

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>
Personal Services	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Capital Expenditures	_____	_____	_____	_____	_____
External Revenues	(10,000)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	(10,000)	_____	_____	_____	_____

ADDITIONAL FTE POSITIONS (Cumulative) 0 0 0 0 0

Is Item Included In Current Budget? Yes X No _____
 Does this item include the use of federal funds? Yes _____ No X
 Budget Account Exp No: Fund 0001 Dept. 660 Unit 6100 Obj. 1201
 Rev No: Fund 0001 Dept. 660 Unit 6110 Rev. 2900

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

Fund: 0001 – General Fund
 Unit: 6110 – Home Care Giver Ordinance

This agreement is to help offset the current personnel cost that is not funded by the revenue that is collected and decrease the impact to the general fund. A budget amendment is not included since operating expenses are not increasing.

C. Departmental Fiscal Review: [Signature] 10/5/21

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 11/19/21
 OFMB 9A 11/18/21
 [Signature] 11/18/21
[Signature] 11/30/21
 Contract Dev. And Control
 11-29-21 TW

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney
 for: Jean Williams

C. Other Department Review:

 Department Director

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



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

THIS AGREEMENT is entered into by and between Palm Beach County Board of County Commissioners, with headquarters in West Palm Beach, Florida (hereinafter referred to as the "Recipient"), and Palm Beach County Sheriff's Office, (hereinafter referred to as the "Agency").

WHEREAS, the Recipient represents that it is fully qualified and eligible to receive these award funds to provide the services identified herein; and

WHEREAS, the Agency has the authority to award these funds to the Recipient based upon the terms and conditions hereinafter set forth; and

NOW, THEREFORE, the Agency and the Recipient do mutually agree as follows:

1. SCOPE OF WORK
The Recipient shall fully perform its obligations in accordance with the State Law Enforcement Trust Fund (LETF) Donation Application, "Attachment A" of this Agreement, incorporated as if fully stated herein.
2. PERIOD OF AGREEMENT
This Agreement shall begin 07/01/2021 and shall end 06/30/2022, unless terminated earlier in accordance with the provisions of Paragraph (3) or (9) of this Agreement.
3. MODIFICATION OF CONTRACT
Either party may request modification of the provisions of this Agreement. Notwithstanding, Recipient shall request prior approval for any program or budget modifications which deviate from the approved program and/or budget. Changes which are mutually agreed upon shall be valid only when reduced to writing, duly signed by each of the parties hereto.
4. RECORDKEEPING
 - (a) The Recipient shall retain sufficient records demonstrating its compliance with the terms of this Agreement, and the compliance of all subcontractors or consultants to be paid from funds provided under this Agreement, for a period of five years from the date of submission of the Final Program Evaluation Form.
 - (b) The Recipient shall maintain all records for the Recipient in a form sufficient to determine compliance with its obligations and objectives as set forth in the LETF Donation Application, Attachment A.
 - (c) The Recipient, its employees or agents, shall allow access to its records at reasonable times to the Agency. "Reasonable" shall be construed according to the circumstances but ordinarily shall mean during normal business hours of 8:00 a.m. to 5:00 p.m., local time, on Monday through Friday.
5. REPORTS
 - (a) At a minimum, the Recipient shall provide the Agency with semi-annual Program Evaluation reports, utilizing the Program Evaluation Form attached to this Agreement as "Attachment B". These reports shall include the current status and progress by the Recipient in completing the work described in "Attachment A" and the expenditure of funds under this Agreement, in addition to such other pertinent information as requested by the Agency.

- (b) The Program Evaluation Form, included in "Attachment B", is due to the Agency no later than 30 days after the end of both the first and second semi-annual reporting periods. The first semi-annual period is defined as January 1 through June 30. The second semi-annual period is defined as July 1 through December 31.
- (c) The Accounting of Funds form, included in "Attachment C", is due 60 days after the earlier of termination of this Agreement or upon completion of the activities funded by this Agreement.
- (d) If any report or form required to be submitted by Recipient is not submitted to the Agency or is not completed in a manner acceptable to the Agency, the Agency may withhold consideration for future awards.
 - (1) "Acceptable to the Agency" means that the report or form is fully completed and/or that the funded activities were completed in accordance with "Attachment A".
 - (2) The Recipient shall provide such additional program updates, reports or information as may be required by the Agency.

6. MONITORING

- (a) The Recipient shall monitor its performance under this Agreement, as well as that of its subcontractors, subrecipients and consultants who are paid from funds provided under this Agreement, to ensure that the Recipient's commitments included in "Attachment A" are accomplished within the specified award amount.
- (b) By entering into this Agreement, the Recipient agrees to comply and cooperate with all monitoring procedures/processes deemed appropriate by the Agency. In the event that the Agency determines that a limited scope audit of the Recipient is appropriate, the Recipient agrees to comply with any additional instructions provided by the Agency to the Recipient regarding such audit. The Recipient further agrees to comply and cooperate with any inspections, reviews, investigations or audits deemed necessary by the Agency. In addition, the recipient agrees that the Agency has the authorization to monitor the performance and financial management of the Recipient in regard to the commitments in this Agreement throughout the contract term to ensure timely completion of all tasks.

7. LIABILITY

By its approval of Recipient's LETF Donation Application or the granting of LETF funds to the Recipient, the Agency does not and shall not assume any liability associated with the Recipient's use of the donated funds. Without waiving the right to sovereign immunity, as provided by Section 768.28, Florida Statutes, Recipient and Agency represents that they are political subdivisions of the state subject to the limitations of Section 768.28, Florida Statutes, as amended. Recipient and Agency shall each maintain fiscally prudent liability programs with regard to their respective obligations under this Agreement.

At no time shall Recipient represent to any third party that Recipient is an officer, agent, employee, or representative of the Agency. In addition, nothing in this Agreement shall be deemed or construed as creating or giving rise to any right in any third parties or persons other than the parties hereto.

8. DEFINITION OF "EVENT OF DEFAULT"

- (a) Any warranty or representation made by the Recipient in this Agreement or any previous Agreement with the Agency that was at any time false or misleading in any respect, or if the Recipient fails to keep, observe or perform any of the obligations, terms or covenants contained in this Agreement or any previous agreement with the Agency and has not cured such in timely fashion, or is unable or unwilling to meet its obligations thereunder;
- (b) If any reports required by this Agreement have not been submitted to the Agency or have been submitted with incorrect, incomplete or insufficient information;

- (c) If the Recipient has failed to perform and complete in timely fashion any of its obligations under this Agreement;
- (d) A misuse of funds by Recipient;
- (e) A lack of compliance with applicable rules, laws and regulations;
- (f) A refusal by the Recipient to permit Agency access to any document, paper, letter, or other material subject to disclosure under this Agreement or necessary to determine compliance with this Agreement.

9. REMEDIES

- (a) Upon an Event of Default, the Agency may, at its option and upon written notice to the Recipient, exercise any one or more of the following remedies:
 - (1) requesting additional information from the Recipient to determine the reasons for or the extent of non-compliance or lack of performance, including a reasonable time period for Recipient to respond.
 - (2) issuing a written warning to advise that more serious measures may be taken if the situation is not corrected within a reasonable time period to be determined by the Agency,
 - (3) advising the Recipient to suspend, discontinue or refrain from incurring costs for any activities in question or
 - (4) requiring the Recipient to reimburse the Agency for the amount of costs incurred for any items determined to be ineligible;
 - (5) Commence an appropriate legal or equitable action to collect monetary damages or enforce performance of this Agreement;
 - (6) Terminate this Agreement;
 - (7) Exercise any other rights or remedies which may be otherwise available under law.

10. NOTICE AND CONTACT

All notices provided under or pursuant to this Agreement shall be in writing, and may be made both by hand delivery, or first class, certified mail, return receipt requested, to the representative identified below at the address set forth below and said notification attached to a copy of this Agreement.

PBSO:
 With a copy to:
 With a copy to:

Ric L. Bradshaw, Sheriff
 Keeler Shephard
 Catherine M. Kozol
 Department of Legal Affairs
 Palm Beach County Sheriff's Office
 3228 Gun Club Road
 West Palm Beach, Florida 33406

The name and address of the Representative of the Recipient responsible for the administration of this Agreement is:

Rob C. Shelt, Director
Palm Beach County, Public Safety Department, Division of Consumer Affairs
50 South Military Trail, Suite 201
West Palm Beach, FL 33415

In the event that different representatives or addresses are designated by either party after execution of this Agreement, notice of the name, title and address of the new representative will be rendered as provided above.

11. TERMS AND CONDITIONS

This Agreement contains all the terms and conditions agreed upon by the parties.

12. ATTACHMENTS

Attachment A – Application, Financial Application, Budget Narrative, and Application Certification

Attachment B – Program Evaluation and Program Evaluation Certification

Attachment C – Accounting of Funds

13. STANDARD CONDITIONS

(a) With respect to any Recipient which is not a local government or state agency, and which receives funds under this Agreement, by signing this Agreement, the Recipient certifies, to the best of its knowledge and belief, that it and its principals:

(1) have not, within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(2) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any offenses enumerated in paragraph 15(a)1; and

(3) have not within a five-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default.

(b) Where the Recipient is unable to certify to any of the statements, such Recipient shall attach an explanation to this Agreement.

14. GOVERNING LAW AND VENUE

This Agreement shall be construed in accordance with the laws of the State of Florida. Venue shall lie in Palm Beach County, Florida.

15. LICENSING AND PERMITTING

Recipient shall not utilize any subcontractors, consultants, or employees to perform any activities funded under this agreement unless such subcontractors, consultants, or employees have all current licenses and permits required for all of the particular work for which they are hired by the Recipient.

16. ENTIRETY OF CONTRACTUAL AGREEMENT

The Agency and Recipient agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto in accordance with paragraph 3.

17. LEGAL AUTHORIZATION

The Recipient certifies with respect to this Agreement that it possesses the legal authority to receive the funds to be provided under this Agreement with all covenants and assurances contained herein. The Recipient also certifies that the undersigned possesses the authority to legally execute and bind Recipient to the terms of this Agreement.

18. E-Verify Employment E

The parties warrant and represent they are in compliance with Section 448.095, Florida Statutes, as may be amended, and that they: (1) are registered with the E-Verify System (E-Verify.gov), and beginning January 1, 2021, uses the E-Verify system to electronically verify the employment eligibility of all newly hired workers; and (2) verified that all the parties' subconsultants performing the duties and obligations of this contract are registered with the E-Verify System, and beginning January 1, 2021, use the E-Verify System to electronically verify the employment eligibility of all newly hired workers.

IN WITNESS WHEREOF, the parties hereto have caused this contract to be executed by their undersigned officials as duly authorized.

RECIPIENT:

Palm Beach County Board of County Commissioners
Organization Name


BY: _____
Name and Title: Robert S. Weinroth, Mayor

Date: _____

FEID # 59-6000785

AGENCY:

PALM BEACH COUNTY SHERIFF'S OFFICE

BY:  _____
Ric L. Bradshaw, Sheriff

Date: September 23, 2021

ATTEST:

JOSEPH ABRUZZO
CLERK AND COMPTROLLER

By _____
Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By _____
County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

By  _____
Department Director



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

Attachment A

APPLICATION

Organization Name: Palm Beach County Board of County Commissioners -Consumer Affairs

FEID #: 59-6000785

Web Address: www.pbcgov.org/consumer

Address: 50 South Military Trail
STREET ADDRESS
West Palm Beach, FL 33415
CITY, STATE, ZIP

Executive Director: Stephanie Sejnoha, Public Safety Department Director

NAME

SIGNATURE

561-712-6473

ssejnoha@pbcgov.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Fiscal Agent: Marianela Diaz, Director of Finance - Public Safety Department

NAME

SIGNATURE

561-712-6476

mdiaz@pbcgov.org

TELEPHONE NUMBER

E-MAIL ADDRESS

Date: 11/2/20

DATE



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

Organization Name: Palm Beach County Board of County Commissioners -Consumer Affairs

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

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

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

Organization Purpose:

The Division of Consumer Affairs (DCA) is a Palm Beach County government agency organized within the Public Safety Department. DCA extends consumer protection services to residents through administration of County ordinances and prescribed programs.

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

In cooperation with PBSO, the County enacted the Home Caregiver Ordinance on October 20, 2015 as a way to curtail abuse, neglect, and exploitation of elderly and disabled persons. The ordinance requires individuals who receive compensation from a vulnerable adult in exchange for assisting with covered activities and/or instrumental activities of daily living to undergo a level II criminal background screening. While applicants pay a licensing fee, program expenses exceed revenue. To keep fees affordable and achieve a high level of compliance, the County seeks to close the shortfall with an award from LETF as shown in the budget. Program activities include fingerprinting, creating and maintaining a licensee record, reviewing criminal record, producing a picture ID badge, maintaining a public ID badge "look up", outreach/ education, and enforcement for non-compliance.

What results are you committed to achieving?

Through the administration of the Home Caregiver Ordinance, which includes a level 2 criminal background screening and production of an ID badge, the County, prosecutors, law enforcement, DCF, and vulnerable population advocates aim to reduce crimes (i.e. abuse, neglect, exploitation) of elderly and disabled persons perpetrated by home caregivers. Once the application is processed and no criminal disqualifying offenses are identified, applicants are issued a photo ID and appear in a web-based public look up tool to confirm eligibility. The badge is valid for 5-years unless eligibility changes. Fingerprints are retained and monitored through the duration of the ID Badge. Should a disqualifying offense occur and/or eligibility change, the ID Badge is suspended. Since 4/2016, more 16,800 home caregivers have be processed with approximately 250 new applicants each month.



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

Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2021 To: June 30, 2022

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$93,100.00	\$10,000.00	10.74%
2.	Employee Benefits/Payroll Taxes	\$45,300.00		0.00%
3.	Professional Fees	\$25,100.00		0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$163,500.00	\$10,000.00	6.12%



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

Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Compensation for the following positions is charged to the Home Caregiver Program: (a) Consumer Affairs Investigator - Juan Santiago 100%, (b) Customer Service Specialist II - Patricia Cruz 90%, (c) Fiscal Specialist II - Dianne White 30% of 60% of total, (d) Customer Service Specialist I, 25% of 35% of total and (e) Director - Rob Shelt 5% of 50% of total.

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

Florida Department of Law Enforcement - background checks and fingerprint retention fees
QLess, Inc. - online scheduling system
Safeguard Document Destruction, Inc. - document shredding

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Canon Financial Services, Inc. - rental of copiers
Graphics Division - reproduction of brochures



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

Attachment A

Supplies (list supplies/equipment):

IdentiSys Incorporated - supplies for photo identification machines
Office Depot, Inc. - office supplies
Insight - Public Sector, Inc. - office supplies
Dell Marketing, LP - office supplies

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Biometrics4ALL, Inc. - maintenance for photo identification livescan equipment



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

Attachment A

Disclosure re: Organization's background:

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

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

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

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

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



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

Attachment A

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

N/A - Government Agency

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

Stephanie Sejnoha

Name (please print)

Director, Public Safety Department

Title (please print)

Handwritten signature of Stephanie Sejnoha

Signature

12-2-20

Date

NOTARY SECTION:

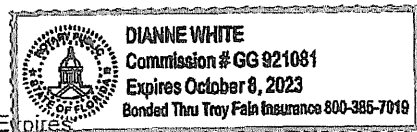
State of Florida

County of Palm Beach

The foregoing Agreement was acknowledged and subscribed before me by means of [X] physical presence or [] online notarization, this 2nd day of December, 2020 by (name of individual) as (title) of (name of organization/ agency), who is personally known to me or who produced as identification.

Handwritten signature of Dianne White

Notary Public



My Commission Expires



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

Program Evaluation Form

Legal Name & Address of Recipient: _____

Date of LETF Award: _____ Reporting Period: <input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec <input type="checkbox"/> Final

Please provide a review of the funded program efforts covering the prior 180 days of activity. The review should include the following:

- A status report of how the funds have been spent
- A review of related program activity
- Any changes from the original, approved application/budget plan submitted
- Any problems encountered in programmatic/budget activity.
- If this is a final report, it must be accompanied by the "Accounting of Funds Form"

Please utilize the attached forms.

**Forward This Report to:
Keeler Shephard
c/o Palm Beach County Sheriff's Office
3228 Gun Club Road
West Palm Beach, Florida 33406**



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

PROGRAM EVALUATION

Period Covered (6 months) From: ___/___/___ To: ___/___/___

No.	Expense Category	Total Awarded	Expenditure for this Period	Remaining Balances per Category
1.	Salaries	\$	\$	\$
2.	Employee Benefits/Payroll Taxes	\$	\$	\$
3.	Professional Fees	\$	\$	\$
4.	Occupancy/Utilities	\$	\$	\$
5.	Telephone	\$	\$	\$
6.	Postage/Shipping	\$	\$	\$
7.	Printing & Publications	\$	\$	\$
8.	Supplies	\$	\$	\$
9.	Travel	\$	\$	\$
10.	Meetings	\$	\$	\$
11.	Miscellaneous Expenses	\$	\$	\$
	Totals	\$	\$	\$



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

Please describe program activities during the past 6 month period:

Please describe program modifications/budget modifications made since time of original application:

Please describe any problems which have been encountered in the past six months regarding programmatic/budget operations:



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

Attachment B

Special Notes:



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

Program Evaluation Certification

I hereby certify that all of the information provided is true, correct, and complete to the best of my knowledge.

Name (please print) Title (please print)

Signature Date

NOTARY SECTION:

State of _____

County of _____

The foregoing Program Evaluation Form was acknowledged and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20__ by _____ (name of individual) as _____ (title) of _____ (name of organization/ agency), who is personally known to me or who produced _____ as identification.

Notary Public

My Commission Expires: _____

PALM BEACH COUNTY
SHERIFF'S OFFICE
RIC L. BRADSHAW, SHERIFF



Attachment C

ACCOUNTING OF FUNDS
STATE LAW ENFORCEMENT TRUST FUND RECEIPTS

RECIPIENT AGENCY: _____
AMOUNT: _____
PBSO CHECK #: _____
CHECK DATE: _____

DATE	CHECK #	PAYEE	EXPENSE TYPE	DESCRIPTION OF ITEMS PURCHASED	AMOUNT

DATE	CHECK #	PAYEE	EXPENSE TYPE	DESCRIPTION OF ITEMS PURCHASED	AMOUNT

TOTAL	
FUNDING FROM LETF	
DIFFERENCE	

_____ AUTHORIZED SIGNATURE

_____ TITLE

_____ DATE

CHECKS, INVOICES, RECEIVING DOCUMENTATION, ETC. MUST BE AVAILABLE TO PBSO UPON REQUEST.

Please Return to: Keeler Shephard
Palm Beach County Sheriff's Office
3228 Gun Club Road
West Palm Beach, FL 33406