LETF balance of \$1,563,563 is included in the Balance Brought Forward amendment being presented to the BCC on 03/12/2019.

#### III REVIEW COMMENTS

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

82 00

′Contract∕∕

Β. Legal Sufficiency: Assistant ounty Attorney

C. Other Department Review:

**Department Director** 

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

## Summary: (Continued)

ORGANIZATION	AMOUNT
Anti-Defamation League	\$25,000
Best Foot Forward Foundation, Inc.	\$5,000
Child Protection Team of Palm Beach, Inc.	\$10,000
Children's Case Management Organization, Inc.	\$5,000
FAU Center for Autism and Related Disabilities	\$15,000
GBDC Entrepreneurship Institute, Inc.	\$10,000
Jerome Golden Center for Behavioral Health, Inc.	\$25,000
KidSafe Foundation, Inc.	\$5,000
Palm Beach County PAL, Inc.	\$10,000
College for Kids, Inc. d/b/a Take Stock in Children Palm Beach County	\$25,000
Total Amount	135,000



#### BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

#### Page 1 of 1 pages

#### FUND 1151 LAW ENFORCEMENT TRUST FUND

BGEX 022119 \*1041

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	1,170,774	135,000	0	1,305,774		
<u>Reserves - New Projec</u> 160-9900-9902	<u>ets</u> Reserves - Operating Reserves	1,344,056	1,563,513	0	135,000	1,428,513		
	TOTAL FUND	/		\$135,000	\$135,000		•	
							-	
Palm Beach County S	Sheriff's Office	Signatures		Date			By Board of County At Meeting of Mar	Commissioners ch 12, 2019
INITIATING DEPARTI	IENT/DIVISION						Deputy Clerk to the	
Administration/Budge	et Department Approval	Juan (	2	2/21/19			Board of County Co	mmissioners

**OFMB** Department - Posted

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Attachment A

#### APPLICATION

Organization Name:	Anti-Defamation League		
	FEID #:		
Web Address:	www.adl.org		
Address:	621 NW 53rd Street, S	Ste. 450	
		-	
	Boca Raton, FL 33487	( 	
	CITY, STATE, ZIP		
Executive Director:	Sheri Zvi		
	NAME		
	- Shen	Tri	
	561-988-2920		szvi@adl.org
	TELEPHONE NUMBER		E-MAIL ADDRESS
Fiscal Agent:	STEVEN SP	11- BERG	
		7887	SSHERBERGE ADLURG
	TELEPHONE NUMBER		E-MAIL ADDRESS
Date:	12/11/18 DATE		

Revised 5/2018



Attachment A

Organization Name:\_\_\_\_

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

To Secure just and fair treatment for all by providing law enforcement and communities information they need to stay safe from extremist threats of every kind

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

\* Hate Crimes Training: PBSO sworn personnel will receive hate crimes training as needed

\* Security Conferences: ADL works closely with faith communities, helping them be better prepared

to thwart hate motivated crime and providing assistance when they are targeted or threatened. \* Extremist Trainings/Webinars: ADL Center on Extremism is the foremost authority on extremism,

terrorism and hate, both foreign and domestic. We provide resources, expertise and trainings that enable law enforcement officers better understand emerging threats.

\*Resources/Publications: We regularly share with law enforcement resources and publications regarding extremist ideologies.

#### What results are you committed to achieving?

\* Increased awareness by faith communities on how to protect their religious institutions.

\* Increased awareness by law enforcement of hate crime laws in Florida, hate crime indicators,

offender typologies, and increased reporting as a result of more awareness.

\* Increased awareness and knowledge of extremist ideologies and emerging threats

Revised 5/2018

Antl-Defamation League



Attachment A

# FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2019 To: December 31, 2019

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No,	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$1,570,891.00	\$12,000.00	0.76%
2.	Employee Benefits/Payroll Taxes	\$353,060.00	\$3,600.00	1.02%
3.	Professional Fees			0.00%
_4	Occupancy/Utilities	\$201,000.00	\$2,200.00	1.09%
5.	Telephone	\$67,200.00	\$2,700.00	4.02%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$53,210.00	\$1,000.00	1.88%
9.	Travel	\$48,600.00	\$1,500.00	3.09%
10.	Meetings	\$418,134.00	\$2,000.00	0.48%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$2,712,095.00	\$25,000.00	0.92%

Revised 5/2018

Antl-Defamation League



Attachment A

#### **Budget Narrative**

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

Salaries (list employees and individual compensation):

Yael Hershfield- \$4,000 David Barkey- \$4,000 Oren Segal- \$2,000 Mark Pitcavage- \$1000 Carla Hill- \$1000

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

Occupancy/Utilities (list utilities): See attached

Telephone (provide telephone numbers): See Attached

Printing & Publications (list type of material):

- \* Hate On Display- Hate Symbols database
- \* Securing Your Religious Institutions
- \* A Dark and Constant Rage
- \* A Homegrown Threat: Islamist Extremist Plots in the United States

\* Backgrounders on groups and individuals with extremist ideologies as they emerge- Patriot Front, Attomwaffen, etc.

Revised 5/2018

Anti-Defamation League



Attachment A

Supplies (list supplies/equipment):

\* Copiers/fax machines

\* Postage machine

\* Laptop

\* Consumables i.e- paper, pens, ink, markers, staples, etc.

Travel (individuals traveling, destination and purpose):

\* David Barkey- local travel to PBSO assigned locations for hate crimes trainings

\* Yael Hershfield- local travel to faith institutions or other community partner locations for security conferences/presentations

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

\* Community Security Committee meetings- attendees include executive and security directors of Jewish institutions to discuss current security threats to Jewish institutions. Agendas, reports, powerpoint presentations are standard items needs at these meetings,

\* Security conferences or presentations at various religious institutions for the purpose of reviewing crime prevention approaches and resources.

Miscellaneous Expense (specify items):

Note- The categories for this form do not completely match our budget categories as attached. Category 5- Telephone also includes stationary, printing, postage, etc.

Revised 5/2018

Anti-Defamation League



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 I No 🗹 If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes 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 5/2018

Anti-Defamation League

6



Attachment A

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. Additionally, I certify that the organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

b- Florida, Department of Revenue, #85-8012566486C-5

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

<u>Steven</u> ShewBerg Name (please print) Signature

(FENERAL (OWSEL)

12/19/18

NOTARY SECTION:

State of New York

County of New York

The foregoing Agreement was acknowledged and subscribed before methis  $19^{th}$  day of

December, 2018 by Steven Shere (name of individual) as

(title) of the Art DEFINITY (MAYOF (name of

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

as identification.

Notary Public

STEVEN M. FREEMAN NOTARY PUBLIC, State of New York No. 02FR4841545 Qualified in Suffolk County My Commission Expires: Commission Expires January 31, 2002

Revised 5/2018

Anti-Defamation League



Attachment A

1

## APPLICATION

Organization Name: Best Foot Forward Foundation, Inc.

	FEID #: 30-0598378	
Web Address:	https://bestfoot.org	
Address:	9080 Kimberly Boulevard, Suite 10	
	STREET ADDRESS Boca Raton, FL 33434	
	CITY, STATE, ZIP	
Executive Director:	Donna Biase	
	None Lain	
	SIGNATURE	
	561-470-8300	dbiase@bestfoot.org
	TELEPHONENUMBER	E-MAIL ADDRESS
Fiscal Agent:	n/а  Nаме	
	SIGNATURE	
	TELEPHONENUMBER	E-MAILADDRESS
Date:	12/30/2018 	

Revised 5/2018



Attachment A

Best Foot Forward Foundation, Inc.

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

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

V	Crime	Prevention	Program
	D		

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood School

Resource Officers

Organization Purpose:

Best Foot Forward Foundation's mission is to empower foster care youth to maximize their potential by providing essential academic support and guidance. BFF's programs help to build better futures by equipping foster youth with tools to excel academically and resolve conflict among their peers.

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

Best Foot Forward (BFF) is the only nonprofit organization in Palm Beach County exclusively dedicated to the educational success of foster care children who have been abused, neglected, or abandoned. Foster youth face frequent instability that puts them at greater risk for juvenile and adult incarceration. Within two years of leaving the foster care system, one in four youth will be involved in the justice system. Through the Grounded for Life program, BFF supports 50 high school and 16 college students to help them graduate from high school and transition to post-secondary education. BFF's Graduation Coaches work one-on-one with foster students and their teachers to create a comprehensive academic plan to remediate educational deficiencies, provide strategies to manage anger and conflict, improve organization and study skills, and get students on track for graduation.

#### What results are you committed to achieving?

Grounded for Life's results are very effective. Its high school participants have a 100% high school graduation rate, 96% of students (all grades) stayed on-track for promotion to the next grade level or for graduation. BFF is committed to these outcomes. Through systemic monitoring of students' progress, this program builds long-term relationships with mentors, helps students to develop problem-solving and organizational skills, manages challenging behavioral issues, and provides tools for students to engage with teachers, caregivers, case managers, and community providers to build a better academic future. The program's outcomes are focused on credit recovery and pursuing graduation, mitigating behavioral issues, and building communication skills.

Revised 5/2018

Best Foot Forward Foundation, Inc.



Attachment A

# FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2019 To: December 31, 2019

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$471,318.00	\$0.00	<sup>'</sup> 0.00%
2.	Employee Benefits/Payroll Taxes	\$36,060.00	\$0.00	0.00%
3.	Professional Fees	\$24,500.00	\$0.00	
4.	Occupancy/Utilities	\$63,360.00	\$0.00	0.00%
5.	Telephone	\$238.00	\$0.00	0.00%
6.	Postage/Shipping	\$2600.00	\$0.00	0.00%
7.	Printing & Publications	\$1900.00	\$0.00	0.00%
8.	Supplies	\$46,330.00	\$5,000.00	10.79%
9.	Travel	\$20,340.00	\$0.00	0.00%
10.	Meetings	\$4,000.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$76,282.00	\$0.00	0.00%
	Total Expenses	\$746,928.00	\$5,000.00	0.66%

Revised 5/2018

Best Foot Forward Foundation, Inc.

3



Attachment A

## **Budget Narrative**

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

Salaries (list employees and individual compensation):

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2018

Best Foot Forward Foundation, Inc.



Attachment A

## Supplies (list supplies/equipment):

\$19,625 stipends/support for 50 tutors/volunteers to provide 45 students with year-round academic tutoring and SAT/ACT prep; \$6,500 program supplies for academic support for 66 students (books, academic materials, planners); \$8,525 for youth participation in summer programming focused on reading/summer learning loss; \$4,680 for meals and snacks for 66 students (year-round); \$7,000 for college aptitude testing, application entrance fees, college dorm room set up for a total of \$46,330.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 5/2018

Best Foot Forward Foundation, Inc.

Attachment A



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

#### Disclosure re: Organization's background:

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

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

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

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

Revised 5/2018

Best Foot Forward Foundation, Inc.

6



Attachment A

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. Additionally, I certify that the organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

#### State of Florida

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

Donna Biase

Name (please print a \$0

Executive Director, Co-Founder Title (please print)

1/25/19

NOTARY SECTION: State of Florida County of Palm Brach

The foregoing Agreement was acknowledged and subscribed before methis  $25^{\text{m}}$  day of

January, 2019 by Donna Biase (name of individual) as

Executive Director, Co-Founder (title) of BEST FOOT Forward Foundation Inc.

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

\_as identification.

Alexandria Arce

Notary Public

My Commission Expires: May 22, 2022

Revised 5/2018

Best Foot Forward Foundation, Inc.

ALEXANDRIA ARCE tate of Florida-Notary Publi Commission # GG 220830

Commission Expires May 22, 2022



Attachment A

#### **APPLICATION**

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

FEID #: 65-0746922

Web Address:

Address:

5305 Greenwood Avenue, Suite 101

STREET ADDRESS

West Palm Beach, FL 33407

CITY, STATE, ZIP

**Executive Director:** 

Alison Hitchcock, M.S.W.

NAME

SIGNATURE (561)433-3544 X252

Alison.Hitchcock@FLHealth.gov

TELEPHONE NUMBER

Sharyn Cornett

E-MAIL ADDRESS

Fiscal Agent:

NAME imett SIGNATURE

Sharyn.Cornett@FLHealth.gov

TELEPHONE NUMBER

(561)433-3544 X234

E-MAIL ADDRESS

Date:

6/19/18 \_\_\_\_\_ Date

Revised 5/2018



**Organization Name:\_\_\_\_** 

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

CPT contracts doctors and ARNP's to conduct forensic medical exams to evaluate alleged abuse and neglect, and provide expert testimony critical to the prosecution of child abusers. Palm Beach County only contributes \$300 toward the cost of medical exams for physical abuse and neglect. The Attorney General's Office contributes \$500 in cases of sexual abuse-about 25% of cases. However all exams are conducted by the same medical professionals and except for a few additional lab tests, costs our agency the same to provide.

#### What results are you committed to achieving?

We are committed to providing all victims of abuse with the same level of care. We see the disparity in funding for exams as a kind of victim discrimination. We are committed to all victims of abuse having access to medical exams that will provide the necessary documentation to prosecute people who hurt children. We conduct approximately 1000 medical exams each year. Only about 250 of them are reimbursed fully. For the others, CPT absorbs the additional expense. CPT is committed to finding resources to assure that abuse and neglect victims receive the same level of medical attention as sexual abuse victims, and not cutting corners to provide a mandated service, albeit of lesser quality.

Revised 5/2018

Child Protection Team of Palm Beach, Inc.

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Attachment A



Period Covered (one year)

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

From: January 1, 2019 To: December 31, 2019

Attachment A

#### **FINANCIAL APPLICATION**

No.	Expense	Program	LETF	l la de la
NO.	Lypense	Total	Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$375,000.00	\$10,000.00	2.67%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			
10.	Meetings			
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$375,000.00	\$10,000.00	2.67%

Revised 5/2018

Child Protection Team of Palm Beach, Inc.



#### **Budget Narrative**

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

Salaries (list employees and individual compensation):

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

VENDORS: Dr. William Rosenstein, Dr. Erin Connelly, Janis Donahue, ARNP, Leticia Bravo, ARNP, Patricia Smith, ARNP

SERVICE: Forensic Medical Evaluations

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2018

Child Protection Team of Palm Beach, Inc.

4

Attachment A



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 5/2018

Child Protection Team of Palm Beach, Inc.



#### Disclosure re: Organization's background:

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

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

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes 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 5/2018

Child Protection Team of Palm Beach, Inc.

6



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 gravisions which 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

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

#### Alison Hitchcock

Name (please print)

Executive Director Title (please print)

6-27-18

Signature

NOTARY SECTION: State of Florida County of Mala Deach

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

Alison Hitchcock (name of individual) as \_, 20\_<u>/8\_</u> by\_\_ ne Child Portection Executive D (title) of (name of

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

as identification.

Notary Public



Revised 5/2018

Child Protection Team of Palm Beach, Inc.



**APPLICATION** 

Organization Name: CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

FEID #: 65-0166352

Web Address:

WWW.FAMILIESFIRSTPBC.ORG

Address:

3333 FOREST HILL BLVD, 2ND FLOOR

STREET ADDRESS

WEST PALM BEACH, FL 33406

CITY, STATE, ZIP

**Executive Director:** 

JULIE A. SWINDLER

NAME sindle

SIGNATURE 561-318-4221

TELEPHONE NUMBER

E-MAIL ADDRESS

JSWINDLER@FAMILIESFIRSTPBC.ORG

Fiscal Agent:

N/A

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

6/15/18

Date:

DATE

Revised 5/2018

1



Organization Name:\_\_\_\_\_\_

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

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

Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Serving our community for 28 years, Families First of Palm Beach County provides child abuse prevention, health, housing, and behavioral health services for families whose life circumstances impact child and family health and stability.

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

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

#### What results are you committed to achieving?

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

2. Foster a change in risk-related behaviors among HIV+ women and women at high risk for HIV.
 3. Encourage women at high risk of becoming HIV infected to get tested for HIV by providing increased availability to HIV counseling and testing services.

4. Ensure that women in need of substance abuse treatment are referred and linked to appropriate services.

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

#### Revised 5/2018

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

Attachment A



Attachment A

#### **FINANCIAL APPLICATION**

Period Covered (one year) From: January 1, 2019 To: December 31, 2019

No.	Expense	Program Total	LETF Request	LETF
1	Salaries	\$244,507.00	\$3,003.00	1.23%
2.	Employee Benefits/Payroll Taxes	\$82,797.00	\$1,997.00	2.41%
3.	Professional Fees	\$7,320.00		0.00%
4.	Occupancy/Utilities	\$16,323.00		0.00%
5.	Telephone	\$7,602.00		0.00%
6.	Postage/Shipping	\$390.00		0.00%
7.	Printing & Publications	\$600.00		0.00%
8.	Supplies	\$3,949.00		0.00%
9.	Travel	\$27,627.00		0.00%
10.	Meetings	\$5,700.00		0.00%
11.	Miscellaneous Expenses	\$62,273.00		0.00%
	Total Expenses	\$459,088.00	\$5,000.00	1.09%

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Revised 5/2018

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

3



Attachment A

#### **Budget Narrative**

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

Salaries (list employees and individual compensation):

KI. Jackson - 1 FTE Supervisor - \$45,675 + comp. \$14,004; M. Andres - 1 FTE Outreach Worker - \$37,884 + comp. \$13,852; J. Dillard - 1FTE Outreach Worker \$38,243 + comp. \$13,903; E. Decembre - 1 FTE Outreach Worker - \$30,766 + comp. \$12,861; To be hired - 1 FTE Case Manager - \$34,700 + comp. \$12,715; D. Chin - .50 FTE Program Director - \$32,837 + comp. \$8892; R. Childs - .15 FTE - Deputy Director \$13,402 + comp. \$3531; To be hired - .20 FTE Director of QI/QA - \$11,000 + comp. \$3039. Tot.\$327,304.

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

Prorated share of Nonprofits First for cost of Certification and I.T. related expenses as well as share of National Council on Accreditation for the ongoing accreditation process. Prorated share of costs for annual audit from Templeton & Company as well as other consultation expenses = \$7320.

Occupancy/Utilities (list utilities):

Prorated share of rent = \$16,323 (utilities are included).

Telephone (provide telephone numbers):

Prorated share of telephone costs - (561) 721-2887 (West Palm Beach) and (561) 996-8710 (Belle Glade) + cell phone for each employee (561) 319-4394, (561) 301-9619, (561) 324-8331, (561) 324-1100, (561) 324-1114 and (561) 324-1129 and (2) additional new hires. Prorated share of laptop broadband expenses in the field for 3 full-time Outreach workers and 1 full-time Case Manager = \$7,602.

Printing & Publications (list type of material):

TOPWA brochures, business cards and prorated share of letterhead and envelopes = \$600.

Revised 5/2018

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.



Attachment A

Supplies (list supplies/equipment):

Prorated share of office and program supplies = \$2,990. Prorated share of postage = \$390. Equipment lease and maintenance = \$959. Total \$4339.

Travel (individuals traveling, destination and purpose):

Reimbursement at .545 a mile for outreach, case manager and program supervisor for traveling to client homes, outreach venues, and meetings and conferences throughout Palm Beach County for a total cost of \$27,627.

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

Meetings include, support groups for new moms, including baby showers and new baby safety items for mothers as well as educational meetings for staff development and training - \$5,700.

Miscellaneous Expense (specify items):

Prorated share of cost for insurance (\$1550), building maintenance (\$259), dues for Child Welfare League and ongoing accreditation (\$1785), background screening and other miscellaneous expenses (\$300), capital expenses (\$2000) and indirect administrative costs (\$56,379). Total \$62,273.

Revised 5/2018

CHILDREN'S CASE MANAGEMENT ORGANIZATION, 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 I No I If yes, please provide the reasons for such denial, suspension, or revocation

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No IIf 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  $\Box$  No  $\checkmark$  If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 5/2018

CHILDREN'S CASE MANAGEMENT ORGANIZATION, 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 of Florida

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

Julie A. Swindler

Name (please print) re

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

Beach County of Palm

**Chief Executive Officer** 

Title (please print)

6/15/18

The foregoing Agreement was acknowledged and subscribed before me this <u>15th</u> day of <u>June</u>, 20<u>18</u> by <u>Julie Swincler</u> (name of individual) as

(title) of families First of PBC (name of

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

Dersung ILy Known as identification.

ame Bracht Notary Public

BRANDE BRADFORD Commission # GG 112017 Expires July 31, 2021 Bonded Thru Budget Notary Services

Revised 5/2018

My Commission Expires:

018

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

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Attachment A

### APPLICATION

Organization Name:	FAU Center for Autism and Relate	od Disabilities	
	FEID #:		
Web Address:	http://autism.fau.edu /email@	CARD@fau.edu	w.
Address:	777 Glades Road, College of Ec	lucation	
	STREET ADDRESS Boca Raton, FL 33431		-
	CITY, STATE, ZIP		-
Executive Director:	Dr. Jack Scott		_
	Dauch D.	W. Abolt	200-
	SIGNATURE 561-251-4104	jscott@fau.edu	
	TELEPHONE NUMBER	E-MAIL ADDRESS	-
Fiscal Agent:	Danita D. Nias C	ED /	
	SIGNATURE	N-	-
	561-297-0203	dnias@fau.edu	
	TELEPHONENUMBER	E-MAIL ADDRESS	-
Date:	6.29.18		
	DATE		

Revised 5/2018

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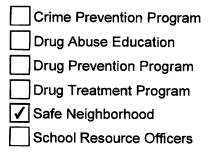
4/29/18 1



Organization Name: \_\_\_\_\_\_

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

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



Organization Purpose:

FAU Center for Autism and Related Disabilities (CARD) provides expert consulting, training and support, at no charge, for people with autism, their families, employers, the professionals and community and governmental agencies serving them. We are funded by the State of Florida.

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

We propose to provide Project Lifesaver International (PLI) electronic tracking devices to 40 young children with Autism in Palm Beach County. We will also support an additional 45 individuals who currently have a PLI device. Children with autism are at high risk for eloping or wandering. In this county we have so many water sources that such elopements can be deadly. We will get the devices to the children who need them, train and support the parents and keep them supplied with replacement batteries and special wrist straps. FAU CARD has been active in supporting electronic tracking for children with autism. Now, due to the passage of the Missing Person's Bill in the Florida Legislature CS/C S/HB 591-Missing Persons, FAU CARD has been allowed to join the "Project Leo," a project to aid search-and rescue efforts for persons with special needs in case of elopement.

What results are you committed to achieving?

What results are you committed to achieving? We plan, over the course of the grant year, to provide PLJ devices to 40 vulnerable children with autism, provide training and support to their parents, provide the parents with required special replacement batteries and straps and monitor the appropriate use of the devices. In addition, we will support the 55 families of children that already have these devices and provide them with batteries, straps and replacement devices as necessary. We will provide the names of the children, families, addresses for the 40 new families and the 55 current families to PBSO.

Revised 5/2018

FAU Center for Autism and Related Disabilities

Attachment A



## **FINANCIAL APPLICATION**

Period Covered (one year)	From:	January 1, 2019	To	December 31,	2019
	1 10111.	Candary I, 2019	10.	December 31,	2019

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$29,561.00	\$2,533.80	8.57%
2.	Employee Benefits/Payroll Taxes	\$12,711.00	\$1,102.20	8.67%
3.	Professional Fees		\$375.00	0.00%
4.	Occupancy/Utilities		\$0.00	0.00%
5.	Telephone		\$0.00	0.00%
6.	Postage/Shipping		\$250.00	0.00%
7.	Printing & Publications		\$260.00	0.00%
8.	Supplies		\$10,479.00	0.00%
9.	Travel		\$0.00	0.00%
10.	Meetings		\$0.00	0.00%
11.	Miscellaneous Expenses		\$0.00	0.00%
	Total Expenses	\$42,272.00	\$15,000.00	35.48%

Revised 5/2018

FAU Center for Autism and Related Disabilities

Attachment A

Attachment A



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

#### **Budget Narrative**

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

Salaries (list employees and individual compensation):

Patricia Mattis, CARD administrative assistant. Ms. Mattis will provide 3 hrs of support for the Project Lifesaver program each week. This to include communicating with parents , law enforcement agencies and Project Lifesaver International. She will make arrangements to purchase devices, batteries and straps, process broken or defective devices (return for warranty repair) and provide reminder messages to parents to replace batteries. Her annual salary is now \$29561 benefits of \$12,111

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

The Florida Atlantic University Foundation, the entity that will serve as the fiscal agent for this donation, has a fee of 2.5 % to administer all donations. This comes to \$375 for the donation anticipated.

Occupancy/Utilities (list utilities):

Zero. We have sufficient space and utilities to conduct these activities with no additional burden to the program or university.

Telephone (provide telephone numbers):

Zero. We have sufficient telephone service arrangements to allow these new obligations to be conducted at no additional expense.

Printing & Publications (list type of material):

Cost of \$260. We will develop and then have copied color brochures (trifold color) describing the program offering electronic tracking devices for children with disabilities. We will submit the draft brochure and other print materials to PBSO to approve correct display of PBSO logo and recognition statements.

Revised 5/2018

FAU Center for Autism and Related Disabilities



Attachment A

Supplies (list supplies/equipment):

Total for Supplies is \$10479. Project Lifesaver electronic tracking locators: Cost of \$325 each( this comes with one year supply of batteries and straps an a 6-year warranty) 31 locators at \$325 = \$10,175

Replacement bands and Batteries: These needed to support families who already have a locator device. The batteries and straps must be replaced at 2-month intervals. \$404 total

Travel (individuals traveling, destination and purpose):

Zero Travel to family homes will be integrated with CARD clinical support visits and meetings.

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

Zero cost We plan to attend any number of meetings to promote the availability of these devices but do not plan to incur any special costs to do so.

Miscellaneous Expense (specify items):

Postage. \$ 250. The cost of shipping the devices and especially the lithium batteries is higher than regular postage. HAZMAT rates apply so we anticipate this \$250 worth of shipping for the year.

Revised 5/2018

FAU Center for Autism and Related Disabilities



#### Disclosure re: Organization's background:

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

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

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Novi Novi 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 5/2018

FAU Center for Autism and Related Disabilities



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 with the

Florida Atlantic University Foundation, Inc.

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

Dr	Jack	Scott			Executi	ve Dire	ctor,	FAU	CARD
Nan	ne (please pr	înt)		-	Title (please	print)		*****	
	ech.	ècolo -	~	-	6.29.18 Date				
	TARY SECTI								
	inty of Pala								
Ju	ine	greement was ackr _, 20 <u>1 8</u> by _	Dr. Jac	k Scot	t.	(name of i	ndividual)		
	recutive	Director	_ (title) of	FAU C	ARD		(nar	ne of	
		ency), who is person y known to h	nally known f me as ide				MY COL	ABBEY LAU MMISSION # IRES: OCT 1 hrough 1st St	GG116385
Nota	ary Public	Abbey Laut	ĥ	My Comm	nission <u>Expir</u>	<u>es: 10 1</u>	10.2		
Revise	ed 5/2018	F6/29/18	FAU Cer	nter for Autisr	n and Related	Dis <b>abilities</b>		-	7



Attachment A

#### APPLICATION

Organization Name:	GBDC Entrepreneurship Institute				
	FEID #:				
Web Address:	www.gbdcei.org				
Address:	1500 Gateway Blvd #220				
	Boynton Beach FL 33426				
	City, State, Zip				
Executive Director:	Annette Gray				
	Name				
	SIGNATURE				
	561-894-4510	info@gbdcei.com			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:					
	NAME	·			
	SIGNATURE				
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	6/19/18				
	DATE	-			

Revised 5/2018

Attachment A

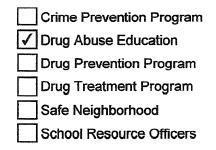


# PALM BEACH COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT TRUST FUND DONATION

GBDC Entrepreneurship Institute

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?



Organization Purpose:

Our Mission is the development of social entrepreneurs through training, business coaching and technical assistance. Emphasis is placed on young entrepreneurs; to aid in the reduction of school dropout rates and the increase in employability skills and job creation.

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

The Mobile Entrepreneurship Leadership and Training Unit. (A Bus Acquired From Palm Tran) will be retrofitted as a training and employment mobile center. The Bus will go into communities that experience high crime and homeless rate and provide mentoring, life-skills, training, technical business skills, and anti gang, drug, activities/programs. The bus will focus on students that are exposed to parents in the system ( is currently or have been incarcerated), has limited access to transportation and are identified by the schools as homeless. Provide Financial Literacy and Wealth Building focusing on entrepreneurship/Job creation and life skills training to disenfranchised youth 10 to 24. We work prevent drug and other criminal activities, to reduce the drop rate and improve employment either through employment or business ownership.

#### What results are you committed to achieving?

#### We are committed to :

Reducing the high school drop out rate resulting from homelessness, or exposure to criminal activity Providing a safe place for young people without transportation to access resources Develop CLOUD account for job searches, resume development and skills training for homeless youth without stable access to INTERNET and computers while out of school Reduce the number of youth drawn to gangs and street activities by bringing resources to them (Increase Accessibility).

Reduce recidivism rate:providing mentoring and programs that improve financial and socio nomic status. provide services to a minimum of 100 youth in 12 calendar months

Revised 5/2018

GBDC Entrepreneurship Institute



FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2019 To: December 31, 2019

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$29,952.00	\$5,000.00	16.69%
2.	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3.	Professional Fees	\$26,000.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$960.00	\$288.00	30.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$1,200.00	\$360.00	30.00%
8.	Supplies	\$6,000.00	\$1,050.00	17.50%
9.	Travel	\$2,340.00	\$702.00	30.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$2,600.00	\$2,600.00	100.00%
	Total Expenses	\$69,052.00	\$10,000.00	14.48%

Revised 5/2018

GBDC Entrepreneurship Institute

Attachment A



#### **Budget Narrative**

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

Salaries (list employees and individual compensation):

1 Bus Driver \$12 per hour Part time 28 hours per week

1 Program Outreach and Co-ordinator part time \$12 20 hours per week

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

2 Tutors \$15 per hour Part time 20 Hours per week (Mentors and other program participants are community volunteers) Graphic Designer/web & social media \$20 per hour 10 hours per week.

Occupancy/Utilities (list utilities): Internet and wifi \$80 per month

Telephone (provide telephone numbers): NA

Printing & Publications (list type of material):

Program Binders \$12 per participant (Training binders plus printing) 100 participants

Revised 5/2018

GBDC Entrepreneurship Institute

Attachment A

Attachment A



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

#### Supplies (list supplies/equipment):

Printing Paper, Snacks, Printer Ink, Pens, Water, beverages, toilet paper, cleaning supply, \$500 per month

Travel (individuals traveling, destination and purpose):

80.00 per week for gas.

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

Miscellaneous Expense (specify items):

Generator 800.00 Projector 300.00 Networking Cables 1500.00

Revised 5/2018

GBDC Entrepreneurship Institute



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 I No I If yes, please provide the reasons for such denial, suspension, or revocation

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

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes  $\Box$  No  $\bigtriangledown$  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 5/2018

**GBDC Entrepreneurship Institute** 

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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 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

(b) a Florida not-for-profit organization which has been held to be tax exempt u

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

Annette Gray Founder/President Name (please print) Title (please print) 6/20/2018. INN Sanature NOTARY SECTION: State of PAM Bryin The foregoing Agreement was acknowledged and subscribed before methis  $\mathcal{2O}$  day of by <u>AN WHE GRAY</u> (name of individual) as \_\_\_\_ (title) of GBDC Extreprenourship Justiful Phame of der organization/ agency), who is personally known to me or who produced \_\_\_as identification. Car SUSANA CANO RYAN Notary Public My Co Notes Public. State of Florida Commission# GG 16964 My comm. expires Dec. 19, 2021

Revised 5/2018

GBDC Entrepreneurship Institute

Attachment A



Attachment A

#### **APPLICATION**

Organization Name: Jerome Golden Center for Behavioral Health

	FEID #:	
Web Address:	www.goldenctr.org	
Address:	1041 45th Street	
	STREET ADDRESS	
	West Palm Beach, FL 33407	
	CITY, STATE, ZIP	
Executive Director:	Dr. Linda De Piano, CEO	
	NAME	
	Jihn Detu	DCO
	SIGNATURE	$\mathcal{A}$
	561-383-5711	ldepiano@goldenctr.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:		
	NAME	
	SIGNATURE	
	•	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:		

DATE



Attachment A

Organization Name: Jerome Golden Center for Behavioral Health

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 is to help clients build resiliency, facilitate recovery and achieve reintegration into the community by designing and delivering behavioral health care services that meet their needs and expectations. Over 80% of our 9,000+ clients have annual incomes of \$11,000 or less.

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

Our Co-Occurring Disorder Treatment Program is the only licensed Level II residential co-occurring treatment facility in Palm Beach County for the underserved. Clients are treated for mental illness and substance use simultaneously, an effective, but rarely offered service. The center is licensed for 16 beds, but has previously only been funded for 12 for this 30-90 day program. Program services include: residential housing, where we also provide for physical health and nutrition needs; individual treatment plans, including 90 AA/NA meetings and supportive group therapy; life-skills and meditation/creative activities to promote spirituality, wellness, and support reintegration into the community; case management to support clients during their residential **treatment** and after graduation; after-care planning assistance for housing, employment, and supportive/social services.

#### What results are you committed to achieving?

Our success has led to fulfilling lives for our clients and cost savings for our community by avoiding hospitalizations and incarcerations. We are committed to continuing our record of achievement, which for FY 2017 saw 72 participants served and the following successes: 100% were not arrested, convicted or incarcerated within 180 days of successful discharge; 100% were not hospitalizations, we realized savings for the state of more than \$740,860); 100% discharged to stable housing; 32% were awarded food stamps; 14% graduated with employment and sustainable income; 13% were assisted with securing identification. Our major commitment is to keep the program open. In FY 18/19, a \$300K shortfall from the state has put the program at risk of closure by fall 2018.

Revised 5/2018

Jerome Golden Center for Behavioral Health



Attachment A

#### **FINANCIAL APPLICATION**

Period Covered (one year)	From:	January 1, 2019	To:	December 31, 2019
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$444,427.00	\$24,440.00	5.50%
2.	Employee Benefits/Payroll Taxes	\$131,881.00	\$560.00	0.42%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$56,011.00	\$0.00	0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$47,506.00	\$0.00	0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$95,175.00	\$0.00	0.00%
	Total Expenses	\$775,000.00	\$25,000.00	3.23%

Revised 5/2018



Attachment A

#### **Budget Narrative**

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

Salaries (tist employees and individual compensation):

The following staff members provide vital services to the program:

1 Program Manager 0.50 \$24,440

- 2 Therapist 0.40 \$18,000
- 3 LPN 0.37 \$15,556
- 4 Mental Health Technician 3.00 \$66,000

5 Substance Abuse Counselor 0.30 \$10,296

6 Director of Outpatient, Therapy 0.10 \$5,850.

Total Salary \$140,142 and Benefits \$41,586.

Professional Fees (list vendor and type of service provided)

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2018

Jerome Golden Center for Behavioral Health



Attachment A

Supplies (list supplies/equipment); We serve our clients three nutritious meals a day and provide the vital medications they need for their treatment.

Food \$15,425 Medical and Pharmacy \$2,847

Travel (individuals traveling, destination and purpose).

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

Miscellaneous Expense (specify items):

Revised 5/2018

Jerome Golden Center for Behavioral Health



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 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.

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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 5/2018

Jerome Golden Center for Behavioral Health



Attachment A

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. Additionally, I certify that the organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which 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

#### Department of the Treasury

State, Department, Division (Not-for-profit organizations	with headquarters outside of Florida)
Dr. Linda De Piano	CEO
Name (please print)	Title (please print)
Signature	6/29/18 Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and subs	cribed before me this $29 \frac{9}{day}$ of
June . 2018 by Linda De P	(a.no, AD_ (name of individual) as
	ne Golden Centeriname of
organization/ agency), who is personally known to me o	r who produced
as identificati	ON. JOANN SCAMORZA Notary Public – State of Florida Commission 4 GG 194133

ana samo Public

My Commission Expires:



Revised 5/2018

Jerome Golden Center for Behavioral Health



Attachment A

#### **APPLICATION**

Organization Name: KidSafe Foundation FEID #: 27-1067698 Web Address: www.kidsafefoundation.org 20283 State Road 7 - building 300 - suite 102 Address: STREET ADDRESS Boca Raton, FL 33498 CITY, STATE, ZIP Sally Berenzweig **Executive Director:** NAME Sally Berenzweig SIGNATURE 561-715-1077 sallyb@kidsafefoundation.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** none NAME SIGNATURE TELEPHONE NUMBER E-MAIL ADDRESS

Date:

4/11/18

Revised 5/2018



Attachment A

Organization Name: KidSafe Foundation

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

KidSafe Foundation's purpose is to protect children by preventing child sexual abuse, bullying and Online exploitation through comprehensive education for children, parents, and all professionals working with children.

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

The KidSafe program to be funded is to provide education materials for ongoing child abuse prevention learning at local social service agencies as well as safety fairs, back to school events for under served families and local schools. The funds requested would supplement the printing and distribution of KidSafe's 2 award winning safety books, "My Body is Special and Belongs To Me!" and "Jack Teaches His Friends To Be KidSafe!" These books will be used as a resource for children, parents, teachers, DCF, Social Workers, CPIS investigators and Foster Care Staff and Foster parents. These books are a tool for professionals and parents to help them protect children by raising awareness and providing concrete skills and a language of safety to be the first line of defense in a child's safety.

#### What results are you committed to achieving?

We are committed to providing over 3,000 educational books to Palm Beach County professionals and families. Many of these books will be provided at KidSafe's sexual abuse prevention trainings for professionals working with children, as well as at safety fairs, conferences, back to school events for children in need. These books serve as a catalyst to opening the lines of communication between children and their trusted adults about personal safety. Within each book is a section for children empowering them with safety skills, refusal skills and tools to keep themselves safe as well as a section for adults on how to keep children safe and talk to children about their personal safety without creating fear.

Revised 5/2018

KidSafe Foundation



FINANCIAL APPLICATION

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

Period Covered (one year) From: January 1,

January 1, 2019 To: December 31, 2019

Attachment A

Revised 5/2018

KidSafe 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):

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

KidSafe's two award winning safety books - "My Body is special and belongs to me!" and "Jack Teaches his Friends to be KidSafe!" -printing and distribution for both books in English - Spanish & Creole. Both books are over 30 pages, full colored and stapled.

Revised 5/2018

KidSafe Foundation



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 5/2018

KidSafe Foundation



Attachment A

#### Disclosure re: Organization's background:

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

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

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

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

Revised 5/2018

KidSafe Foundation



Attachment A

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APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. Additionally, I certify that the organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Inte

Cofounder & Executive Director

Title (please print)

6/11/18

#### KidSafe Foundation

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

Sally Berenzweig

Name (please print)

Sally Berenzweig Signature

NOTARY SECTION:

State of <u>Flor: du</u> County of <u>Palin Blac</u>h

	ay of
20_18 by Sally Berenzue of (name of individua	l) ae
Copsunder d Ex. Dir. (title) of Kid Sale Foundationaling	1) 00 2000 of

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

As identification. Notary Public MiSTI BARBER Notary Public-State of Florida Commission # GG 096162 My Comm. Expires: 8.3.31 KidSafe Foundation



Attachment A

#### **APPLICATION**

Organization Name: Palm Beach County PAL, Inc. FEID #: 65-0461384 www.pbcpal.org Web Address: 3228 Gun Club Rd Address: STREET ADDRESS West Palm Beach, FI 33406 CITY, STATE, ZIP Scott Scrviner **Executive Director:** NAME SIGNATURE 561 687-6771 pbcpal@pbso.org TELEPHONE NUMBER E-MAIL ADDRESS **Fiscal Agent:** Dale Sisson NAME

Jusin

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

Date:

DATE

6/28/2018

Revised 5/2018



Organization Name:\_\_\_\_\_

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

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

Crime Prevention Program

✓ Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

✓ School Resource Officers

Organization Purpose:

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

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

The event to be funded is the 9th annual Youth Summit to be held in April of 2019 at Palm Beach Lakes High School in West Palm Beach. The partners of the annual event are once again projecting that 600 youth, approximately 60 volunteers, 50 parents, and 25 vendors will be in attendance. The youth will participate in life enriching workshops and activities in the areas of crime/gang and drug prevention, school safety, career options/education, employment readiness, bullying and cyber-bullying, leadership skills, and other topics. The youth will also have the opportunity to dialogue with victims of crime, former gang members, DJJ involved teens, former alcohol and other substance users, as well as law enforcement officers and school resource officers. During the day, youth will visit the resource tables and learn about the many services offered to them in PBC.

What results are you committed to achieving?

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

Parents will have the opportunity to participate in a workshop title "Time for your Teen" and will learn appropriate tools for a better communication with their teens.

Revised 5/2018

Palm Beach County PAL, Inc.

Attachment A



# FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2019	To:	December 31, 2019
---------------------------	-------	-----------------	-----	-------------------

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$4,800.00	\$2,800.00	58.33%
4.	Occupancy/Utilities	\$1,025.00	\$1,025.00	100.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$13,610.00	\$5,175.00	38.02%
9.	Travel	\$500.00	\$500.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$500.00	\$500.00	100.00%
	Total Expenses	\$20,435.00	\$10,000.00	48.94%

Revised 5/2018

Palm Beach County PAL, Inc.



Attachment A

#### **Budget Narrative**

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

Salaries (list employees and individual compensation):

N/A

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

LETF will pay for the production of the 2019 Youth Summit video produced by teens from low socio-economic areas - \$800.

LETF will cover a portion of Digital Vibez' fee - \$2,000. The Digital Vibez staff will educate, entertain, DJ, and promote a student talent show (all day participation) - The fee for Digital Vibez is 4,000.

The Youth Summit committee will explore other funding sources for the full payment of Digital Vibez.

Occupancy/Utilities (list utilities):

LETF will pay for the event's venue, Palm Beach Lakes H.S. - \$1,025.

Telephone (provide telephone numbers): N/A

Printing & Publications (list type of material):

The Youth Summit committee members will be responsible for the printing of the materials.

Revised 5/2018

Palm Beach County PAL, Inc.



Attachment A

Supplies (list supplies/equipment):

LETF will pay the caterer for 700 lunches and refreshments for attendees and volunteers - \$4,550. LETF will assist with the purchase of giveaway items (thumb drives) for attendee students - \$625.

The Youth Summit committee will explore other funding sources to cover the drawstring bags, T-Shirts, and giveaways.

Travel (individuals traveling, destination and purpose):

LETF will assist local agencies with gas allowance for the transporting of youth from distant areas of Palm Beach County such as the Glades - \$500.

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

Miscellaneous Expense (specify items):

LETF will purchase items/supplies for the event such as paper goods, as well as incentive raffle prizes for the youth attendees - \$500.

Revised 5/2018

Palm Beach County PAL, Inc.



Attachment A

#### Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 🗸 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 Novility 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 5/2018

Palm Beach County PAL, Inc.



Attachment A

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. Additionally, I certify that the organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the grovisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the State of Florida, Department of State, Division of Corporations, or (c) a Non-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the State of Florida, Department of State, Division 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 Flo	rida)
Scott Scrivner	Director	
Name (please print)	Title (please print)	
Signature		
NOTARY SECTION: State of <u>Florida</u> County of <u>Palm Beach</u>		
July 20 <u>18</u> by	owledged and subscribed before me this <u>26</u> th d <u>Scott Scrivner</u> (name of individu (title) of <u>PBC PAL</u> (r	•
organization/ agency), who is person	nally known to me or who produced as identification.	NANDA K. W.
Auchite Notary Public	My Commission Expires: JUNE 30,2	C2   4 3 90 094652 ************************************
Revised 5/2018	Palm Beach County PAL, Inc.	7



Attachment A

#### **APPLICATION**

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

FEID #: 20-8077416

Web Address:

www.takestockpalmbeach.org

Address:

1896 Palm Beach Lakes Blvd., Ste. 103 STREET ADDRESS

West Palm Beach, FL 33409

CITY, STATE, ZIP

**Executive Director:** 

Nancy R. Stellway NAME Tellwar SIGN UŔE

nstellway@takestockpalmbeach.org

TELEPHONE NUMBER

561-683-1704

E-MAIL ADDRESS

Fiscal Agent:

N/A

SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

DATE

Revised 5/2018



Organization Name:\_\_\_\_\_

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

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

Mentoring assures troubled youth that they are not alone in dealing with day-to-day challenges and gives them a sense of validation. We offer underserved youth one-on-one mentorship, college readiness services, anti-crime/drug workshops, full-tuition college scholarships, post-secondary retention and hope for a brighter future. Our comprehensive services start in middle school, continue through high school and remain through post-secondary completion. Our wrap-around services are geared toward the successful outcome of each student enrolled. Students are given 2 research-driven factors for the prevention of crime & drugs: a positive role model and a guaranteed post-secondary education. Youth who meet regularly with a mentor are 46% less likely to start using illegal drugs & 55% more likely to be enrolled in college.

What results are you committed to achieving?

With a 98% program success rate, the program has effectively provided a pathway to success for low-income, at-risk youth by providing students with the resources they need to remain crime & drug free, escape poverty, and attain post-secondary education. Based on 2016/2017 school year: 98% of TSIC students graduated from high school.

97% of TSIC class of 2017 enrolled into a two or four-year post-secondary program.

85% of TSIC students needed no post-secondary remediation.

75% of TSIC students completed college, compared to the state avg. of 28% for students in poverty. 98% of TSIC students enrolled remained drug-free and crime-free.

Revised 5/2018

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

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Attachment A



Attachment A

### **FINANCIAL APPLICATION**

Period Covered (one year)	From:	January 1, 2019	To:	December 31, 2019
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$570,859.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$116,458.00	\$0.00	0.00%
3.	Professional Fees	\$20,250.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$54,458.00	\$0.00	0.00%
5.	Telephone	\$11,293.00	\$0.00	0.00%
6.	Postage/Shipping	\$3,025.00	\$0.00	0.00%
7.	Printing & Publications	\$34,700.00	\$0.00	0.00%
8.	Supplies	\$12,950.00	\$0.00	0.00%
9.	Travel	\$17,750.00	\$0.00	0.00%
10.	Meetings	\$160,260.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$633,000.00	\$25,000.00	3.95%
	Total Expenses	\$1,635,003.00	\$25,000.00	1.53%

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

Attachment A



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

#### **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):

We currently have a team of 10 full-time individuals serving our cohort of 1,207 students and 425 volunteers. Execuive Dir. \$98880; Dir. of Prog. Services \$53424; Mentor Coord. \$38273; Mentor Ananlyst \$37128; Dir. College Retention \$49894; College Retention Coach \$39140; Dir. of Development \$91670; Finance Administrator \$40300; Development Mgr. \$43088; Development Coord. \$39300

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

Financial Audit & Tax Services \$13.000; Payroll Services & Quarterly Reporting \$750; Registration Renewals \$300; Permit Fees \$500; and Merchant Fees \$5,700

Occupancy/Utilities (list utilities):

Facility Rent \$29,722; FPL/Electric \$3,400; Total cost for A/C Maintenance, Pest Control Services, Alarm Monitoring and Cleaning Services = \$4,792; Liability Ins. \$6,617; Property Ins. \$882; Directors & Officers Ins. \$1,495; W/Comp \$3,000; and Communications Technology \$4,550.

Telephone (provide telephone numbers):

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

Printing & Publications (list type of material):

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

Revised 5/2018 College for Kids Inc. d/b/a Take Stock in Children PBC



#### Supplies (list supplies/equipment):

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

Travel (individuals traveling, destination and purpose):

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

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

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

#### Miscellaneous Expense (specify items):

LETF's allocation towards misc. expenses will cover \$1,000 toward the contracted price for us retain full-time AmeriCorps staff members that provide one-on-one college readiness to our students participating in the program. In addition, \$24,000 of your funds will cover the cost of six (6) PBSO Scholars, your funds will be used to purchase 6x two-year (60-credit hrs) Florida Prepaid Scholarships. Scholarships are matched dollar for dollar thru our partnership with FL Prepaid.

Revised 5/2018



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 I No I If yes, please provide the reasons for such denial, suspension, or revocation

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Revised 5/2018

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



Attachment A

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

Nancy Stellway Name (please print)

Title (please print) 6/15/2018

**Executive Director** 

NOTARY SECTION: State of Florida Valm Beach County of

The foregoing Agreement was acknowledged and subscribed before me this 15 day of <u>i)UNC</u>, 2018 by <u>Manley</u> Stellway (name of individual) as <u>ERCUNP</u> <u>Director</u> (title) of <u>Take Stack in Philaden</u> <u>PBC</u> (name of

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

need through varional hotaly Assn. as identification. My Comm. Expires Dec 30, 2021 ELSSAL DD # NOISSIMMOD epi Notary Public - State of Flor LIDIA M. VARGAS 30 Notary Pub 2021 My Commission Expires:

Revised 5/2018

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