Agenda Item No. 3CC-1

#### **PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS** AGENDA ITEM SUMMARY

		AULIN	DATILINI GUNINA	-71/1		
Meeting Date: Oc	tober 21, 2025	[×]	Consent	I	]	Regular
Danasta		[]	Ordinance	]	]	Public Hearing
Department: Submitted By: Submitted For:	Palm Beach Co					
		I.	EXECUTIVE B	RIEF		
Motion and Title: S Enforcement Trust Fo	taff recommends und (LETF) to the F	<b>motior</b> Palm Be	<b>to approve</b> : a B ach County Sheriff	udget Tra 's Office (	ansf PBS	er of \$1,630,000 from the Law SO).
for school resource programs, or for othe investigations, providing matching go the LETF's previous education, drug prevarious non-profit orgend close-out. PBSC reduction of crime throughout to support organizations after a organizations that me approval by the Boar balance is \$3,009,636 that the use of these indicating the organization countywide (RS) (Countywide (RS) (Countywide (RS))	officer, crime preser law enforcement ling additional equivant funds. Section year's revenues livention, crime prevanizations. PBSO's oughout the committee the requirements of County Common Approval of this item to the funds is in accordations the PBSO on or agency. No portinued on Page is the law entinued on Page is the law entitled in	evention t purpose ipment of 932.70 be used vention, s FY 202 e progra unities it such se n is \$1,6 s set fort nissioner equest w rdance seeks to new pos 3)	safe neighborhouses, which include for expertise, purch (55(5), Florida Stafe for the support of safe neighborhouses exemplifies it serves and its deservices. The year-to (30,000. The fund hin Section 932.70 for (BCC), upon receill reduce the State with Section 932.70 fund and the conditions are needed in the safe fund and the conditions are needed.	od, drug defraying asing aufoutes, also or operation on require strong of the control of the LETF barons and no acceptant of the control of t	abouthed the tomas of recommon ted the toridary and the ted toridary and the ted the toridary and the ted the	cy shall use Forfeiture proceeds use education and prevention acceptance cost of protracted or complex ated external defibrillators, and quires that no less than 25% of of drug treatment, drug abuse I resource officer programs of nt will not be finalized until year-mitment to the prevention and they back into these communities are to aid PBSO and qualified a Statutes. Use of LETF requires PBSO. The current State LETF the to \$1,379,636. PBSO certifies da Statutes. Below is a table mount of funding proposed per onal County funds are required.
services and also hadrug prevention prograwith Section 932.705 than 25 % of the last treatment, drug abus	s a long-standing of rams within Palm Bo 5(5), Florida Statut st fiscal year's rev se education, drug SO certifies that th	commitmeach Co es, upo enues b prevente e use of	nent to the reduction unty. Use of LETF in request of the Place donated or expetion, crime preven	on of crime requires a 3SO. This ended for tion, safe	e ar appr s St r the nei	nt and effective law enforcement and implementation of crime and roval by the BCC, in accordance atute also requires that no less e support or operation of drug ighborhood or school resource as listed above is in accordance
Attachments:						
<ol> <li>Budget Trans</li> <li>LETF Donation</li> </ol>	fer n Applications (40)					
					: === === ==	=======================================
RECOMMENDED BY	:	L	TOD		9/2	23/25
	DEFARIMENT	NIKEC	IUK			DATE
APPROVED BY:	<u> </u>	14				
	COUNTY ADM	INISTRA	A FOR			DATE

### II. FISCAL IMPACT ANALYSIS

A.	Five Year Summary	of Fiscal Impac	ct:			
	scal Years	2026	2027	2028	2029	2030
	apital Expenditures perating Costs	\$1,630,000				
Pr	cternal Revenues ogram Income ounty)	(\$1,630,000)				
•	Kind Match (County)	0				
	Net Fiscal Impact	0				
(C	# Additional FTE Positions umulative)	0				
ls	Item Included in Curre	nt Budget: YES	S	NO X		
Do	oes this item include the	e use of federal fo	unds: YES	NO	X	
Do	oes this item include the	e use of state fun	ds: YES	X NO		
Bu	dget Account No.: Fund	1151 Agency	_160 Org	1690	Object	9498
		Reporting Category				
		<b>g ,</b>				
The Fund	Recommended Sou funds are being reques ds are required.	sted from the Stat	te Law Enforc	ement Trust	Fund. No	additional County
		<u>III R</u>	REVIEW CON	<u>IMENTS</u>		
Α.	OFMB Fiscal and/o	r Contract Admi	inistration C	omments:		
(	Lose Mate	9/24/2625		Thul	le Bri	all 9/25/2
`	Obeyor OFMB	OM 9/24		Contract	Administra	ation Egg. es. es
B.	Legal Sufficiency:					
	Assistant Cou	inty Attorney	/29/zozs	^		
C.	Other Department I	Review:				
	Department D	irector	· · · · · · · · · · · · · · · · · · ·			

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

### Summary: (Continued)

ORGANIZATION	AMOUNT
211 Palm Beach Treasure Coast, Inc.	\$75,000
Alzheimer's Community Care, Inc.	\$15,000
Bella's Angels, Inc.	\$75,000
Big Dog Ranch Rescue, Inc Spay & Neuter Program	\$100,000
Big Dog Ranch Rescue, Inc Veterans Program	\$250,000
Boca Helping Hands, Inc.	\$15,000
Boys and Girls Clubs of Palm Beach County, Inc Belle Glade	\$25,000
Boys and Girls Clubs of Palm Beach County, Inc Wellington	\$10,000
Center for Family Services of Palm Beach County, Inc.	\$10,000
Child Rescue Coalition, Inc.	\$15,000
Cox Science Center and Aquarium, Inc.	\$25,000
Crime Stoppers of Palm Beach County, Inc.	\$30,000
Els for Autism Foundation, Inc.	\$25,000
Esperanza Community Center, Inc.	\$10,000
Ferd & Gladys Alpert Jewish Family Service Center of Palm Beach County, Inc.	\$10,000
Fiesta de Pueblo, Inc.	\$20,000
Florida Alliance to End Human Trafficking, Inc.	\$10,000
Florida Crime Prevention Association, Inc.	\$5,000
Girl Scouts of Southeast Florida, Inc.	\$20,000
HACER Ministry Corporation, Inc.	\$10,000
Hispanic Human Resources Council, Inc	\$10,000
Mental Health Association of the Palm Beaches, Inc.	\$10,000
Operation 300, Inc.	\$300,000
PACE Centers for Girls, Inc.	\$10,000
Palm Beach County Sheree Davis Cunningham Black Women Lawyers	\$5,000
Association, Inc.	. ,
Palm Beach County Sheriff's Foundation, Inc Explorers	\$50,000
Palm Beach County Sheriff's Foundation, Inc School Supplies	\$25,000
Palm Beach County Sheriff's Foundation, Inc Shop with a Cop	\$40,000
Palm Beach County Sheriff's Foundation, Inc Youth Scholarships	\$30,000
Palm Beach Economic Crimes Unit, Inc.	\$5,000
Pediatric Oncology Support Team, Inc.	\$10,000
People of Purpose, Inc.	\$5,000
Restoration Bridge International, Inc.	\$100,000
Speak up for Kids of Palm Beach County, Inc.	\$125,000
Sweet Dream Makers, Inc.	\$5,000
The ARC of Palm Beach County, Inc.	\$25,000
The Children's Place at Homesafe, Inc.	\$10,000
The McDavid Group Charities, Inc.	\$75,000
Vita Nova, Inc.	\$10,000
West Palm Beach Library Foundation, Inc.	\$25,000
	<u> </u>
Total Amount	\$1,630,000

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

#### **FUND** 1151 LAW ENFORCEMENT TRUST FUND

ACCOUNT NUMBER	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 10/01/2025	REMAINING BALANCE
<u>EXPENDITURES</u>									
160-1690-9498	Tr To PBSO Fd 1902	Transfers	0	0	1,630,000	0	1,630,000		1,630,000
160-9900-9902	Operating Reserves	Reserves	3,009,636	3,009,636	0	1,630,000	1,379,636		1,379,636
	Total Expenditures				1,630,000	1,630,000		<del></del>	
									ļ

SIGNATURES	DATES
Initiating Department/Division	
Administration/Budget Department Approval	
OFMB Department - Posted	

BY BOARD OF COUNTY COMMISSIONERS						
At Meeting of:	October 21, 2025					
Deputy Clerk to the Board of County Commissioners						



### **APPLICATION**

Organization Name:	211 Palm B	each Treasure Coast	
	FEID#:	23-7153017	
Web Address:	www.21	1palmbeach.org	
Address:	PO Box		
	STREET ADD		
	Lantana,	FL 33465	
	CITY, STATE	E, ZIP	
Executive Director:	Sharon L	.'Herrou	
	NAME		
	th	aron l'H	lan GM
	SIGNATUR	E THE	
	561-533	-1065	sharon@211pbtc.org
	TELEPHON	NE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Heather	Anstaett	
	NAME	1 . 1	
	Mas	HAAL In a tou	$\mathcal{M}$
	SIGNATUR	E	
	561-533-	1096	anstaett@211pbtc.org
	TELEPHON	IE NUMBER	E-MAIL ADDRESS
Date:	3/7/2025		
	DATE		





Organization Name: 211 Paim Beach Treasure Coast	
LETF Funding Request (MUST match total on Financial Application):	\$75,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
✓ Crime Prevention Program	
✓ Drug Abuse Education	
✓ Drug Prevention Program	
✓ Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

211 serves all of Palm Beach County through a 24-hour crisis hotline and community helpline on a completely free and confidential basis. We work to save and improve lives every day by providing crisis intervention, suicide prevention, and connection to health, mental health and wellness resources.

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

The 211 HelpLine is a vital resource for Palm Beach County residents, available 24/7 and easily accessible via phone, text, email, chat, or independent searches of our online resource database. Our Resource Center Specialists, trained to provide evidence-based crisis intervention and suicide prevention services, are always ready to help individuals in need or experiencing crisis. Last fiscal year, the 211 HelpLine served more than 122,000 residents across our five-county service region, including over 48,000 Palm Beach County residents, helping them face challenges related to substance use disorder, mental health, basic needs, and disasters. This year, we are requesting \$75,000 from the PBSO LETF, to be applied to a portion of the salary and benefits of 1 FTE Resource Center Specialist and 1 FTE Supervisor, to support our continued work.

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

Our agency is committed to supporting the work of local law enforcement by continuing to properly refer instances of reported abuse, criminal activity, and life-threatening situations to the proper authorities when such instances are reported through the 211 HelpLine. Our team is also committed to being available 24/7 to provide life-saving crisis intervention and suicide prevention services to anyone in distress or experiencing thoughts of suicide, when seconds matter. In doing this work, 211 aims to reduce non-emergency calls to 911, while helping residents more effectively access the resources they need to overcome mental health challenges and crisis situations. Lastly, we remain committed to partnering with PBSO to offer specialized safety trainings to the 211 team to better serve the community through strategies to recognize red flags and prevent acts of mass violence.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$2,348,944.00	\$59,736.40	2.54%
2.	Employee Benefits/Payroll Taxes	\$559,905.00	\$15,263.60	2.73%
3.	Professional Fees	\$103,252.00		0.00%
4.	Occupancy/Utilities	\$107,664.00		0.00%
5.	Telephone	\$127,494.00		0.00%
6.	Postage/Shipping	\$1,848.00		0.00%
7.	Printing & Publications	\$13,133.00		0.00%
8.	Supplies	\$29,417.00		0.00%
9.	Travel	\$13,513.00		0.00%
10.	Meetings	\$4,927.00		0.00%
11.	Miscellaneous Expenses	\$529,603.00		0.00%
	Total Expenses	\$3,839,700.00	\$75,000.00	1.95%



### **Budget Narrative**

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):
Resource Center Supervisor: \$56,701.00 base salary plus \$13,854.74 in benefits LETF portion: 60.16% of base salary = \$34,110.25; 60.16% of benefits = \$8,334.75 Total = \$42,445.00 Resource Center Specialist: \$42,598.00 base salary plus \$11,517.73 in benefits LETF portion: 60.16% of base salary = \$25,626.15; 60.16% of benefits = \$6,928.85 Total = \$32,555.00
Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):



Supplies (list supplies/equipment):	
Travel (individuals traveling, destination and purpose):	
Meetings (attendees, purpose, items needed for meeting):	
Miscellaneous Expense (specify items):	



Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No lf 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 \sum No \subseteq I 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.



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-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 organization	s with headquarters outside of Florida)
Sharon L'Herrou	President/CEO
Name (please print)	Title (please print)
Signature 2 House	$\frac{3/7/25}{\text{Date}}$
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and subs	
presence or online notarization, this 7th da	ay of March, 20 <u>25</u> by
Sharon L'Herrou (name of individua	al) as President/CEO (title)
of 211 Palm Beach Treasure Coast (name of o	organization/ agency), who is personally known to
me or who produced	as identification.
Adeather Constact	Heather Anstaett Comm.: HH 479457 Expires: Jan. 23, 2028 Notary Public - State of Florida
Notary Public My Co	mmission Expires: 1/23/2028



### **APPLICATION**

Organization Name:	Alzheimer's Community Care, Inc.		
	FEID #: 31-1481653		
Web Address:	www.alzcare.org		
Address:	1615 Forum Place, 5th Floor		
	Street Address  West Palm Beach, FL 33401		
	CITY, STATE, ZIP		
Executive Director:	David Franklin		
	NAME DO		
	SIGNATURE		
	561-683-2700	dfranklin@alzcare.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Alexander Guanarita		
	NAME leader leader		
	SIGNATURE		
	561-683-2700	aguanarita@alzcare.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	01/23/2025		
DATE		_	



Organization Name: Alzheimer's Community Care, Inc.
LETF Funding Request (MUST match total on Financial Application): \$15,000.00
What service will your organization provide through the use of Law Enforcement Trust Funds?
Crime Prevention Program
Drug Abuse Education
Drug Prevention Program
Drug Treatment Program
✓ Safe Neighborhood
School Resource Officers

#### Organization Purpose:

Alzheimer's Community Care is dedicated to promoting and providing community-based, family-centered care for patients and their caregivers living with neurocognitive disorders through the belief that where there is help, there is hope.

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

Since its establishment in 1996, Alzheimer's Community Care has responded to calls for help from families in our community as they cope with the daily challenges of caring for their loved ones with Alzheimer's disease. Of primary importance has always been preserving the safety for both patients and caregivers throughout the disease progression. The introduction and distribution of ID Locator radio frequency and Bluetooth technology is intended to reduce resistance to lifesaving supports, lessen the exposure to injury, reduce the risk of loss of life, and allow the patient to maintain a measure of independence for as long as possible. Furthermore, caregivers will benefit from greater peace of mind knowing that their loved ones are protected.

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

ID Locator staff will meet with families, conduct an evaluation, and equip at-risk Alzheimer's patients with radio frequency or Bluetooth enabled locator devices. The team will provide ongoing education, support, and monthly monitoring of equipment for families. Alzheimer's Community Care will provide dementia-specific training for PBSO's Crisis Intervention team (CIT). Alzheimer's Community Care will also work in partnership with 211-Palm Beach/Treasure Coast to maintain a 24-hour assistance line.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$217,807.40	\$12,500.00	5.74%
2.	Employee Benefits/Payroll Taxes	\$45,178.50	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$60,200.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$80.00	\$0.00	0.00%
7.	Printing & Publications	\$150.00	\$0.00	0.00%
8.	Supplies	\$14,450.00	\$2,500.00	17.30%
9.	Travel	\$3,500.00	\$0.00	0.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$0.00	\$0.00	0.00%
	Total Expenses	\$341,365.90	\$15,000.00	4.39%



### **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):

EVP of Family/Day Services: \$22,106.49
Administrative Assistant: 8405.42
Intake Coordinators: 7,095.87
Director of Family Navigators 29,184.48
Family Navigators (3): 151,015.14

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

NA

Occupancy/Utilities (list utilities):

Cost of maintaining the office for the Director of Family Services, including Internet access, rent, water/sewerage, and electricity.

Telephone (provide telephone numbers):

Prorated program expense for maintaining telephone services for the ID Locator Service. Land line 561-683-2700; call service 561-402-6244; 24-hour assistance line 1-800-394-1771.

Printing & Publications (list type of material):

The ID Locator Service Team utilizes the Family Elopement Risk Guide to help educate families. Additional printed resources include ID Locator marketing material.



Supplies (list supplies/equipment):

Cost of ID Locator service equipment. This includes radio frequency and bluetooth enabled devices, medical ID bracelets and motion sensor door alarms. Equipment includes the computer software and licenses utilized for this program.

Travel (individuals traveling, destination and purpose):

Mileage reimbursement for local travel to family homes (\$0.65.5/mile)

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

N/A

Miscellaneous Expense (specify items):

Repairs and maintenance and office expenses.



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 ly lf 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 \sum No \subseteq 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 \( \subseteq \text{No } \subseteq \) If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) David Franklin President & CEO Title (please print) Name (please print) Signature NOTARY SECTION: State of County of The foregoing Agreement was acknowledged and subscribed before me by means of | \( \sqrt{} \) physical online notarization, this 25 day of February, 202 (name of individual) as <u>President</u> and (name of organization/ agency), who is personally known to me or who produced as identification. Notary Public State of Florida Barbara Eileen Lansberry ly Commission HH 595715 Expires 9/19/2028 **Notary Public** My Commission Expires:



#### APPLICATION

Organization Name:	Bella's Angels, Inc.		
	FEID #: 26-1594604		
Web Address:	www.BeilasAngels.Org	·	
Address:	13860 Wellington Trace #38-111		
	STREET ADDRESS		
	Wellington, FL 33414		
	CITY, STATE, ZIP		
Executive Director:	Deborah Jaffe		
	ilalian Japa		
	SIGNATURE		
	561.373.4823	djaffe@bellasangels.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Deborah Jaffe		
	NAME COLOR OF THE PARTY OF THE		
	SIGNATURE VE	Coffe Of the Uter and the	
	561.373.4823	djaffe@bellasangels.org	
	TELEPHÔNE NUMBER	E-MAIL ADDRESS	
Date:	January 20, 2025		
	DATE		



Organization Name: Bella's Angels, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$75,000.00
What service will your organization provide through the use of Law Enforcements?	forcement Trust
Crime Prevention Program	
Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	
Organization Purpose:  Bella's Angels mission is to financially support children who have life-long photography beyond what insurance covers.	ysical disabilities,
Provide a brief summary of program's activities/services to be funded:	
Bella's Angels serves families who have children with life-long physical disable would help us to continue to educate "special needs" family members about prevention. The is to educate them on how to protect and dispose of their clamembers' unused/outdated prescriptions and over-the-counter medicines. To safe environment not only for special-needs children but fro the entire family	drug abuse and nild's and other family The goal is to maintain a

What results are you committed to achieving?

Our goal is to save the lives of the families we educate. Our goal is to have 100% participation in the education of the ever growing families we serve. In addition, we are committed to educating the general public at every fundraiser and event that Bella's Angels hosts. We educate on social media, e-newsletter, and other platforms including our website under the Family resources section.

For the second year, we are hosting an "Access for All" Community Program at the Hilton Airport educating families about the resources available in Palm Beach County.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program _Total	LETF Request	LETF
1.	Salaries	\$55,007.00	\$55,007.00	100.00%
2.	Employee Benefits/Payroll Taxes	\$6,008.00	\$6,008.00	100.00%
3	Professional Fees			0.00%
4.	Occupancy/Utilities	\$420.00	\$420.00	100.00%
5.	Telephone	\$720.00	\$720.00	100.00%
6.	Postage/Shipping	\$500.00	\$500.00	100.00%
7.	Printing & Publications	\$5,000.00	\$2,345.00	46.90%
8.	Supplies	\$500.00	\$500.00	100.00%
9.	Travel	\$8,500.00	\$4,500.00	52.94%
10.	Meetings	\$12,000.00	\$5,000.00	41.67%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$88,655.00	\$75,000.00	84.60%



### **Rudget Narrative**

budget Natiative			
Provide detailed description for each expense listed on the Financial Application You may attach additional sheets if necessary.			
Salaries (list employees and individual compensation):			
Programs Director & Assistant			
Professional Fees (list vendor and type of service provided):			
N/A			
Occupancy/Utilities (list utilities):			
Internet Services - \$35 which covers the internet stipend for the Programs Director and Assistant who works with this program.			
Telephone (provide telephone numbers):			
Phone \$60 per month which covers the phone stipend for the Programs Director and Assistant (1/2 each) who work directly on this program. 561.373.4823 and 954.494.1579.			
en de la companya de La companya de la co			
Printing & Publications (list type of material):			
We have allocated a budget to make sure that printed items will be taken care of with the assistance of			

а graphic artist and printing company.

Rack cards (one targeted towards parents and one targeted towards those aged 9-18), social media campaigns, educational workbooks for younger children, and other printing materials as deemed necessary.



Supplies (list supplies/equipment):

Ink cartridges for the copier and in-house printers, brochure holders, crayons for educational workbooks for children, paper, pens, and other items that would be needed when preparing for special events.

Travel (individuals traveling, destination and purpose):

The funds from this line item are for expenses related to the Programs Director and Assistant to travel to different venues as part of the educational experience. Both the Programs Director and Assistant meet with individual families regularly and attend events throughout Palm Beach County providing educational materials to all. The IRS approved rate for 2025 is .70 cents a mile.

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

We are hosting a once-a-month "Parents Night Out" program. Currently, we have two locations, in Wellington and Palm Beach Gardens. This program began in February of 2023. In 2024, we served 65 families, over 150 children, and had 144 volunteers participate in the program. We will continue to use the funds from this line-item to train our volunteers (high-schoolers and adults), parents and attendees about the importance of drug prevention and safety. We implement background checks on adults.

Miscellaneous Expense (specify items):

N/A

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Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes \( \subsection \) No \( \subsection \) 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 left 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 \sum No \textstyle 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 \( \bigcap \) No \( \bigcap \) If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

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

**Executive Director** Deborah Jaffe Name (please print) Title (please print) **NOTARY SECTION:** Talm Beach County of The foregoing Agreement was acknowledged and subscribed before me by means of | | physical online notarization, this 29th day of January (name of individual) as <u>txecutive</u> (name of organization/ agency), who is personally known to me or who produced as identification. VICTORIA R. BUC Commission # HH 492478 Commission Expires June 02, 2028 **Notary Public** My Commission Expires:



### **APPLICATION**

Organization Name:	Big Dog Ranch Rescue		
	FEID #: 26-3184971		
Web Address:	www.bdrr.org		
Address:	14444 Okeechobee Blvd		
	STREET ADDRESS		
	Loxahatchee, FL 33470  CITY, STATE, ZIP		
	OITT, STATE, ZIF		
Executive Director:	Evan Nader, Assistant Director of Development		
	NAME Suam	a	
	SIGNATURE		
	561-651-9147	Evan.Nader@bdrr.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	NAME		
	NAME		
	SIGNATURE		
	GIGINATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:			
<b>-</b> 4.0.	DATE		



Organization Name: Big Dog Ranch Rescue	
LETF Funding Request (MUST match total on Financial Application):	\$100,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Our mission is to rescue, rehabilitate and educate until every dog has a loving and save place to call home. We believe we can, and we will see an end to dog homlessness and abuse through legislative efforts, hard work and strategic partnerships near and far.

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

We are dedicated to providing comprehensive medical care for all the dogs in our rescue, including essential spay and neuter surgeries. Our spay and neuter policy plays a vital role in reducing the homeless dog population, contributing to the overall safety and health of our surrounding communities. Remarkably, around 65% of the dogs we rescue require these life-altering sterilization surgeries, each costing approximately \$150. We are reaching out to request your generous support in helping to cover these critical medical expenses, which are essential for the well-being of these animals. In addition, we proudly run an outreach program designed for local youth from diverse backgrounds. This initiative provides a safe and nurturing space where children can interact with our animals, fostering a sense of responsibility and compassion.

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

In 2024, we performed 2,818 spay and neuter surgeries, helping to reduce pet overpopulation in our communities. We are dedicated to increasing the number of surgeries, which not only improves pet health but also reduces behavioral issues and the number of stray and abandoned animals. This initiative benefits both animals and our community, making it healthier and safer for pets and people alike. We are working to expand our educational outreach programs for local youth, emphasizing the importance of these essential procedures.



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$250,000.00	\$100,000.00	40.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping		e .	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	\$250,000.00	\$100,000.00	40.00%



## **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation): This funding will be used to pay the cost of the veterinarians and technicians' salaries for time spent performing spays and neuters, along with post-operative care. Our veterinarians bill is \$75 per hour and the veterinary technicians bill is \$14 to \$17 per hour.
Professional Fees (list vendor and type of service provided):  N/A
Occupancy/Utilities (list utilities): N/A
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material): N/A



Supplies (list supplies/equipment): N/A
Travel (individuals traveling, destination and purpose): N/A
Meetings (attendees, purpose, items needed for meeting): N/A
Miscellaneous Expense (specify items): N/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 le ly ly 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 \(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



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 with the

## Revenue Code and is registered as a Non-Profit organization with the Florida State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Evan Nader Assistant Director of Development Title (please print) Name (please print) Signature NOTARY SECTION: State of County of Ya The foregoing Agreement was acknowledged and subscribed before me by means of https://doi.org/10.1001/j.j.com/ presence or online notarization, this 27 day of March , 20 25 (name of individual) as Assistant Director of Derelopment (title) Evan Nader of Big Dog Ronch Rescue (name of organization/ agency), who is personally known to me or who produced as identification. KIMBERLY BARBER Commission # HH 628831 Expires January 15, 2029

Notary Public

My Commission Expires:



### **APPLICATION**

Organization Name:	Big Dog Ranch Rescue	
	FEID #: 26-3184971	
Web Address:	www.bdrr.org	
Address:	14444 Okeechobee Blvd	
	STREET ADDRESS	
	Loxahatchee, FL 33470	
	CITY, STATE, ZIP	
Executive Director:	Evan Nader, Assistant Director of Development	
	NAME TO AME	7 <del>a</del> 1
	SIGNATURE	
	561-651-9147	Evan.Nader@bdrr.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Nove	
	Name	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:		
Date.	DATE	



Organization Name: Big Dog Ranch Rescue	
LETF Funding Request (MUST match total on Financial Application):	\$250,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
Crime Prevention Program  Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Our mission is to rescue, rehabilitate and educate until every dog has a loving and save place to call home. We believe we can, and we will see an end to dog homelessness and abuse throught legistlative efforts, hard work and strategic partnerships.

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

The Big Dog Rescue Ranch envisioned a resourceful way to give back to veterans and active military personnel, people to whom we all owe so much. Draw on the proven impact of the animal-human bond: transform rescue dogs to skilled animals that greatly enhance quality of life for a disabled veteran, as well as increase community awareness and engagement with our dogs and the veterans. We developend the Veteran's Service Dog Training Program. Professional dog trainers select appropriate rescue dogs then, working one-on-one with dogs and veterans, use positive reinforcement techniques to train dogs to mitigate veteran PTSD symptoms, as well as teach the dog to fit in with the veteran's lifestyle.

What results are you committed to achieving?

After the dogs appropriate for this role are selected from our rescues, we are committed to a 12-to-18-month training program, and striving to pair 250 veterans with their service dogs in 2025.



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$323,000.00	\$250,000.00	77.40%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$323,000.00	\$250,000.00	77.40%



### **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):  Director of Training \$85,000/year \$85,000  Manager of Training (Jessy) \$60,000/year \$60,000  Trainer (Ron) \$20/hour \$41,600  Trainer \$18/hour \$35,360  Trainer (John) \$16/hour \$33,280  Trainer (Alex) \$16/hour \$33,280  kennel staff \$17/hour \$35,360  Professional Fees (list vendor and type of service provided):  N/A
Occupancy/Utilities (list utilities): N/A
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material): N/A

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

Supplies (list supplies/equipment): N/A	
Travel (individuals traveling, destination and purpose): N/A	
Meetings (attendees, purpose, items needed for meeting): N/A	
Miscellaneous Expense (specify items): N/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 le 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 \sum No \vec{\vec{\vec{\vec{\vec{\vec{\vec{
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 \(\Boxed{\Delta}\) No \(\overline{\Delta}\) If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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 with the

### Florida

Name (please print)

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

Evan Nader

Assistant Director of Development

Signature / A	3/ 27/ 2025 Date
NOTARY SECTION:	
State of Flonda	
County of Palm Beach	
The foregoing Agreement was ackr	owledged and subscribed before me by means of physical
presence or online notarization	on, this <u>27th</u> day of <u>MOVOh</u> , 20 <u>25</u> by
	(name of individual) as ASSISTENT Director of Development (title)
	(name of organization/ agency), who is personally known to
me or who produced	as identification.
1	KIMBERLY BARBER

Title (please print)

My Commission Expires:

Expires January 15, 2029



### **APPLICATION**

Organization Name:	Boca Helping Hands		
-	FEID#: 37-1713631		
Web Address:	www.bocahelpinghands.org	J	
Address:	1500 NW 1st Court		
	STREET ADDRESS		
	Boca Raton, FL 33432		
	CITY, STATE, ZIP		
Executive Director:	Greg Hazle		
	Name		
	SIGNATURE		
	561-417-0913	gregoryhazle@bocahelpinghands.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Katherine Alano		
	Name		
	SIGNATURE		
	813-679-2016	katherine@bocahelpinghands.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	2/21/2025		
	DATE		



LETF Funding Request (MUST match total on Financial Application):	\$15,000.00
What service will your organization provide through the use of Law Enfo Funds?	orcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Boca Helping Hands provides food, job training, access to healthcare and financial assistance to help individuals and families improve their quality of life and build financial stability.

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

The Boca Helping Hands (BHH) Backpacks for Kids Program is an ongoing initiative in partnership with Palm Beach County schools that provides weekend meals to children experiencing food insecurity. Over the past 3 years, the program has served more than 180,000 meals yearly to low-income students in 13 schools. BHH respectfully request's \$15,000 in funding from the Palm Beach County Sheriff's Office of which 100% of the funding will be utilized to purchase food for weekend meals for children experiencing food insecurity in Palm Beach County. Weekend meal (Backpack) programs for kids contribute to safer neighborhoods in several impactful ways: They reduce hunger and stress, improve academic performance, enhance physical and mental health, strengthen community ties, and reduce crime rates by addressing the basic need of food security.

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

Goal 1: Serve 250,000 meals to elementary and middle school children between May 1, 2025, and April 30, 2026.

Goal 2: Serve 1,100 unduplicated children in Palm Beach County with weekend meals between May 1, 2025, and April 30, 2026.

As a result of providing weekend meals for children, BHH anticipates the following outcomes:

- Improved Nutritional Intake.
- Improved School Attendance.
- · Enhanced Academic Performance.
- Increased Family Stability.



### FINANCIAL APPLICATION

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$94,671.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$33,617.00		0.00%
3.	Professional Fees	\$630.00		0.00%
4.	Occupancy/Utilities	\$46,666.00		0.00%
5.	Telephone	\$2,160.00		0.00%
6.	Postage/Shipping	\$900.00		0.00%
7.	Printing & Publications	\$2,250.00		0.00%
8.	Supplies	\$1,800.00		0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$450,000.00	\$15,000.00	3.33%
	Total Expenses	\$632,694.00	\$15,000.00	2.37%



### **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):

The salaries line item includes the salaries of two program staff at a cost of \$47,335 per staff member.

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

The professional fees line item includes the cost of licenses, fees, and professional training that include SafeServe training for staff members.

#### Occupancy/Utilities (list utilities):

The occupancy/utilities line item includes the utilities cost for our warehouse, commercial freezers and coolers needed to store the food that is utilized for the program. Additionally, the cost includes fuel for vehicles used to transport the backpacks to schools.

#### Telephone (provide telephone numbers):

The telephone line is utilized to pay for the programs portion of telephone and internet usage. The telephone number is 561-417-0913. The telephone has multiple extensions that are used by the Backpacks program staff.

#### Printing & Publications (list type of material):

The printing & publications line item includes the printing cost for the Backpacks program. Printing cost include materials used for marketing the program, printing release agreements, and programmatic books.



Supplies (list supplies/equipment):

The supplies line item includes the cost of office supplies and program supplies.	This includes items like
boxes, tapes, pens, ink cartridges, markers, paper clips, etc.	

Travel (individuals traveling, destination and purpose):

Not Applicable

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

Not Applicable

Miscellaneous Expense (specify items):

The miscellaneous line item includes the cost of purchasing food to serve approximately 1,100 low income students with 6 weekend meals for 33 weeks. The program plans to serve approximately 250,000 meals for the current school year.



### 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 left yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.
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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes ☐ No ☑ If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

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Boca Helping Hands

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

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

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Greg Hazle Executive Director Name (please print) Title (please print) 2-26-25 € ₹ Signature NOTARY SECTION: CORIDA State of The foregoing Agreement was acknowledged and subscribed before me by means of  $|\checkmark|$  physical presence or online notarization, this he day of terror APU (name of individual) as EXECUTIVE D (name of organization/ agency), who is personally known to who produced as identification. WILLIAM G HARPER Notary Public - State of Florida Commission # HH 248126 My Comm. Expires Apr 1, 2026 4/1/26. Bonded through National Notary Assn. My Commission Expires:



### **APPLICATION**

Organization Name:	Boys & Girls Clubs of Palm Beach County, Inc Teen Center	
	FEID #: 23-7060561	
Web Address:	www.bgcpbc.org	
Address:	800 Northpoint Parkway	
	Street Address  West Palm Beach, FL 33407	
	CITY, STATE, ZIP	
Executive Director:	Jaene Miranda	
	NAME	
	SIGNATURE	
	561-683-3287	jmiranda@bgcpbc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Julio A. Haddon, Chiaf Admir	nistrative and Financial Officer
r iscai Agent.	NAME	instructive and i manetal officer
	Julie Hedden	
	SIGNATURE	<del></del>
	561-683-3287	jhedden@bgcpbc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	January 27, 2025	
	DATE	



Organization Name: Boys & Girls Clubs of Palm Beach County, Inc Teen Center			
LETF Funding Request (MUST match total on Financial Application):\$25,0	000.00		
What service will your organization provide through the use of Law Enforcement Funds?	Trust		
✓ Crime Prevention Program			
✓ Drug Abuse Education			
✓ Drug Prevention Program			
Drug Treatment Program			
✓ Safe Neighborhood			
School Resource Officers			

#### Organization Purpose:

Boys & Girls Clubs of Palm Beach County (BGCPBC) is dedicated to serving youth 6-18 years of age, with a safe, secure, structured environment, adult supervision, healthy relationships, and academic and enrichment activities. Clubs are strategically located in PBC's most disadvantaged communities.

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

The PBSO Law Enforcement Trust Fund plays a crucial role in sustaining BGCPBC's SMART Moves initiative which benefits Club members in marginalized communities by actively promoting crime prevention and fostering safer neighborhoods. To explain the effects of drug abuse, SMART Moves integrates the evidence-based Rebound & Recovery: Opioid Prevention & Well-Being for Teens initiative. The program's mental wellness and resiliency lessons steer youth from the juvenile justice system. The SMART Move innovative model also employs collaborative approaches such as teen-led talks with law enforcement and events which unite Club staff, peers, parents, and the community. Success is epitomized by drug prevention awareness and instilling attitudes & skills for cultivating positive self-image, avoiding risky decisions, and increasing academic achievement.

What results are you committed to achieving?

85% of regularly attending members will exhibit responsible decision making by avoiding risky behaviors (drug use)

75% of regularly attending members will increase positive stress and coping mechanisms (KidCOPE personal survey tool)

75% of regularly attending members will report an increase in positive opinions about law enforcement

75% of regularly attending members will increase their sense of belonging at the Club



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$1,053,847.00	\$22,250.00	2.11%
2.	Employee Benefits/Payroll Taxes	\$200,597.00	\$2,750.00	1.37%
3.	Professional Fees	\$13,240.00		0.00%
4.	Occupancy/Utilities	\$345,815.00		0.00%
5.	Telephone	\$22,250.00		0.00%
6.	Postage/Shipping	\$650.00		0.00%
7.	Printing & Publications	\$5,400.00		0.00%
8.	Supplies	\$40,528.00		0.00%
9.	Travel	\$18,000.00		0.00%
10.	Meetings	\$4,250.00		0.00%
11.	Miscellaneous Expenses	\$17,975.00		0.00%
	Total Expenses	\$1,722,552.00	\$25,000.00	1.45%



### **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):

Salary & Benefits/Payroll Tax expense includes funding one part time staff working at the Teen Center in Belle Glade. The part-time position will receive funding of \$25,000 broke down as follows: \$22,250 salary and \$2,750 employee benefits/payroll taxes. The PBCSO donation enables us to service at least 25 youth each day at our Club.

Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):



Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):



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 with the

State, Department, Division (Not-for-pre	ofit organizations with headquarters outside of Florida)
Name (please print)  Signature	President/CEO Title (please print)  2/27/25 Date
NOTARY SECTION:	
State of FLORIDA	
County of PALM BEACH	
The foregoing Agreement was acknowledge.	ledged and subscribed before me by means of 🗹 physical
presence or online notarization,	this 27 day of FEBRUARY, 20 25 by
JAENE MIRANDA (1	name of individual) as PRES CEO (title)
of Buys & GIRLS CLUBS OF PA	(name of organization/ agency), who is personally known to
me or who produced	as identification.
Jodi Engelherat	JODI ENGELHARDT  MY COMMISSION # HH 512494  EXPIRES: April 4, 2028
Notary Public	My Commission Expires: 4/4/28



### 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 lf lyes, 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 $\boxed{\ }$ 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.



### **APPLICATION**

Organization Name:	Boys & Girls Clubs of Palm Beach County, Inc Wellington		
	FEID #: 23-7060561		
Web Address:	www.bgcpbc.org		
Address:	800 Northpoint Parkway STREET ADDRESS		
	West Palm Beach, FL 33407		
	CITY, STATE, ZIP		
Executive Director:	Jaene Miranda		
	Talue ]		
	SIGNATURE		
	561-683-3287	jmiranda@bgcpbc.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	istrative and Financial Officer		
	NAME		
	Julie Hedden		
	SIGNATURE		
	561-683-3287	jhedden@bgcpbc.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	January 27, 2025		
	DATE		



Organization Name: Boys & Gins Clubs of Palm Beach County, Inc Wellington			
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00		
What service will your organization provide through the use of Law Enfo Funds?	rcement Trust		
✓ Crime Prevention Program			
✓ Drug Abuse Education			
✓ Drug Prevention Program			
Drug Treatment Program			
✓ Safe Neighborhood			
School Resource Officers			

#### Organization Purpose:

Boys & Girls Clubs of Palm Beach County (BGCPBC) is dedicated to serving youth 6-18 years of age, with a safe, secure, structured environment, adult supervision, healthy relationships, and academic and enrichment activities. Clubs are strategically located in PBC's most disadvantaged communities.

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

The PBSO Law Enforcement Trust Fund plays a crucial role in sustaining BGCPBC's SMART Moves initiative which benefits Club members in marginalized communities by actively promoting crime prevention and fostering safer neighborhoods. To explain the effects of drug abuse, SMART Moves integrates the evidence-based Rebound & Recovery: Opioid Prevention & Well-Being for Teens initiative. The program's mental wellness and resiliency lessons steer youth from the juvenile justice system. The SMART Move innovative model also employs collaborative approaches such as teen-led talks with law enforcement and events which unite Club staff, peers, parents, and the community. Success is epitomized by drug prevention awareness and instilling attitudes & skills for cultivating positive self-image, avoiding risky decisions, and increasing academic achievement.

What results are you committed to achieving?

85% of regularly attending members will exhibit responsible decision making by avoiding risky behaviors (drug use)

75% of regularly attending members will increase positive stress and coping mechanisms (KidCOPE personal survey tool)

75% of regularly attending members will report an increase in positive opinions about law enforcement

75% of regularly attending members will increase their sense of belonging at the Club



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$1,120,365.00	\$8,600.00	0.77%
2.	Employee Benefits/Payroll Taxes	\$259,095.00	\$1,400.00	0.54%
3.	Professional Fees	\$13,218.00		0.00%
4.	Occupancy/Utilities	\$125,413.00		0.00%
5.	Telephone	\$6,000.00		0.00%
6.	Postage/Shipping	\$700.00		0.00%
7.	Printing & Publications	\$2,393.00		0.00%
8.	Supplies	\$39,784.00		0.00%
9.	Travel	\$9,342.00		0.00%
10.	Meetings	\$4,089.00		0.00%
11.	Miscellaneous Expenses	\$366,509.00		0.00%
	Total Expenses	\$1,946,908.00	\$10,000.00	0.51%



### **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):

Salary & Benefits/Payroll Tax expense includes funding one part time staff working at the Neil S Hirsch Club in Wellington. The part-time position will receive funding of \$10,000 broken down as follows: \$8,600 salary and \$1,400 employee benefits/payroll taxes. The PBCSO donation enables us to service at least 10 youth each day at our Club.

Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):

Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):

### Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No less, 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 \sum No \vec{v} 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.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Jaene Miranda President & CEO Name (please print) Signature NOTARY SECTION: State of FLORIDA County of PALM BEACH The foregoing Agreement was acknowledged and subscribed before me by means of physical presence or online notarization, this 27th day of FERNARY, 20 25 JAENE MIRANDA (name of individual) as PALM BEACH of Boys ! GIRLS (name of organization/ agency), who is personally known to me or who produced as identification. MY COMMISSION # HH 512494 EXPIRES: April 4, 2028 odi Engelhauet My Commission Expires: 4 4 28 Notary Public



### **APPLICATION**

Organization Name:	<b>Name:</b> Center for Family Services of Palm Beach County, Inc.		
	FEID #: <sup>59-1084179</sup>		
Web Address:	Ctrfam.org		
Address:	4101 Parker Avenue		
	STREET ADDRESS  West Palm Beach, FL, 3	33405	
	CITY, STATE, ZIP		
Executive Director:	Todd L'Herrou		
	NAME		
	SIGNATURE		
	561-616-1222	tlherrou@ctrfam.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	N/A		
	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	2/28/2025		
	DATE		

Revised 01/2025 1



Center for Eamily Services of Dalm Reach County Inc

ganization Name:	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enfo	orcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Center for Family Services of Palm Beach County, Inc. (CFS) is a non-profit organization whose mission is to strengthen individuals and families through behavioral health services and education.

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

Nonviolent Crisis Intervention (NCI) Training w/ Mental Health Focus (Train-the-Trainer): We provide counseling programs to individuals in individual or family crisis, including survivors of sexual assault and child sexual abuse. In some cases the offenders remain in the community. NCI training for our mental health professionals who may come into contact with crisis situations will provide tools to deescalate, and reduce risk to self and others.

Civilian Active shooter training: A preventative measure that will increase safety in a threatening circumstances

Per Diem Staff: To maintain consistency with clients, per diem staff will needed during training Mobile First Aid Kits: To ensure safety of our staff and clients on or off the property.

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

NCI: Enroll at least 2 supervisors/managers in Train-the-Trainer programs for non-violent crisis intervention, which allows us to sustainably ensure that all staff may receive NCI training and refresher training when needed.

Civilian Active Shooter Training: Enroll 50 Staff Members in this training and ensure its completion. Per Diem Staff: Maintain consistency of care with clients while staff is training.

Mobile First Aid Kits: Ensure that clinicians providing services in the community have easy access to crucial first aid items if needed.

The training CFS will be providing for employees will benefit each of them individually, as well as the organization as a whole.



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$2,344,558.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$507,804.00		0.00%
3.	Professional Fees	\$40,005.00		0.00%
4.	Occupancy/Utilities	\$258,866.00		0.00%
5.	Telephone	\$31,903.00		0.00%
6.	Postage/Shipping	\$1,000.00		0.00%
7.	Printing & Publications	\$1,025.00		0.00%
8.	Supplies	\$31,591.00		0.00%
9.	Travel	\$0.00		0.00%
10.	Meetings	\$0.00		0.00%
11.	Miscellaneous Expenses	\$590,873.00	\$10,000.00	1.69%
	Total Expenses	\$3,807,625.00	\$10,000.00	0.26%



### **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):

No salaries are requested for this project. CFS does not typically disclose our salary list except for required disclosures in the annual Audit and 990. We would be happy to provide our financial statements, which give much more detail into the agency's compensation expense. In the current year, the total compensation expense will be close to \$2.6 Million dollars.

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

No professional fees are requested for this project. CFS works with Legal Aid Society of PBC for legal advice and Holyfield &Thomas for accounting/audit. We would be happy to provide PBSO with additional details if necessary.

#### Occupancy/Utilities (list utilities):

No Occupancy or Utilities are requested. The Agency's Parker Avenue Lease is \$15,888 per month. In addition to the lease, we have occupancy and utility costs as follows:

- FPL for Electricity \$883 per month
- Board of Community Internet Line \$125 per month
- City of West Palm Beach Water \$991 per month
- Coverall Cleaning \$805 per month

Telephone (provide telephone numbers):

No phone expenses are requested.

We have a landline and cellular plan.

- Verizon Cell Phones \$1,346 per month
- ATT Land Line \$1033 per month

Printing & Publications (list type of material):

No printing or publications are requested.

The Agency's marketing & promotion expense is \$22K per year broken up as follows.

- Web hosting S4T \$3,000 per year
- PIP Printing Letters, Appeals, brochures \$2K per year
- Public Relations Vendor \$15,977 per year



Supplies (list supplies/equipment):

No office supplies are requested.

Total Office Supplies is \$15K per year and include the following items:

- · Office supplies,
- First Aid Equipment
- Computer equipment

Many of the expenses are bought through Amazon and Staples.

Travel (individuals traveling, destination and purpose):

Any travel requested is included in the training fees under Misc. Expenses below. The agency participates in very little travel. However, when travel is warranted to a conference, these items will be reimbursed by our partner funders.

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

Miscellaneous Expense (specify items):

The Agency is requesting a grant for \$10K to improve the organization's safety measures. Current quotes for estimates are provided below.

- Active Shooter Training. \$3,375
- Nonviolent Crisis Intervention w/ Mental Health Focus (Train-the-Trainer): \$4,599.00
- Per Diem staff, travel for training \$1,920
- Mobile First Aid Kits: 16 at \$14.99 per kit = \$239.84



### 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 less, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.
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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes ☐ No ☑ If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Todd L'Herrou Chief Executive Officer Title (please print) Name (please print) ignature NOTARY SECTION: State of County of The foregoing Agreement was acknowledged and subscribed before me by means of physical online notarization, this 27th day of February (name of individual) as (title) LIVICE (name of organization/ agency), who is personally known to as identification me or who produced MARIA V. PADRON Notary Public - State of Florida Commission ≠ HH 219535 Mia Wadra My Comm. Expires Jan 23, 2026 Bonded through National Notary Assn. My Commission Expires:



### **APPLICATION**

Organization Name:	Child Rescue Coalition, Inc.	
	FEID #: 45-5358378	
Web Address:	www.childrescuecoalition.or	<u>g</u>
Address:	604 Banyan Trail, #812530	
	Boca Raton, FL 33431	
	CITY, STATE, ZIP	
Executive Director:	William Wiltse	
	NAME WWW.W	<b>L</b>
	SIGNATURE	
	561-208-9030	wwiltse@childrescuecoalition.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Jeanne Aparicio	
	NAME	Tu
	561-324-5564	jeanne.aparicio@childrescuecoalition.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	2/17/2025	
	DATE	





Organization Name: Child Rescue Coalition, Inc.	
LETF Funding Request MUST match total on Financial Application):	\$15,000.00
What service will your organization provide through the use of Law Enf- Funds?	orcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Protect all children from sexual exploitation and abuse through technology innovation, law enforcement partnerships and global collaborations. To date, we have helped law enforcement arrest over 16,000 child predators and rescue just undere 3,600 victims.

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

We are seeking support for our two main core program areas: technology maintenance and ongoing support for Palm Beach County law enforcement and for our community outreach efforts via our Blankets and Bear Hugs care package program. Each area is directly relevant to the protection and well-being of our children in PBC. Part of our outreach program is community based as we invite members of the community, including volunteers, political, corporate, and law enforcement personnel to attend and interact to help make packages to provide to law enforcement and to rape crisis centers when they encounter child victims of sexual predators. The other program is core to our mission to provide PBC law enforcement investigators direct evidence of those predators who are downloading and sharing child abuse imagery in online chat rooms and peer to peer networks.

What results are you committed to achieving?

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



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$26,149.00	\$11,538.00	44.12%
2.	Employee Benefits/Payroll Taxes	\$7,844.00	\$3,462.00	44.14%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$33,993.00	\$15,000.00	44.13%



### **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.				
Salaries (list employees and individu	al compensation):			
Greg Schiller \$1,625 Jose Garcie-Femandez \$5,450 Roberto Machorro \$3,167 Flavia Vecchio \$1,201 Emily Meacham \$1,763	Elizabeth Marinelli \$780.00			
Elisa Pisana \$1,014	Total Salaries \$15,000			
Professional Fees list vendor and ty	rpe of service provided):			
Occupancy/Utilities (list utilities):				
Telephone provide telephone numb	ers):			
Printing Publications (list type of m	paterial):			

Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):



### Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes \sum No \subseteq I fyes, 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 \sum No \vec{\subset} If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

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

President William Wiltse Name (please print) Title (please print) February 17, 2025 Signature Date **NOTARY SECTION:** State of Florida County of Palm Brache The foregoing Agreement was acknowledged and subscribed before me by means of | | physical online notarization, this \_\ presence or day of 1+55 (name of individual) as (title) (name of organization/ agency), who is personally known toe no partification.e me or who produced Notary Public State of Florida Jeanne Aparicio My Commission HH 457650 Expires 2/19/2028 Notary Public My Commission Expires:



### **APPLICATION**

Organization Name:	Cox Science Center and Aquarium		
	FEID #: 59-0915177		
Web Address:	www.coxsciencecenter.org	J	
Address:	4801 Dreher Trail North		
	STREET ADDRESS		
	West Palm Beach, Florida	33405	
	CITY, STATE, ZIP		
Executive Director:	Kate Arrizza, President and	d CEO	
	NAME		
	SIGNATURE		
	561-832-1988	karrizza@coxsciencecenter.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Andrew Palmer, Controller	/ Dir. of Accounting	
	NAME		
		//	
	Curly V	flia	
	561-832-1988		
		apalmer@coxsciencecenter.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	2/27/2025		
	DATE	-	



Organization Name: Cox Science Center and Aquarium	
LETF Funding Request (MUST match total on Financial Application):	\$25,000.00
What service will your organization provide through the use of Law Enfor Funds?	cement Trust
Crime Prevention Program  Drug Abuse Education  Drug Prevention Program  Drug Treatment Program	
Safe Neighborhood School Resource Officers	

#### Organization Purpose:

Cox Science Center and Aquarium's mission is to open every mind to science. Recognized as the anchor institution for informal science education in our community, our programs and exhibitions are centered around engagement, discovery, exploration, and interactivity.

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

GEMS (Girls Excelling in Math and Science) is an outreach program for Title I students. Students from disadvantaged neighborhoods often face economic, social, and other barriers that prevent them from pursuing science, techonology, engineering, and math (STEM) careers - and this is even more prevalent for girls. GEMS features exciting STEM demonstrations/experiments and interactive presentations from women in STEM fields - diverse, intelligent, and engaging female role models whose own unique career paths are inspirational and motivating. Each speaker facilitates an open discussion regarding her profession. Participating girls can personally engage with the presenter, ask her questions, and allow the accomplishments of a female STEM professional to inspire their own career paths. Funding will support extending the program.

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

The GEMS mentoring program expands access to STEM resources to underserved girls at Title I schools in Palm Beach County to spark an interest in STEM. Supporting young, at-risk girls advances the Science Center's mission to open all minds to science, engaging them in some of the most exciting realms of discovery, technology, and innovation. But it can also open up opportunities that can lead to more successful, sustainable lives. Increasing girls' exposure to female scientists helps them to see themselves as having a place in these fields, expanding their educational and professional potential. Providing enhanced educational opportunities and giving these girls confidence that they belong in these fields can help them on a pathway to escaping poverty. We aim to foster STEM interest and identities that will plant the seeds for long-term success.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$40,492.00		61.74%
2.	Employee Benefits/Payroll Taxes	\$7,289.00		0.00%
3.	Professional Fees	\$3,500.00		0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$37,904.00		0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$16,489.00		0.00%
	Total Expenses	\$105,674.00	\$25,000.00	23.66%

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.

You may attach additional sheets if necessary.
Salaries (list employees and individual compensation): Science Educators (3 x 0.2 FTE) Program Manager (0.2 FTE) Program Coordinator (0.15 FTE) Event Staff (3 PT workers x 0.20 FTE) Fringe Benefits
Professional Fees (list vendor and type of service provided): Honorariums for presenters
Occupancy/Utilities (list utilities): Telephone (provide telephone numbers):
Printing & Publications (list type of material):

#### Attachment A



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

Supplies (list supplies/equipment):
Lab supplies
GEMS T-Shirts
GEMS water bottles
GEMS pencil cases and pencils
STEM Gift bags
Refreshments for students

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):
Marketing of Program
Administrative Costs

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 Novilf 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 \sum No \vec{\vec{\vec{v}}} 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 \( \subseteq \text{No } \subseteq \) If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

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

Anna Campitelli **Grants and Foundations Manager** Name (please print) Title (please print) 128/2025 Signature NOTARY SECTION: State of The foregoing Agreement was acknowledged and subscribed before me by means of | | physical presence or online notarization, this (name of individual) as Committee s and (name of organization/ agency), who is personally known to me or who produced as identification. Notary Public State of Florida Zary Saini My Commission HH 469406 Expires 12/16/2027 Notary Public My Commission Expires



### **APPLICATION**

Organization Name:	Crime Stoppers of Palm Beach County Inc.	
	FEID #: 59-2112742	
Web Address:	https://www.crimestoppers	spbc.com/
Address:	PO Box 6245	
	STREET ADDRESS  West Palm Beach, FL 334	05
	CITY, STATE, ZIP	
Executive Director:	Angela Barnard	
	NAME DocuSigned by: Angela Barnard	
	o16EF353B0A0452 SIGNATURE	
	561-329-9664	angela@crimestopperspbc.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
·	0 - 110 - 1	
Fiscal Agent:	Gerald Charles	
	NAME Signed by:  80C4A417AA324E1 SIGNATURE	
	561-688-3960	info@crimestopperspbc.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	2/24/2025	
	DATE	



0

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

\$30,000.00
forcement Trust

#### Organization Purpose:

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

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

Provide Student Crime Stoppers program information to middle schools, high schools, private schools and alternative schools in Palm Beach County. Increase awareness of the Program throughout Palm Beach County during community events, advertising and via media to support the apprehension of criminals. Promote collaboration with law enforcement, media and the civilian board of directors for Crime Stoppers of Palm Beach County, Inc. as a valuable component for identification of criminal activity and apprehension of criminals.

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

We are committed to providing an anonymous platform for students and residents of Palm Beach County to report suspected criminal activity. We will increase public awareness of Crime Stoppers and Student Crime Stoppers programs on a county and state level serving as a role model organization for other programs.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$52,000.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$7,800.00	\$0.00	0.00%
3.	Professional Fees	\$6,000.00	\$6,000.00	100.00%
4.	Occupancy/Utilities	\$6,500.00	\$4,200.00	64.62%
5.	Telephone	\$3,000.00	\$0.00	0.00%
6.	Postage/Shipping	\$250.00	\$125.00	50.00%
7.	Printing & Publications	\$88,000.00	\$12,000.00	13.64%
8.	Supplies	\$2,500.00	\$0.00	0.00%
9.	Travel	\$8,000.00	\$0.00	0.00%
10.	Meetings	\$8,000.00	\$5,275.00	65.94%
11.	Miscellaneous Expenses	\$24,000.00	\$2,400.00	10.00%
	Total Expenses	\$206,050.00	\$30,000.00	14.56%



### **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):
Accounting Services (bookkeeping services, tax return and payroll filings).
Accounting octaices (bookkeeping services, tax return and payron mings).
Occupancy/Utilities (list utilities):
Storage unit
Telephone (provide telephone numbers):
800-458-TIPS / **TIPS
Drinting 9 Dublications (list type of material)
Printing & Publications (list type of material):
Crime Stoppers pens, pencils, organization informational tri-folds, miscellaneous advertising materials and promotional materials(t-shirts, bus shelter ads, billboards, bus ads, radio ads, social media ads, promotional items, etc.) for distribution at Student Crime Stoppers events and community events. Crime

Crime Stoppers pens, pencils, organization informational tri-folds, miscellaneous advertising materials and promotional materials(t-shirts, bus shelter ads, billboards, bus ads, radio ads, social media ads, promotional items, etc) for distribution at Student Crime Stoppers events and community events, Crime Stoppers computer equipment, website, electronic subscriptions (YouTube, Facebook, Instagram, LinkedIn, etc)



Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Local community agencies and not-for-profits partnership summit to promote collaboration with Crime Stoppers and increase awareness of programs provided. To cover meeting location and materials. Develop Student Crime Stoppers event to engage students.
Miscellaneous Expense (specify items):
Officers and Directors Insurance; Organization Liability Insurance; Other insurance as needed; internet expense; computer audio/video/ancillary items; other miscellaneous expenses to promote Crime Stoppers and Student Crime Stoppers Programs.



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 less, 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 \sum No \subseteq 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.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) **Executive Director** Angela Barnard Title (please print) Name (please print) NOTARY SECTION: State of Florida County of Palm Deach The foregoing Agreement was acknowledged and subscribed before me by means of V physical presence or online notarization, this 20 day of February, 20 25 by Barnard (name of individual) as Executive Dic. (title) of Crivestones (name of organization/ agency), who is personally known to me or who produced as identification. KAYDE PEACE Notary Public - State of Florida Commission # HH 595345 My Comm. Expires Sep 28, 2028 Bonded through National Notary Assn. My Commission Expires: Sep 28, 2028



### **APPLICATION**

Organization Name:	Els for Autism Foundation		
	FEID #: 26-3520396		
Web Address:	www.elsforautism.org		
Address:	18370 Limestone Creek F	Road	
	STREET ADDRESS		
	Jupiter, FL 33458		
	CITY, STATE, ZIP		
Executive Director:	Dr. Marlene Sotelo	9-00	
	NAME	2/28/2025	
	SIGNATURE		
	561-625-8269	marlene.sotelo@elsforautism.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:			
	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	2/28/2025		
	DATE		



Or	ganization Name: Els for Autism Foundation		
	LETF Funding Request (MUST match total on Financial Application):	\$25,000.00	_
	What service will your organization provide through the use of Law Enformation Funds?	rcement Trust	
	Crime Prevention Program		
	Drug Abuse Education		
	Drug Prevention Program		
	Drug Treatment Program		
	✓ Safe Neighborhood		
	School Resource Officers		

#### Organization Purpose:

The global mission of Els for Autism is to transform the lives of people with autism and those who care for them through lifetime services and collaborative partnerships. Els for Autism envisions a world of limitless possibilities for individuals with autism and their families.

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

The Els for Autism Adult Day Training (ADT) Program empowers autistic adults by providing a safe and stimulating environment where they can develop essential life skills. Our program focuses on building social communication, self-advocacy, and community-based skills, all crucial for promoting independence and reducing the risk of victimization. To enhance safety, healthy lifestyles, mental health and well-being, we are seeking funding to support the salaries of specialized staff, staff training in crisis management and CPR/Basic First Aid, and guest instructors to teach safety skills. Further, funds will be used to maintain equipment needed to ensure the safety and security of our clientele. Recognizing the importance of real-world experiences, our program incorporates frequent learning opportunities in the community, so funding will also ensure reliable transportation.

What results are you committed to achieving?

We are committed to integrating safety education into every aspect of learning to ensure our clients develop strong social communication, self-advocacy, and community-based life skills. We are also committed to having our highly trained staff and transdisciplinary clinical team support our clients in learning how to live a healthy lifestyle, increase daily living skills, and develop adaptive coping strategies critical to mental health and wellbeing and to staying safe across environments.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$689,254.00	\$8,613.00	1.25%
2.	Employee Benefits/Payroll Taxes	\$121,653.00	\$1,079.00	0.89%
3.	Professional Fees	\$11,368.00	\$2,791.00	24.55%
4.	Occupancy/Utilities	\$149,893.00		0.00%
5.	Telephone	\$5,477.00		0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$16,636.00	\$9,769.00	58.72%
9.	Travel	\$3,500.00	\$1,500.00	42.86%
10.	Meetings	\$350.00		0.00%
11.	Miscellaneous Expenses	\$2,400.00	\$1,248.00	52.00%
	Total Expenses	\$1,000,531.00	\$25,000.00	2.50%



#### **Budget Narrative**

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

Salaries (li	st emplo	vees and	individual	compensation)	):

- Samantha Jacobsen (\$2,500)
- Doreen Cammarata (\$4,371)
- Elizabeth Reisinger (\$2,821)

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

- · CPR/First Aid Instructor
- · Professional Crisis Management classes along with certifications and instructor training
- · Special guest instructors, such as the local law enforcement, self-defense instructors, and public safety personnel, focused on teaching safety lessons and self-defense to decrease vulnerabilities and increase client safety while out in the community.

Occupancy/Utilities (list utilities):

- · FPL
- · Loxahatchee River District
- · Town of Jupiter Water

Telephone (provide telephone numbers): 561-598-6200

Printing & Publications (list type of material):

N/A



Supplies (list supplies/equipment):

Equipment and program supplies which enhance and ensure client safety such as surveillance cameras, walkie talkies, CPR red bags, entrance gate, access card reader maintenance, and CPR + AED Basics Toolkit Plus with CPR and AED Basics Web Subscription.

Travel (individuals traveling, destination and purpose):

Use of vans, gas, mileage, maintenance for wear and tear.

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

N/A

Miscellaneous Expense (specify items):

- · OneCall messaging system (text, call, email alert system for emergency notifications and timely communication with staff, families, and clients).
- · Timestation annual subscription (ADT Program client attendance tracking system).

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 less, 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 $\boxed{\checkmark}$ 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 ☐ No ☑ If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Marlene Sotelo Executive Director Title (please print) Name (please print) Signature NOTARY SECTION: State of County of Palm Boach The foregoing Agreement was acknowledged and subscribed before me by means of | v | physical presence or online notarization, this 28 day of February (name of individual) as Stecchive Director (title) For Auton Faundation(name of organization/ agency), who is personally known to as identification. me or who produced LYNDA C. CRATE ec. Crate

Notary Public

My Commission Expires:



### **APPLICATION**

Organization Name:	Esperanza Community Center			
	FEID #: 83-3986715			
Web Address:	esperanzacommunitycen	ter.org		
Address:	723 39th Street	•		
	STREET ADDRESS			
	West Palm Beach, FL 33	407		
	CITY, STATE, ZIP			
Executive Director:	Maricela Torres			
	NAME			
	SIGNATURE			
	(561) 529-6117	torresm1275@gmail.com		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	None			
	Name			
	SIGNATURE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:				
	DATE	<del></del>		



Organization Name: Esperanza Community Center	
LETF Funding Request (MUST match total on Financial Application): _	\$10,000.00
What service will your organization provide through the use of Law En Funds?	forcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

To empower our community by creating a space that fosters trust, safety, opportunity, and independence. We offer English, adult literacy, computer classes, health outreach workshops and fairs, family programming, youth tutoring, youth summer camps, services for day laborers and their families.

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

The Esperanza Center is celebrating its fifth anniversary since opening its doors in early 2019. In June 2024, we moved to a new facility. The move to our new location has opened new opportunities to serve additional families, mainly African American and Maya, who have lived in our service area for many years. We are also serving families from Haiti, many new arrivals to our area. Your support will help us provide financial education, wage theft prevention workshops and recovery, and classes on reporting abuse to law enforcement.

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

We continue to grow in response to the needs expressed by the community. We are committed to empowering those who participate in our programs with information, resources, and skills they need to advocate for themselves and their families. The individuals and families we serve tend to be targets as they have limited English language and literacy skills, and they don't generally call law enforcement to report crimes.



### FINANCIAL APPLICATION

Period Covered (one year) From: July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$55,000.00	\$2,500.00	4.55%
2.	Employee Benefits/Payroll Taxes	\$10,000.00	\$0.00	0.00%
3.	Professional Fees	\$10,000.00	\$3,000.00	30.00%
4.	Occupancy/Utilities	\$10,000.00	\$2,500.00	25.00%
5.	Telephone	\$3,500.00	\$1,000.00	28.57%
6.	Postage/Shipping	\$300.00	\$0.00	0.00%
7.	Printing & Publications	\$1,000.00	\$0.00	0.00%
8.	Supplies	\$3,500.00	\$0.00	0.00%
9.	Travel	\$1,200.00	\$0.00	0.00%
10.	Meetings	\$3,500.00	\$1,000.00	28.57%
11.	Miscellaneous Expenses	\$2,500.00	\$0.00	0.00%
	Total Expenses	\$100,500.00	\$10,000.00	9.95%



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):
Yirna Buitrago, Office Services Coordinator, \$55,000 The coordinator develops and implements programming. Coordinates services and workshops with facilitator and partners. Invites residents and day laborer workers to participate in events, workshops as well as community outreach.
Professional Fees (list vendor and type of service provided):
Lenin Gomez, Psychologist  Mr. Lenin Gomez facilitates workshops, information sessions and peer counseling sessions.
Occupancy/Utilities (list utilities):
Rent, overhead.
Telephone (provide telephone numbers): Telephone and internet.

Printing & Publications (list type of material):

None



Supplies (list supplies/equipment): None
Travel (individuals traveling, destination and purpose):
None
Meetings (attendees, purpose, items needed for meeting):
Day laborers and area residents to attend workshops and classes.  Light refreshments are provided to attendees.
Light fell comments are previded to attendeds.
Miscellaneous Expense (specify items):

### Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No lift 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.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Maricela Torres **Executive Director** Name (please print) Title (please print) Signature NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of | \( \sqrt{} \) physical presence or online notarization, this 22 day of January, 20 25 by Maricela Turres (name of individual) as Executive Director (title) of Espacanza Community Center (name of organization/ agency), who is personally known to me or who produced as identification. IRIS ANAYA MY COMMISSION # HH 532854 EXPIRES: September 27, 2028 Notary Public My Commission Expires:



### **APPLICATION**

Organization Name:	Ferd & Gladys Alpert Jewish Family Service of Palm Beach County		
	FEID #: 59-1520581		
Web Address:	https://alpertjfs.org		
Address:	5841 Corporate Way, Suite 200		
	STREET ADDRESS		
	West Palm Beach, FL 334	407-2039	
	CITY, STATE, ZIP		
Executive Director:	Marc D. Hopin		
	NAME	1	
	Mar J. F	gen	
	SIGNATURE		
	561-684-1991	Marc.Hopin@AlpertJFS.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Alpert JFS does not use a	ı fiscal agent	
riscai Agent.	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	June 16, 2025		
DATE			



Organization Name: Ferd & Gladys Alpert Jewish Family Service of Palm Beach County			
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00		
What service will your organization provide through the use of Law Enf Funds?	orcement Trust		
Crime Prevention Program			
✓ Drug Abuse Education			
Drug Prevention Program			
Drug Treatment Program			
Safe Neighborhood			
School Resource Officers			

#### Organization Purpose:

Grounded in compassion and guided by Jewish values, the purpose of Ferd & Gladys Alpert Jewish Family Service is to strengthen our entire community by empowering individuals and families through the delivery of comprehensive human services.

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

A grant of \$10,000 will make it possible for Alpert Jewish Family Service (AJFS) to contract one (1) MHFA instructor certified by The National Council for Mental Wellbeing to train up to 750 first responders, professionals, and concerned citizens to recognize signs, symptoms, risk factors, and behavioral changes in individuals developing or experiencing a substance use or mental health crisis. During eight (8) hours of instruction, community members will learn to recognize when someone is developing or experiencing a critical symptoms or behaviors (contemplating suicide, for example); assess and approach people during mental health crises; listen in a non-judgmental manner; give support; and encourage the seeking of professional help while waiting for a first responder. It is our intent to have MHFA become as commonplace as CPR and First Aid.

What results are you committed to achieving?

Alpert JFS has built a coalition of more than 80 nationally certified Mental Health First Aid Awareness (MHFA) instructors and has worked with more than 16 non-profit agencies, the Palm Beach County School District, the Palm Beach Bar Association, local municipalities, local churches and synagogues, to name a few. MHFA will be available to the general public (citizens of all demographics and ethnicities). Priority will be given to first responders, workers in healthcare settings, at veterans' organizations, and other first-line employees. Our program teaches a five-step initial response to assist anyone having a substance use or mental health crisis. We are seeking to erase the stigma associated with mental illness and position every citizen to potentially save a life.



### FINANCIAL APPLICATION

Period Covered (one year)

From:

July 1, 2025

To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$333,048.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$59,449.09		0.00%
3.	Professional Fees	\$10,000.00	\$10,000.00	100.00%
4.	Occupancy/Utilities	\$0.00		0.00%
5.	Telephone	\$0.00		0.00%
6	Postage/Shipping	\$0.00		0.00%
7.	Printing & Publications	\$1,164.00		0.00%
8.	Supplies	\$79,020.00		0.00%
9.	Travel	\$836.18		0.00%
10.	Meetings	\$1,202.00		0.00%
11.	Miscellaneous Expenses	\$75,000.00		0.00%
	Total Expenses	\$559,719.27	\$10,000.00	1.79%



### **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):
One (1) certified MHFA community instructor for 50 classes at \$200.00 per/class = \$10,000 (LETF) The instructor will be Ed Frontera.
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):

Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):

### Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No less, 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 \sum No \subseteq 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.



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 with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Marc D. Hopin Chief Executive Officer Name (please print) Title (please print) Signature NOTARY SECTION: State of The foregoing Agreement was acknowledged and subscribed before me by means of Aphysical presence or online notarization, this day of June (name of individual) as (title) \_\_\_\_\_ (name of organization/ agency), who is personally known to me or who produced as identification. DANA LUKINS Lukens MY COMMISSION # HH 582843 EXPIRES: December 8, 2028 Notary Public My Commission Expires:



#### **APPLICATION**

Organization Name:	Fiesta De Pueblo, Inc.		
	FEID #: 81-5247422		
Web Address:	www.FiestaDePueblo.com		
Address:	4201 Westgate Avenue Suite A-7		
	STREET ADDRESS  West Palm Beach, Florida 33409		
	CITY, STATE, ZIP		
Executive Director: Santos Arroyo			
	Name		
	SIGNATURE		
	561-889-6527	Info@FiestaDePueblo.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	N/A		
	Name		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	Feb. 10, 2025		

Sy

DATE



Organization Name: Fiesta De Pueblo, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$20,000.00
What service will your organization provide through the use of Law Enfo	rcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	
Organization Purpose:	
Unite Hispanics from 21 different countries to preserve Hispanic culture, histor Educate, help and support our Youth to build successful careers and business	

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

Community Outreach - Community Cultural Festival to promote unity and goodwill among our law enforcement agencies and the Hispanic community. Three Magic Kings party baqs distribution during the Fiesta De Pueblo & Business Expo Holiday Season event, leadership empowerment to built the next generation of professionals and entrepreneurs while promoting law enforcement careers among our Hispanic Youth. Educate our Hispanic community about opening successful businesses and be self-reliant. Children cultural workshops and exhibits.

What results are you committed to achieving?

Bring together our 21 Hispanic countries that live in Palm Beach County to create and keep a safe future for our children. Create awareness and promote law enforcement involvement among our Hispanic youth. Bring assistance to children in need throughout our Three Magic Kings program. Gain support from our Hispanic community and our local government to build our FDP Multicultural Community Resource Center.





#### FINANCIAL APPLICATION

Period Covered (one year)

From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$25,000.00	\$6,500.00	26.00%
4.	Occupancy/Utilities	\$10,000.00	\$3,000.00	30.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$5,000.00	\$1,500.00	30.00%
8.	Supplies	\$35,000.00	\$8,000.00	22.86%
9.	Travel	\$5,000.00		0.00%
10.	Meetings	\$1,000.00		0.00%
11.	Miscellaneous Expenses	\$3,000.00	\$1,000.00	33.33%
	Total Expenses	\$84,000.00	\$20,000.00	23.81%





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):
Festival's performers and technical staff fees. Singers, Dancers, Videographer, Photographer, DJ's, Musical Bands.
Occupancy/Utilities (list utilities):
Facilities rental and venue liability insurance.
Telephone (provide telephone numbers):
*
Printing & Publications (list type of material):
Printing of shirts with PBSO logo, volunteers caps, flyers, posters, banners, and social media promo.



Supplies (list supplies/equipment):

Food supplies & Ice Bags
Party bags supplies for Three Kings
Festival supplies - Generators, Light Towers, Sound System, Tents, Tables, Chairs, Cleaning, Inflatables, Golf Carts, Garbage Dumpster, Portable Toilets, Public Ground Transportation

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

John Prince Park Palm Beach County Parks & Recreation venue fees for Fiesta De Pueblo & Business Expo festival. Palm Beach County Board of County Commissioners

My

Disclosure re: Organization's background:	
Has the applicant or any of the Organization's officers, directors, trustees, or principal sexecutive personnel been enjoined in any jurisdiction from soliciting contributions or has found to have engaged in unlawful practices in the solicitation of contributions or admir of charitable assets? Yes No ✓ If Yes, please provide the details	ave been
Has the Organization had its registration or authority denied, suspended, or revoke governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for suspension, or revocation	ed by any ch denial,
Has the applicant or any of the Organization's officers, directors, or trustees, regarding adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to incarcerated within the last 10 years as a result of having previously been convicted of guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes yes, provide the name of such person, the nature of the offense, the date of the off court having jurisdiction in the case, the date of conviction or other disposition, disposition of the offense.	o, or been f, or found No If fense, the
Has the applicant or any of the Organization's officers, directors, or trustees, regarding adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to been incarcerated within the last 10 years as a result of having previously been convicted found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft embezzlement, fraudulent conversion, or misappropriation of property, within the last 1 Yes No I flyes, provide the name of such person, the nature of the offense, the defense, the court having jurisdiction in the case, the date of conviction or other disposition of the offense.	to, or has ted of, or , larceny, 10 years? ate of the
Has the applicant or any of the Organization's officers, directors, or trustees, been enjoi violating any law relating to a charitable solicitation? Yes ☐ No ☑ If yes, provide the	ned from

My

such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Santos Arroyo CEO Name (please print) Title (please print) Feb. 10, 2025 NOTARY SECTION. State of Utah County of Deber The foregoing Agreement was acknowledged and subscribed before me by means of Aphysical presence or online notarization, this 10th day of Feburary 20 75 by Santa Arroya (name of individual) as CEO of Fresta De Rueblo Tnc. (name of organization/ agency), who is personally known to me or who produced Utuh Drivers License as identification. COMM. EXP. 07/03/2028 Notary Public My Commission Expires: (



#### **APPLICATION**

Organization Name:	Florida Alliance to End Human Trafficking		
	FEID #: 32-0611684		
Web Address:	www.FloridaAllianceEndHT.com		
Address:	1400 Village Square Blvd., #3-110		
	STREET ADDRESS		
	Tallahassee, FL 32312		
	CITY, STATE, ZIP		
Executive Director:	Erin Collins		
	NAME Exin Pelia		
	SIGNATURE		
	(850) 570-1492	Erin@FloridaAllianceEndHT.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
F: 14 (	Frin Callina		
Fiscal Agent:	Erin Collins		
	Prin Pelia		
	SIGNATURE		
	(850) 570-1492	Erin@FloridaAllianceEndHT.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	2-27-2025		
	DATE		

Revised 01/2025



Organization Name: Florida Alliance to End Human Traillicking				
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00			
What service will your organization provide through the use of Law En Funds?	forcement Trust			
Crime Prevention Program				
Drug Abuse Education				
Drug Prevention Program				
Drug Treatment Program				
✓ Safe Neighborhood				
School Resource Officers				

#### Organization Purpose:

The Florida Alliance to End Human Trafficking is a nonprofit organization that was created by the Florida Legislature to provide funding, support, and assistance to the statewide effort to end human trafficking. It is the direct support organization to the Statewide Council on Human Trafficking.

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

In partnership with the Florida Office of the Attorney General and the Statewide Council on Human Trafficking, the Florida Alliance to End Human Trafficking is proud to present the 2025 Human Trafficking Summit. Due to the success of previous year's virtual event, it will again be offered in a virtual format at no cost to participants. To offset the cost of the technology platform for the Summit (including software to promote/market the event) and to offer the organization's awareness course at no cost (along with anticipated technology updates), the Florida Alliance to End Human Trafficking is requesting \$10,000.

What results are you committed to achieving?

Through marketing and promotional efforts (local and statewide), the Florida Alliance aims to increase its training efforts by 20% in the upcoming fiscal year.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
				0.00%
1.	Salaries			
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$25,000.00	\$10,000.00	40.00%
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	\$25,000.00	\$10,000.00	40.00%



### **Budget Narrative**

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

•
Salaries (list employees and individual compensation):
N/A.
Professional Fees (list vendor and type of service provided):
DevPartners/MailChimp/Adobe/PaperJacket/Hey Joe, Inc Technology support and maintenance for free, web-based human trafficking awareness course.
Cvent (or similar platform) - Event management platform for 2025 Human Trafficking Summit.
Occupancy/Utilities (list utilities):
N/A.
Telephone (provide telephone numbers):
N/A.
Printing & Publications (list type of material):  N/A.
· ····



Supplies (list supplies/equipment): N/A.
Travel (individuals traveling, destination and purpose):  N/A.
Meetings (attendees, purpose, items needed for meeting):  N/A.
Miscellaneous Expense (specify items):  N/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 ly lf yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, within the last 10 years? Yes ☐ No ✓ If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.
Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes $\square$ No $\checkmark$ If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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 with the

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

Erin Collins **Executive Director** Name (please print) Title (please print) Signature NOTARY SECTION: State of Florid County of The foregoing Agreement was acknowledged and subscribed before me by means of physical presence or / online notarization, this 27 day of Feb. 2025 by Erro Cillins (name of individual) as Executive Director (title) of Florible All rence to End (name of organization/ agency), who is personally known to me or who produced as identification. COLLEEN LAPLANT alle LaPlant MY COMMISSION # HH 093832 EXPIRES: June 16, 2025 Bonded Thru Notary Public Underwriters **Notary Public** My Commission



#### **APPLICATION**

Organization Name: 8	Florida Crime Prevention Association		
	FEID #: 85-80153110966C-0		
Web Address:	www.floridacrimeprevention.org		
Address:	P.O. Box 628		
	STREET ADDRESS		
	Sebring, FL 33871		
	CITY, STATE, ZIP		
Executive Director:	Joseph Bermudez		
	SIGNATURE		
	305-468-1303	jbermudez@ccwmiamidade.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Nell Hays		
	NAME		
	Mell Hay	>	
	SIGNATURE /		
	863-446-3031	frewinhays@aol.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	1/25/2025		
	DATE		



volunteers.

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

Attachment A

2

LETF Funding Request (MUST match total on Financial Application):	\$5,000.00
What service will your organization provide through the use of Law Enf Funds?	orcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

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

The Florida Crime Prevention Association hosts an annual (5) day training conference for law enforcement crime prevention officers. Funds received help offset conference costs that would otherwise be passed on to out attendees. Over the last few years, we have become not only known throughout Florida, but Nation and worldwide with attendees and speakers coming from outside the State of Florida and several foreign countries. This allows us to have a greater reach to attract subject matter experts to present at our conference. Your help allows us to bring the best and most knowledgeable speakers to Florida.

To provide crime prevention training and resources for sworn and civilian law enforcement staff and

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

We will provide up-to-date crime prevention training to 150-180 sworn and civilian law enforcement crime prevention officers, as well as volunteers. We will focus on the newest crime prevention methods, practices, and concepts, allowing participants to return to their respective Agencies and community with new tools to combat crime.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$10,000.00	\$2,500.00	25.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$3,500.00	\$500.00	14.29%
8.	Supplies	\$3,000.00	\$1,000.00	33.33%
9.	Travel			0.00%
10.	Meetings	\$15,000.00		0.00%
11.	Miscellaneous Expenses	\$20,000.00	\$1,000.00	5.00%
	Total Expenses	\$51,500.00	\$5,000.00	9.71%



### **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): No salaries are paid
Professional Fees (list vendor and type of service provided):  We are requesting \$2500, to assist with professional speaker fees, travel and hotel. A discount is awarded to each speaker who attends conference, which is applied to their registration fee.
Occupancy/Utilities (list utilities): N/A
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material): We are requesting \$500, to assist with the purchasing of awards, printing of certificates, and certificate frames. Additionally we incur costs for printing class materials, such as agendas and class handouts.



Supplies (	(list supp	lies/equipment	t)	1

We are request \$1000, to assist with expenses incurred to facilitate the conference, such as, A/V	' needs
and equipment, printers and ink, and additional class supplies.	

Travel (individuals traveling, destination and purpose):

No travel expenses.

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

Meeting expenses are covered by the association.

Miscellaneous Expense (specify items):

We are requesting \$1000, to assist we any miscellaneous expenses that may arise on-site during the conference.



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
N/A
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
N/A
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.
N/A
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.
N/A
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

N/A

such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

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

Joseph Bermudez President Title (please print) Name (please print) Signature NOTARY SECTION: State of Florida County of Miami - Dade The foregoing Agreement was acknowledged and subscribed before me by means of physical presence or online notarization, this 25<sup>th</sup> day of February, 20 25 by Seph Bermydet (name of individual) as President (title) Florida Crine Prevention ASS (name of organization/ agency), who is personally known to me or who produced LARIX LEBRON Notary Public - State of Florida Commission # HH 470795 My Comm. Expires Dec 6, 2027 Bonded through National Notary Assn. My Commission Expires: Dec 6, 2027 Notary Public



#### **APPLICATION**

Organization Name:	Girl Scouts of Southeast Florida							
	FEID #: <sup>59-0657327</sup>							
Web Address:	www.gssef.org							
Address:	6944 Lake Worth Road							
	STREET ADDRESS							
	Lake Worth, FL 33467							
	CITY, STATE, ZIP							
Executive Director:	Lisa Johnson							
	Name							
	Jusay Johnson							
	SIGNATURE							
	561-427-0177	ljohnson@gssef.org						
	TELEPHONE NUMBER	E-MAIL ADDRESS						
Fiscal Agent:	Allyson Maharaj							
	NAME							
	Mol							
	SIGNATURE							
	561-427-0177	amaharaj@gssef.org						
	TELEPHONE NUMBER	E-MAIL ADDRESS						
Date:	06/17/2025 DATE							

Attachment A



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

Organization Name: Girl Scouts of Southeast Florida	
LETF Funding Request (MUST match total on Financial Application):	\$20,000.00
What service will your organization provide through the use of Law Enforcements?	forcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Girl Scouts mission to build girls of courage, confidence, and character who make the world a better place. Girl Scouts of Southeast Florida's Girl Scout Leadership Experience (GSLE) encourages girls to Discover themselves, Connect with others, and Take Action to make the world a better place.

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

Girls in Palm Beach County will gain access to the transformative Girl Scout Leadership Experience. Fifty girls will join troops at their schools, engaging in girl-led activities that foster new skills and personal growth through curriculum developed with local experts. Teachers at the schools will receive stipends to serve as troop leaders, with programming held on-site and all supplies provided, eliminating traditional participation barriers. This approach ensures all girls—especially those from underserved communities—can benefit from the Girl Scout Leadership Experience. Participants show remarkable growth in leadership skills, problem-solving abilities, healthy relationship development, challenge-seeking behaviors, and community engagement that prepares them for future success.

What results are you committed to achieving?

50 girls in Palm Beach County will participate in the GSLE program. The majority of girls (80% or more) participating in the GSLE programs will demonstrate an improvement in the five outcomes of Girl Scouts; strong sense of self, positive values, challenge seeking, healthy relationships, and community problem solving. When girls exhibit these attributes and skills, they become responsible, productive, caring, and engaged citizens. According to the 2024 State of the Florida Girl Report, girls face twice the risk of considering suicide compared to boys, highlighting the critical need for programs that build resilience and supportive relationships.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$553.00	\$553.00	100.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$9,000.00	\$9,000.00	100.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$50.00	\$50.00	100.00%
8.	Supplies	\$6,000.00	\$6,000.00	100.00%
9.	Travel	\$322.00	\$322.00	100.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$4,075.00	\$4,075.00	100.00%
	Total Expenses	\$20,000.00	\$20,000.00	100.00%



#### **Budget Narrative**

<b>g</b>
Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
Percentage of Full time staff - Director of Community Programs 1%
Professional Fees (list vendor and type of service provided):
Facilitator position is a \$3,000 stipend for teacher/troop leader at each school, acts as lead and support for all Troop Transcend troops. (3 facilitators x \$3,000 stipend)
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):  Printing expense for recruitment flyers, activity worksheets, parent information forms



O !!	/II .			
Supplies	(list supp	lies/e	maille	ent)
Cappiloo	mot oupp	1100,0	gaipii	0111

\$120 per	girl -	supplies	to be	used in the	ne works	hops	(paper,	crayons,	markers,	color	pencils,	glue,
scissors,	string	, beads,	troop	planners	, badges	, unifo	orms etc	c) x 50 gir	rls			

Travel (individuals traveling, destination and purpose):

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

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

Miscellaneous Expense (specify items):

\$3,000 - Registration dues @\$60 per girl for 50 girls

\$75 - Registration dues @\$25 per adult for 3 facilitators

\$1,000 - Registration to attend supplemental Girl Experience events (\$20 for 50 girls)

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 less, 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 \sum No \subseteq 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.

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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

N/A	
State, Department, Division (Not-for-profit organizations w	vith headquarters outside of Florida)
Kathy Benson	Grants Manager
Name (please print)	Title (please print)
Signature Bern	0/17/255 Date
NOTARY SECTION:	
State of Florida	
County of Pala Beach	
The foregoing Agreement was acknowledged and subscri	
presence or online notarization, this 4	of <u>June</u> , 20 <u>25</u> by
Kathy Benson (name of individual)	as <u>Cronts Manager</u> (title)
of Girl Scouts of Southest Florida (name of org	anization/ agency), who is personally known to
me or who produced	as identification.
Aug Roboth	ANNA R. LAORETTI Commission # HH 362423 Expires April 30, 2027

**Notary Public** 

My Commission Expires: 4/30/2027



#### **APPLICATION**

Organization Name:	HACER Ministry, Corp	
	<b>FEID #</b> : 27-1506309	
Web Address:	www.hacerus.org	
Address:	2727 Georgia Ave	
	West Palm Beach, FL 33405	
	CITY, STATE, ZIP	
Executive Director:	Harry Bayron, MD, President	
	NAME	
	SIGNATURE	
	561-351-1611	hacerministriescorp@gmail.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	N/A	
	NAME	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	6-10-2025	
	DATE	_



Attachment A

Organization Name: Hacer Ministry, Corp. (HACER)
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:

HACER's mission is to collaborate with individuals and organizations in our community to offer the relief and services that will lift people in need toward self-sufficiency. HACER focuses on the essential needs of low-income residents: food, housing, and access to health and community services.

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

Providing food is a critical and necessary service for families and individuals facing food insecurity. Operating since 2010, the La Casita (Spanish for small house) food pantry program's main objective is to make nutritious food available to those who live at or below the poverty level in the West Palm Beach vicinity. This funding would be used to support our annual Feast of Giving event, which provides a full Thanksgiving dinner to low income families and individuals. During this event we distribute turkeys and other groceries, literature (produced by PBSO), and other materials/activities that promote a safe and healthy community. In 2024, this event distributed 25,900 pounds of food.

What results are you committed to achieving?

Event objectives remain consistent and include:

- 1. Cultivating positive relationships and/or partnerships between the community that we serve and local law enforcement
- 2. Educating the community on crime prevention techniques to improve community safety
- 3. Provide healthy food to low income community members as we give them the means to celebrate the holidays with their lived ones
- 4. Creating a safe place for community members to gather and celebrate the holiday
- 5. Modeling a heart for service in the community



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$7,600.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$25,000.00	\$10,000.00	40.00%
9.	Travel			0.00%
10.	Meetings	\$400.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$4,000.00	\$0.00	0.00%
	Total Expenses	\$37,000.00	\$10,000.00	27.03%



### **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):

This is employee time dedicated to the Feast of Giving event. We are not asking for funding for this line
item, but will cover this expense from our operating funds.
Professional Fees (list vendor and type of service provided):
N/A
Occupancy/Utilities (list utilities):
N/A
Telephone (provide telephone numbers):
N/A
Printing & Publications (list type of material):  N/A



Supplies (list supplies/equipment):

All of the funding for supplies is to cover the cost of turkeys, food, and packaging materials to be given to approximately 1,000 families at the Feast of Giving event in November 2025. All of the \$10,000 we are requesting in this application will be allocated for the purchase of food.

NOTE: We provide our best estimate on the food costs, knowing that there may be variances due to market costs at the time of actual purchase.

Travel (individuals traveling, destination and purpose):

N/A

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

This is for meal for the volunteers. We are not asking for funding for this line item, but will cover this expense from our operating funds.

Miscellaneous Expense (specify items):

These expenses will include: traffic barricades; IT services and promotion; event security; and volunteer stipends; Additional miscellaneous expenses include bags and/or packaging, t shirts for volunteers and window markers for cars (food is distributed drive-through style). We are not asking for funding for this line item, but will cover this expense from our operating funds.



#### 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 less, 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 \sum No \vec{v} 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.



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-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

Florida State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Harry Bayron, MD President Title (please print) Name (please print) 6/13/2025 NOTARY SECTION: The foregoing Agreement was acknowledged and subscribed before me by means of physical 13 day of June presence or online notarization, this (name of individual) as \_\_\_\_\_ HACEK (name of organization/ agency), who is personally known to me or who produced as identification. lec

My Commission Expires:

11/20/27.

Notary Public



#### **APPLICATION**

Organization Name:	Hispanic Human Resources Council, Inc.	
	<b>FEID #</b> : 59-1747012	
Web Address:	https://www.hhrcinc.org/	
Address:	1427 S Congress Ave	
	Palm Springs, FL, 33406	
	CITY, STATE, ZIP	
Executive Director:	Fabiana DesRosiers, CEC	)
	Talrice S	San
	SIGNATURE	
	561-223-3521	fabiana.desrosiers@hhrcinc.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Timothy Birney	
	NAME	M
	561-223-3506	timothy.birney@hhrcinc.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	6/6/2025	
	DATE	



Organization Name: Hispanic Human Resources Council, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enfo Funds?	rcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✓ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Established in 1977, Hispanic Human Resources Center (HHRC) is the longest Hispanic serving nonprofit in Palm Beach County. HHRC's mission is to educate and empower children and families through education and fundamental social services that promote a healthy, thriving community.

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

Family and Community Engagement Services (FACES) staff work with over 300 disadvantaged families to identify critical needs and strengthen the family unit through coordinated resources and outreach. Outreach to partners (libraries, health centers, higher education, human service agencies, law enforcement, food banks, businesses etc.) secures services for families. Staff also provide emergency interventions (food, clothing, shelter, etc.); education; resources and referrals geared toward family advancement. FACES staff help parents maintain their employment status, increase their educational attainment, reduce their dependency on public assistance, and overcome poverty status. HHRC improves a family's ability to survive life's struggles and helps them succeed as a sustainable family unit in a safe environment.

What results are you committed to achieving?

About 1,400 community members receive coordinated education, resources and services yearly that results in improved family well-being, engagement, and safety as well as better parent-child relationships. Over 800 family members and over 680 community members receive assistance per year. Family outcomes (which include measuring the families' safety and well-being) show that although families are vulnerable, services helped improve their parent-child relationships, education, family well-being, and connection to the community. FACE specialists will continue to improve family outcomes that encourage children's literacy and learning outcomes, while engaging the community to receive much-needed resources and services. Engaged, educated, and empowered individuals lead to stronger families and safer communities.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$234,059.00	\$8,000.00	3.42%
2.	Employee Benefits/Payroll Taxes	\$17,906.00		0.00%
3.	Professional Fees	\$2,800.00		0.00%
4.	Occupancy/Utilities	\$29,426.00		0.00%
5.	Telephone	\$2,538.00		0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$10,200.00	\$2,000.00	19.61%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$31,780.00		0.00%
	Total Expenses	\$328,709.00	\$10,000.00	3.04%



### **Budget Narrative**

You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
One-fourth of one full-time Family and Community Engagement Specialist salary: \$8,000
Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):



Supplies (list supplies/equipment):
Program Service brochures and flyers: \$875 Business Cards: \$125 Canopy tent for outdoor events: \$400 Retractable Banner \$200 Snacks for parent education workshops: \$400
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):



Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No lf 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.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Fabiana DesRosiers CEO Title (please print) Name (please print) NOTARY SECTION: NILSA I MONTANEZ Notary Public - State of Florida Commission # HH 598322 My Comm. Expires Oct 1, 2028 Bonded through National Notary Assn. The foregoing Agreement was acknowledged and subscribed before me by means of X physical online notarization, this 06 day of June \_\_\_\_, 20 **25** by SKOS/ERS (name of individual) as (name of organization/ agency), who is personally known to me or who produced as identification. My Commission Expires:



#### **APPLICATION**

Organization Name:	Mental Health America of the Palm Beaches	
	FEID #: 59-07602	20
Web Address:	https://mhapalmbea	aches.org/
Address:	909 Fern Street	
	Street Address  West Palm Beach,	FL 33401
	CITY, STATE, ZIP	
Executive Director:	Andrew McAusland	
	NAME Andrew K	? McAusland
	SIGNATURE	
	561-832-3755	amcausland@mhapbc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	N/A NAME	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	1/22/2025	
	DATE	

Revised 01/2025 1



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

rganization Name: Mental Health America of the Palm Beaches	
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 create a supportive community where all people can flourish.	
Provide a brief summary of program's activities/services to be funded:	
Mental Health America of the Palm Beaches (MHA) seeks funding to support our evidence-based Clubhouse program. The Clubhouse model reduces hospitalizations, promotes education and employment opportunities, and fosters meaningful relationships while equipping members with	

What results are you committed to achieving?

member success.

We are committed to maintaining transitional employment opportunities that represent 20% of our average daily attendance, ensuring our members have meaningful pathways to re-enter the workforce and achieve their employment goals.

essential skills for community employment. Operating on a "work-ordered day" structure, Clubhouse

Employment program, which provides members with the skills and support needed to re-enter the workforce. Currently, we aim to sustain three transitional employment opportunities to enhance

members and staff collaborate to manage daily operations. A key focus is our Transitional



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$669,767.00	\$10,000.00	1.49%
2.	Employee Benefits/Payroll Taxes	\$101,237.00		0.00%
3.	Professional Fees	\$36,000.00		0.00%
4.	Occupancy/Utilities	\$117,276.00		0.00%
5.	Telephone	\$5,900.00		0.00%
6.	Postage/Shipping	\$400.00		0.00%
7.	Printing & Publications	\$2,750.00		0.00%
8.	Supplies	\$34,100.00		0.00%
9.	Travel	\$8,080.00		0.00%
10.	Meetings	\$8,446.00		0.00%
11.	Miscellaneous Expenses	\$107,763.00		0.00%
	Total Expenses	\$1,091,719.00	\$10,000.00	0.92%



#### **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):

CEO \$95,000; Chief Operating Officer \$85,000; Director of Programs \$67,450; Director of Operations \$62,504; Clubhouse Director \$52,494; Peer Place Coordinator \$45,006; Coordinator \$42900; Glades Clubhouse Director \$49,998; Glades Clubhouse Coordinator \$39,000.

Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):

Supplies (list supplies/equipment):	
Travel (individuals traveling, destination and purpose):	
Meetings (attendees, purpose, items needed for meeting):	
Miscellaneous Expense (specify items):	

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

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No lf lyes, 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 $\boxed{\ }$ 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.



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 with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Chief Executive Officer Andrew McAusland Name (please print) Title (please print) Andrew R McAusland 2/10/2025 Signature NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of | | physical presence or online notarization, this \_\_10th\_ day of \_\_\_February\_\_\_\_\_, 2025\_\_\_\_\_ by Andrew McAusland (name of individual) as Chief Executive Officer (title) of Mental Health America of the Palm Beaches (name of organization/ agency), who is personally known to me or who produced as identification. Mary Ann Roman My Commission Expires: September 21, 2026 **Notary Public** Commission # HH305483



### **APPLICATION**

Organization Name:	Operation 300 Inc	
	FEID #: 46-0933176	
Web Address:	www.op300.org	
Address:	9405 SW Kansas Ave	
	Street Address Stuart, FL 34997	
	CITY, STATE, ZIP	
Executive Director:	Tara Baldwin	-
	Sara Belo	h
	SIGNATURE 772-214-4434	tara@op300.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Tara Baldwin	
	NAME /	1
	SIGNATURE SELO	1
	772-214-4434	tara@op300.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date;	2-10-25	
	DATE	





Organization Name: Operation 300, Inc.	
LETF Funding Request (MUST match total on Financial Application):	00,000.00
What service will your organization provide through the use of Law Enforceme Funds?	ent Trust
✓ Crime Prevention Program	
✓ Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Providing mentorship to children of the fallen, honoring the sacrifices of those who have given their all for our freedom, and promoting patriotism & service in our communities since 2012.

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

We host adventure camps for children of fallen soldiers & retreats for military widows. All costs of travel, lodging, food & activities is covered by Operation 300. This funding will help alleviate those costs. While at camp, the kids are paired with a mentor and participate in things they would have done with their fathers. Our mentorship places high value on leadership, character & morality. Campers will be exposed to leaders in the military, law enforcement and first responder communities. They will be instructed on the dangers of drugs & alcohol and general risky behavior. We partner with our local PAL to encourage the kids to set high standards in their mental and physical health because we know that is a key way to help prevent falling into relationships that are bad influences and also helps them to resist substance abuse.

What results are you committed to achieving?

We hope to honor the lives of our fallen heroes while also fostering an environment of love, safety, courage & strong character. We want these kids to know that their sacrifice is not forgotten. We also know that they have suffered trauma at a very young age and many of their home lives are unstable. These are both things that tend to lead kids into environments & behaviors that are unhealthy and risky. We hope that the ongoing mentorship & education they receive will give them the tools to resist getting involved with drugs & alcohol and will also give them the desire to stay away from bad influences in their lives that can lead to crime and other negative behaviors.

Revised 01/2025 Operation 300, Inc. 2



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
				0.00%
1.	Salaries			
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel	\$400,000.00	\$300,000.00	75.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$400,000.00	\$300,000.00	75.00%

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# 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.

You may attach additional sheets it 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):

Cumpling (list augustical aguing ant):
Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
We cover all airfare, transportation & lodging for families of our fallen heroes who attend our camps. We host 6 camps per year. Around 300 kids attend each year along with 200 parents.
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):
Wissellaneous Expense (speeny nems).



#### 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 lf 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 \sum No \subseteq I fyes, 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 \sum No \vec{\subset} If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 01/2025 Operation 300, 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 Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Tara Baldwin President Name (please print) Title (please print) NOTARY SECTION: State of Florida County of St LUCIE The foregoing Agreement was acknowledged and subscribed before me by means of X physical presence or online notarization, this \_\_\_\_\_ day of Fe b Tara Raldwin (name of individual) as President of Operation 300 (name of organization/ agency), who is personally known to as identification. me or who produced Corsondra P Comor Notary Public My Commission Expires: 02/27/28 Notary Public State of Florida Cassandra Connor My Commission HH 359812 Expires 2/8/2027 Revised 01/2025 Operation 300 Inc



#### **APPLICATION**

Organization Name:	Pace Center for Girls Palm Beach		
	FEID #: 59-2414492	*	
Web Address:	www.pacecenter.org/palmb	peach	
Address:	1640 S. Congress Avenue	*	
	STREET ADDRESS Palm Springs, FL 33461		
	CITY, STATE, ZIP		
Executive Director:	Mindy Hanken		
	Mundy Ha	nklo	
	SIGNATURE / 172-1990	mindy.hanken@pacecenter.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Pace Center for Girls, Inc.		
	NAME MWM Ha	nder	
	SIGNATURE J 561-472-1990	mindy.hanken@pacecenter.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	February 20, 2025		
	DATE		





Organization Name: Pace Center for Girls Palm Beach				
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 Pace Center for Girls is a non-profit organization that provides academic classes, counseling, and social services to middle and high school girls. The mission is to provide girls and young women an opportunity for a better future through education, counseling, training, and advocacy.

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

The Pace Palm Beach Reach Program (Pace Reach) was established in 2017 as a community-based counseling program for girls. Pace Reach is a prevention program providing social-emotional and behavioral health counseling and case management support to at-risk adolescent teen girls and their families. The target population served are girls ages 11-17 residing in Palm Beach County with risk factors and Adverse Childhood Experiences (ACEs). Services are provided in the home, at school, in the community, and at the Palm Beach Center. An emphasis is on prevention efforts to bolster girls' protective factors and increase the likelihood that girls will achieve success in school, engage in healthy interpersonal relationships, have greater self-determination, and become advocates for equitable social norms and opportunities.

What results are you committed to achieving?

The Pace Reach Program is a prevention and early intervention program targeting girls at-risk of entering the juvenile justice system which helps support community safety and justice. Pace Reach applies the risk-need-responsivity approach during the assessment process with all girls/families, valuing the importance of appropriate intervention matching based on the risk and protective factors identified. Pace Reach provides services to at-risk girls in the community to reduce rates of girls' arrests. In fiscal year 2025, our goal is for girls who complete Pace Reach to have zero involvement in the juvenile justice system one year after completion and demonstrate improvement in risk factors associated with behavioral risks that precipitate delinquency as evidenced by POSIT scores.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$192,500.00	\$7,500.00	3.90%
2.	Employee Benefits/Payroll Taxes	\$48,125.00	\$1,925.00	4.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$48,000.00	\$0.00	0.00%
5.	Telephone	\$6,661.00		0.00%
6.	Postage/Shipping	\$0.00		0.00%
7.	Printing & Publications	\$500.00		0.00%
8.	Supplies	\$5,000.00	\$200.00	4.00%
9.	Travel	\$20,000.00	\$375.00	1.88%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$59,345.00	\$0.00	0.00%
	Total Expenses	\$380,131.00	\$10,000.00	2.63%



#### **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):

Reach Program Manager - \$70,000/year Reach Program Therapist \$62,500/year Reach Program Therapist - \$60,000/year Benefits and taxes calculated at 25% of salaries.

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

Occupancy/Utilities (list utilities):

Pace Center for Girls, Palm Beach occupies a 12,000 sq. ft. building in Palm Springs and services all of Palm Beach County

Utilities include: HVAC, Janitorial, Repairs & Maintenance, Landscaping

Telephone (provide telephone numbers):

Reach Program Manager 561.764.7083 Reach Therapist 561.284.9026 Reach Therapist 561.254.9963

Printing & Publications (list type of material):

Reach brochures printed in English, Spanish and Creole



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

Program supplies will include costs associated with purchasing curriculum, activity-specific materials, and snacks for participants during psycho-educational groups. These groups focus on providing guidance, collaboration, and skill development to address behaviors, emotions, and thoughts related to various challenges. Examples of group topics include: Wellness, Violence Prevention, Effects of Vaping, Grief and loss, Financial Management, Coping Skills and Healthy Relationship Boundaries.

Travel (individuals traveling, destination and purpose):

The Reach Program is designed to engage with girls in the community by meeting them where they are —in their home schools, libraries, public spaces, and, in some cases, their homes. To support this initiative, two leased vehicles are utilized, with associated expenses covering lease payments, insurance, and fuel costs.

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

Miscellaneous Expense (specify items):

Administrative support at 18.5% of program expenses to support Reach Program - Accounting, Human Resources, Finance, IT, etc.



#### 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 lf lyes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.
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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes ☐ No ☑ If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Mindy Hanken **Executive Director** Title (please print) Name (please print) NOTARY SECTION: State of Florida County of West Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of |X| physical presence or online notarization, this 215th day of February, 20 35 by Jayme Baumenn (name of individual) as Office Manager of Pace Center for (airls (name of organization/ agency), who is personally known to as identification. JAYME BAUMANN-MOLL MY COMMISSION # HH 334173 EXPIRES: November 20, 2026

**Notary Public** 

My Commission Expires: \\\\ 3-0\\ 3-1



#### **APPLICATION**

Organization Name: F	Palm Bch. Cty. Sheree Davis Cunningham Black Women Lawyers Assoc.		
	FEID #: 87-1911340		
Web Address:	www.sdcbwla@wildapricot.		
Address:	6901 OKEECHOBEE BLVD SUITE D5 AM 509		
	STREET ADDRESS  West Palm Beach, FL 33411		
	CITY, STATE, ZIP		
Executive Director:	Josephine-Samantha Vacciana,	Esq. (President)	
	NAME	5	
	SIGNATURE 561-288-8366	samantha@triallawyerspb.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	N/A		
	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	8 19 25 DATE	=	



Organization Name: Palm Bch. Cty. Sheree Davis Cunningham Black Women L	awyers Assoc.
LETF Funding Request (MUST match total on Financial Application):	\$5,000.00
What service will your organization provide through the use of Law Enfo Funds?	rcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

To provide mentoring, guidance, support to black women lawyers in the legal profession. The organization is established to help black women lawyers navigate the unique challenges they face in the practice of law, in their lives and in their communities.

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

The program will focus on hosting events and initiatives to empower youth and lawyers through mentorship, legal education, and community engagement aimed at crime prevention and promoting safe neighborhoods. Activities will include mentorship programs pairing experienced attorneys with students, leadership development workshops focused on legal education and the criminal justice system, and networking events to foster collaboration among professionals advocating for safer communities. The program will host panels on criminal justice issues and wellness programs.

What results are you committed to achieving?

Mentorship, legal education, prevention efforts, and intervention strategies to reduce violence and violent acts by at risk youth.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From: July 1, 2025 To: June 30, 2026

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



### **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
N/a
Professional Fees (list vendor and type of service provided):
Legal Graphics Work - printing and technology services; Blair and Blake Productions - media and public
relations; DreamHer, Inc motivational speaker; or Jimmeal Nicole - life coach and facilitator for youth
Occupancy/Utilities (list utilities):
Facility rental fees for events
Tability Territal rees for events
Telephone (provide telephone numbers):
Printing & Publications (list type of material):



Supplies	(list supp	lies/eq	(uipment)	1
----------	------------	---------	-----------	---

Promotional items and supplies for swag bags to participants.

Travel (individuals traveling, destination and purpose):

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

Attendees: youth and legal professionals

Purpose: education, crime prevention, mentorship, motivational speaking

Items needed: supplies and facility rental

Miscellaneous Expense (specify items):

Transportation costs, food, and swag items

Disclosure re: Organization's background:

2.00.00 a. o. o. gamzation o baokground.
Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No V If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No Is 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 \sum No \vec{\vec{\vec{v}}} 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 Nov If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida)				
State, Department, Division (Not 10) prone organizations with neadquarters outside o	i Florida)			
Josephine-Samantha Vacciana President				
Name (please print) Title (please print)				
Signature Date				
NOTARY SECTION:				
State of Florida				
County of Boward				
The foregoing Agreement was acknowledged and subscribed before me by means of	THE PARTIES OF THE PA			
presence or online notarization, this and day of July, 20	25 by			
Josephine - Samantha Vacciara (name of individual) as President	(title)			
of SDC BWA (name of organization/ agency), who is	personally known to			
me or who produced as identification.				
Notary Public  My Commission Expires 1/10/2028				



#### **APPLICATION**

Organization Name: PALM BEACH COUNTY SHERIFF'S FOUNDATION				
	<b>FEID #:</b> 27-2615023			
Web Address:	WWW.PBCSF.ORG			
Address:	3228 GUN CLUB ROAD			
	STREET ADDRESS			
	WEST PALM BEACH, FL 3	33406		
	CITY, STATE, ZIP			
Executive Director:	MR. RICHARD SEYMOUR			
	NAME			
	SIGNATURE	PICK. SEYMOUZEPBCS	F, ORG	
	561-371-9381	RICKS@CSIPALMBEACH.COM		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:				
	Name			
	SIGNATURE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:				
	DATE			



Organization Name: Palm Beach County Sheriff's Foundation-Explorers
LETF Funding Request (MUST match total on Financial Application): \$50,000.00
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 Mission of the Palm Beach County Sheriff's Foundation is to positively impact the community served by the Palm Beach County Sheriff's Office by helping underprivileged children, enhancing public safety, and assisting deputies in need.

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

The Explorers train in law enforcement scenarios all year long and they go to various competitions throughout the year to put the skills to use that they have been learning. These competitions are used to see how proficient their skills are from their training and it also shows them where they may need to improve their skills during training. The Explorer Program for Palm Beach County now has 4 posts that serve our county and we have over 182 youth that are a part of this program.

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

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



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
				0.00%
1.	Salaries			
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel	\$50,000.00	\$20,000.00	40.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$50,000.00	\$30,000.00	60.00%
	Total Expenses	\$100,000.00	\$50,000.00	50.00%



### **Budget Narrative**

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

Tou 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):	



Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
This will cover lodging, flight other travel costs
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):
This would cover registration fees, meals, activities for competitions/trainings/team building trips



#### 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 less, 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 \sum No \subseteq I fyes, 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.



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 with the

Revenue Code and is registered	as a Non-Profit organization with the
PALM BEACH CEVERY	SHERIFF'S FOUNDATION
State, Department, Division (Not-	for-profit organizations with headquarters outside of Florida)
Name (please print)	Title (please print)
Signature	4 FEB 2025 Date
NOTARY SECTION:	
State of	
County of PB	
	knowledged and subscribed before me by means of physical
presence or online notariza	tion, this 4th day of FEB , 20 75 by
Richard J Stymouz	(name of individual) as
of PBC SHEDIKE'S FOUNDA	(name of organization/ agency), who is personally known to
me or who produced	as identification.
Notary Public State of Florida Jodie C Capezza My Commission HH 174660 Exp. 9/11/2025	My Commission Expires: 9/21/2025
Notary Public	My Commission Expires: 4/4/000

7



#### **APPLICATION**

Organization Name:	PALM BEACH COUNTY SHERIFF'S FOUNDATION		ε
	<b>FEID #:</b> 27-2615023		
Web Address:	WWW.PBCSF.ORG		(
Address:	3228 GUN CLUB ROAD		
	STREET ADDRESS		
	WEST PALM BEACH, FL 3	3406	
	CITY, STATE, ZIP		
Executive Director:	MR. RICHARD SEYMOUR		
	NAME		
	SIGNATURE	PICK. SEYMOUZEPBCS	SF, ORG
	561-371-9381	RICKS@CSIPALMBEACH.COM	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:			
	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:			
	DATE		



Organization Name: PALM BEACH COUNTY SHERIFF'S FOUNDATION	
LETF Funding Request (MUST match total on Financial Application):	\$25,000.00
What service will your organization provide through the use of Law Enf Funds?	orcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

The mission of the Palm Beach County Sheriff's Foundation is to positively impact the community served by the Palm Beach County Sheriff's Office by helping underprivileged children, enhancing public safety and assisting deputies in need.

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

Funded items will include a backpack, an age appropriate educational kit which contains most of the supplies required per school lists. We are utilizing our community policing deputies to identify the families in need of school supplies. In addition we are providing necessary school supplies to our adopted school centers and will we identifying schools who have 90% free and reduced lunch population for assistance with supplies, this information is provided to you from the school board. We will distribute computer safety tips for the students.

What results are you committed to achieving?

These efforts are geared towards starting a child off with the necessary tools to have a successful learning experience, and to be on the same playing field as other students who are supported financially by their families as well as to inspire the rapport with deputies who assist with the distribution of supplies.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
				0.00%
1.	Salaries			
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$29,365.60	\$25,000.00	85.13%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$29,365.60	\$25,000.00	85.13%



### **Budget Narrative**

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

Salaries (list employees and individual compensation):  N/A	
Professional Fees (list vendor and type of service provided): N/A	
Occupancy/Utilities (list utilities): N/A	
Telephone (provide telephone numbers): N/A	
Printing & Publications (list type of material): N/A	



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

790 premium primary school \$12.75 each= \$10,072.50
336 premium premium elementary \$13.00 \$4,368.00
460 premium middle high school \$13.30= \$6118.00
790 backpacks 16" \$4.30= \$3397.00
336 backpacks 18" \$5.50=\$1,848.00
460 18" backpack \$5.45= \$2507.00 shipping \$1055.10 Total \$29,365.60

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):



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

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No less, 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 \sum No \subseteq I fyes, 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.



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 with the

PBC SHETZIFF'S	ROUNDATION
State, Department, Division (Not-fo	or-profit organizations with headquarters outside of Florida)
RICHARD J SEYNOU  Name (please print)	Title (please print)
Signature	Z 27 7025 Date
NOTARY SECTION:	
State of	
County of PB	
	knowledged and subscribed before me by means of physical
	ion, this 27th day of FER, 2025 by
RICHARD ) SEYMOUR	(title) (name of individual) as BOARD CAATRUAN
OF PBC SHERIFFS FOUND	(name of organization/ agency), who is personally known to
me or who produced	as identification.
Notary Public State of Florida Jodie C Capezza My Commission HH 174660 Exp. 9/11/2025	
Notary Public	My Commission Expires: 9/11/25



#### **APPLICATION**

Organization Name:	PALM BEACH COUNTY SH	ERIFF'S FOUNDATION	
	<b>FEID #:</b> 27-2615023		
Web Address:	WWW.PBCSF.ORG		
Address:	3228 GUN CLUB ROAD		
	STREET ADDRESS		
	WEST PALM BEACH, FL	33406	
	CITY, STATE, ZIP		
Executive Director:	MR. RICHARD SEYMOU	IR	
(	NAME		
	SIGNATURE	RICK-SOYMOUR @ PBCSF.C	CRE
	561-371-9381	RICKS@CSIPALMBEACH.COM	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:			
	NAME		
	SIGNATURE		
		FTO/Training Division	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:			
	DATE		



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

rganization Name: PALM BEACH COUNTY SHERIFF'S FOUNDATION					
LETF Funding Request (MUST match total on Financial Application):	\$40,000.00				
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 mission of the Palm Beach County Sheriff's Foundation is to positively impact the community served by the Palm Beach County Sheriff's Office by helping underprivileged children, enhancing public safety and assisting deputies in need.

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

The Shop with a Cop event will start with PBSO staff and volunteers serving pizza, cookies & drinks to 162 children. They will be accompanied by a deputy who have selected them for the program. They will receive a backpack that will contain Anti-bullying information. The Sheriff of his designee will ask them to take the oath to refrain from an bad behavior and not to be a bully and tell an adult on those who do. The Wal-Mart gift card (\$125.00) will be used to purchase gifts for their family members and themselves. They will also receive a Aldi valued at (\$100.00) to be utilized for the purchase of food. The children that attend the event will a bag with safety material.

What results are you committed to achieving?

To initiate a bond between the deputies and children during this event and instilling in a child the importance of turning to law enforcement for safety and advice. Also, to initiate a positive bond between deputies and children during this event. We want to make this event a magical one for our families that without our Shop with a Cop program would go without food and gifts.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$40,000.00	\$40,000.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$40,000.00	\$40,000.00	100.00%



### **Budget Narrative**

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

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):



Supplies (list supplies/equipment):

162 gift cards from Wal-Mart for the amount of \$125.00 each= \$20,250.00
162 gift cards from Publix Supermarket for the amount of \$100.00 each = \$16,200.00
162 sling bags @ \$3.00 each=\$486.00
Pizza, drinks, cookies and candy =\$3,064.00

162 sling bags @ \$3.00 each=\$486.00 Pizza, drinks, cookies and candy =\$3,064.00
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):



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

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial, suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No less, 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 $\boxed{\ }$ 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.



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 with the

		SHERICE'S FOUNDAMEN	
	State, Department, Division (Not-fo	or-profit organizations with headquarters outside of Florida)	
	Name (please print)  Signature	Title (please print)  2 21 10 25  Date	
	NOTARY SECTION:		
	State of		
	County of PB		
		nowledged and subscribed before me by means of physical	al
	presence or online notarization	on, this day of	
	RICHARD J SEYMOUR	_ (name of individual) as _ ROA(2) COA (RUA)	_(title)
	OF PEC SHERIFF'S FOUNT	(name of organization/ agency), who is personally kno	own to
I	Motary Public State of Florida	as identification.	
-	Jodie C Capezza My Commission 14 174520 Exp. 9/11/2025		
	Notary Public	My Commission Expires: 9/11/25	



#### **APPLICATION**

Organization Name:	: The Palm Beach County Sheriff's Foundation			
	FEID #: 27-2615023			
Web Address:	www.PBCSF.org			
Address:	3228 Gun Club Rd.			
	STREET ADDRESS			
	West Palm Beach, FL 33406			
	CITY, STATE, ZIP			
Executive Director:	Stephen J. Moss			
	NAME			
	SIGNATURE			
	561-688-3899	Steve.Moss@pbcsf.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	N/A			
	NAME			
	SIGNATURE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	2/6/25			
	DATE	<del></del>		



Organization Name: The Palm Beach County Sheriff's Foundation				
LETF Funding Request (MUST match total on Financial Application): \$30,000.00				
What service will your organization provide through the use of Law Enforcement Trust Funds?				
<ul> <li>✓ Crime Prevention Program</li> <li>□ Drug Abuse Education</li> <li>□ Drug Prevention Program</li> <li>□ Drug Treatment Program</li> <li>□ Safe Neighborhood</li> <li>□ School Resource Officers</li> </ul>				
Organization Purpose:  The mission of The Palm Beach County Sheriff's Foundation is to positively impact the community served by the Palm Beach County Sheriff's Office by helping underprivileged children, enhancing public safety and assisting deputies in need.  Provide a brief summary of program's activities/services to be funded:  Our Youth Scholarship Program provides funds for underprivileged students. If granted, these funds would provide twenty local students \$2,500 each for college or trade school. Our scholarships are renewable for up to 4 years of college or trade school.				

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

The key element of our program is that in order for disadvantaged students to receive a scholarship, they must be nominated by a Palm Beach County Sheriff's Office deputy. This encourages outreach from both law enforcement and youth, with the end result being more educated, respectful and productive members of society. The more underprivileged youth we can help educate and elevate, the more we can help prevent crime and better our community.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel	Series - 1		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$150,000.00	\$30,000.00	20.00%
	Total Expenses	\$150,000.00	\$30,000.00	20.00%



### **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):

Supplies (list supplies/equipment):	
Travel (individuals traveling, destination and purpose):	
Meetings (attendees, purpose, items needed for meeting):	
Microllandous Eveness (anality itams):	
Miscellaneous Expense (specify items):  Twenty (12) students would each receive a \$2,500 scholarship.	

#### 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 less, 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 \sum No \vec{v} 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.

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

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

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Richard Seymour Chairman Name (please print) Title (please print) Signature NOTARY SECTION: State of County of The foregoing Agreement was acknowledged and subscribed before me by means of | Uphysical online notarization, this (name of individual) as BOAZO CHAIRMA (title) BC SHERIFT'S FOUNDATION (name of organization/ agency), who is personally known as identification. me or who produced Notary Public State of Florida odie C Capezza Exp. 9/11/2025 My Commission Expires: Notary Public



#### **APPLICATION**

Organization Name:	Palm Beach Economic Crime Unit, Inc.		
	FEID #: 59-2542989		
Web Address:	www.pbecu.org		
Address:	P.O. Box 16382 STREET ADDRESS		
	West Palm Beach, FL 33416		
	CITY, STATE, ZIP		
Executive Director:	Nathan Hubbard		
	NAME		
	Nathan Hubbard		
	SIGNATURE		
	561-644-4567	nhubbard@wpb.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Vaughn MM. Mitchell		
	NAME	The state of the s	
	Vauchn Mitchell		
	Vaughn Mitchell SIGNATURE		
	561-267-9603	mitchellv@pbso.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	7/31/2025		
	DATE		



Organization Name: Palm Beach Economic Crime Unit, Inc.		
LETF Funding Request (MUST match total on Financial Application):	\$5,000.00	
What service will your organization provide through the use of Law Er Funds?	nforcement Trust	
✓ Crime Prevention Program		
Drug Abuse Education		
Drug Prevention Program		
Drug Treatment Program		
Safe Neighborhood		
School Resource Officers		

#### Organization Purpose:

Since 1985 the Palm Beach Economic Crime Unit, a 501(c0(3) Public Charity, has financially supported South Florida law enforcement, financial institutions, as well as local businesses, with the training to identify, investigate, and prosecute economic crimes in South Florida.

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

Membership meets monthly and is composed of personnel from local, state and federal Law Enforcement, government regulatory agencies and banking and finance industries. The Palm Beach Economic Crime Unit (PBECU) meets to collaborate, share intelligence and combat fraud in South Florida. The PBECU provides training presentations on a variety of Economic Crime topics throughout the year and hosts and annual "FINANCIAL INSTITUTION AND LAW ENFORCEMENT ANNUAL TRAINING SEMINAR" in Boynton Beach, Florida. The primary service is to be funded is the cost of the annual seminar which includes a full day of training and is provided free to Law Enforcement attendees. Our board of directors is comprised of volunteers.

What results are you committed to achieving?

Our goal for 2025 is to be able to fund the FINANCIAL INSTITUTION AND LAW ENFORCEMENT ANNUAL TRAINING SEMINAR, which offers advanced training to assist law enforcement in the successful investigation of financial crimes and thereby reducing the number of crime victims in Palm Beach County.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries		·	0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$288.00		0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping	\$194.00		0.00%
7.	Printing & Publications	\$244.00		0.00%
8.	Supplies	\$350.50		0.00%
9.	Travel			0.00%
10.	Meetings	\$550.00		0.00%
11.	Miscellaneous Expenses	\$12,986.50	\$5,000.00	38.50%
	Total Expenses	\$14,613.00	\$5,000.00	34.22%



### **Budget Narrative**

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

You may attach additional sheets if nece	ssary.		
Salaries (list employees and individual compensation	n):		
n/a			
Professional Fees (list vendor and type of service pr	ovided):		
Squarespace - Business website subscription + We	biste Domain Name	Renewal (\$288.0	00/year).
Occupancy/Utilities (list utilities):			
n/a			
Telephone (provide telephone numbers):			
n/a			
Printing & Publications (list type of material):			
Sign in sheets, promotional pens, information cards (\$244.00/year).	(business card style	) and badge hold	lers



Supplies (list supplies/	equipment):		
n/a			

Travel (individuals traveling, destination and purpose):

n/a

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

- Local, State, Federal law enforcement + bank investigators + commercial business loss prevention investigators + credit card industry investigators + Florida State IGO and various consumer protection agencies + National Insurance Crime Bureau investigators + local and state-wide prosecutors + Florida Department of Health +++.
- Share criminal investigations information, criminal methods of operation and criminal suspects.
- Cisco WebEx virtual meeting subscription (\$15/mo) + snacks(\$30/mo).

Miscellaneous Expense (specify items):

We host a one-day FINANCIAL INSTITUTION AND LAW ENFORCEMENT ANNUAL TRAINING SEMINAR to provide advanced training pertaining to financial crime investigators and resources to investigate them successfully. We are requesting the \$5,000.00 to offset the cost of the training venue, food and training materials (all of which have increased in cost from last year). The vast majority of attendees (120+) are sworn law enforcement and this training is provided them at no cost.



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 lf 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.
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 $\boxed{\checkmark}$ 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 ☐ No ☑ If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.



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-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

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

Nathan Hubbard

President

Mathaninubbard	riesident
Name (please print)	Title (please print)
Signature	09/05/2025 Date
NOTARY SECTION:	
State of Florida	
County of <u>Palm Beach</u>	
The foregoing Agreement was acknowledged and	subscribed before me by means of 🚺 physical
presence or online notarization, this <u>5</u>	day of <u>August</u>
Nother Hubbord (name of inc	lividual) as President (title)
of PBECU (name	ne of organization/ agency), who is personally known to
me or who produced	as identification.
When a Milph	REBECCA AR NICHOLS Commission # HH 381000 Expires March 30, 2027
Notary Public	My Commission Expires:



### **APPLICATION**

Organization Name:	Pediatric Oncology Support Team, Inc. (POST)		
	FEID #: 45-4769367		
Web Address:	postfl.org		
Address:	927 45th St, Suite 203		
	Street Address West Palm Beach, FL 33407		
	CITY, STATE, ZIP		
Executive Director:	Dr. Barbara Abernathy		
	NAME Rarbara a	Jeura Con	
:	SIGNATURE 561-882-6336	babernathy@postfl.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Not applicable		
	Name		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	2/14/2025		
	Date	_	



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

rganization Name: Pediatric Oncology Support Team, Inc. (POST)	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law En Funds?	forcement Trust
Crime Prevention Program	
Drug Abuse Education	
✓ Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

The mission of POST is to help local children and families fight cancer courageously by giving them compassionate emotional and financial support.

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

POST'S multidisciplinary team of dedicated, caring professionals provide free, high-quality, strength-based psychosocial services to pediatric patients and their families in Palm Beach County. POST's services are family-centered because cancer doesn't happen to individuals, it happens to families.

POST's Giving Hope Family Support Program provides a full range of free therapeutic supportive services to children with cancer & their families, including counseling, individual & family therapy, support groups & case management services. Having a child diagnosed with cancer is one of the m

What results are you committed to achieving?

- 1: Increase knowledge for 100% of patients and their families regarding healthy coping mechanisms through therapeutic supportive services.
- 2: Educate clients on how to recognize the difference between healthy and unhealthy (drug and alcohol) coping mechanisms during survivorship groups, bereavement groups, and individual/family therapy sessions.
- 3: Increase the mental health of patients and their families.
- 4: Increase client knowledge of additional supportive resources.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$107,500.00	\$10,000.00	9.30%
2.	Employee Benefits/Payroll Taxes	\$15,120.00		0.00%
3.	Professional Fees	\$500.00		0.00%
4.	Occupancy/Utilities	\$57,100.00		0.00%
5.	Telephone	\$3,600.00		0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$12,500.00		0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$27,500.00		0.00%
	Total Expenses	\$223,820.00	\$10,000.00	4.47%



### **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):
Case manager salary - 1 FTE - total salary - \$59,100.00
Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):  Rent - \$40,000 annual agency amount for therapy rooms and offices. \$20,150 allocated to the Giving Hope Family Support Program
Telephone (provide telephone numbers):
Printing & Publications (list type of material):

Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):

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

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No ✓ If Yes, please provide the details
Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ If yes, please provide the reasons for such denial suspension, or revocation
Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes No less, 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 \sum No \subseteq I 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.



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 with the

### State of Florida State, Department, Division (Not-for-profit o

State, Department, Division (Not-for-profit organizations v	vith headquarters outside of Florida)
Barbara Abernathy	CEO
Name (please print)	Title (please print)
Burwally Signature	7-21-25 Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and subscri	
presence or online notarization, this 4 day	of February, 2025 by
Barbara Abernathy (name of individual)	as <u>CEO</u> (title)
$D\sim$	anization/ agency), who is personally known to
me or who produced	<i>⁻O</i> _ as identification.
Silvina E Henschel Comm.: HH 412290 Expires: Jul. 10, 202 Notary Public - State of	<b>Fiorica</b>
Notary Public ( My Com	mission Expires: 07/10/2024



### **APPLICATION**

Organization Name:	People of Purpose	
	FEID #: 85-3769843	
Web Address:	www.peopleofpurposefl.org	
Address:	P.O. Box 2835 STREET ADDRESS	
	Belle Glade, FL 3430	
	CITY, STATE, ZIP	
Executive Director:	William Freeman	
	Name	
	SIGNATURE	
	561.530.9169 wfreeman@peopleofpurposefl.org	
	TELEPHONE NUMBER E-MAIL ADDRESS	
Fiscal Agent:	Dr. Monique Brown-Faust	
	Name	
	SIGNATURE	
	561-510-04 1 mdfaust@integratedhcs.org	
	TELEPHONE NUMBER E-MAIL ADDRESS	
Date:	1. 20. 2024 DATE	



Organization Purpose:

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

Organization Name: People of Purpose	
LETF Funding Request (MUST match total on Financial Application):	\$5,000.00
What service will your organization provide through the use of Law Enf	forcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

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

People of Purpose helps people who complete their jail sentence build self-sustaining lives of purpose in order to break the cycle of recidivism. PoP is a peer support program for returning citizens in Palm Beach County. Research shows that peer specialists demonstrate more successful outcomes for returning citizens because of their lived experiences. They share lessons learned about their own reentry process and guide other returning citizens on how to set goals, complete community service hours, improve job interview techniques, manage finances, and other life skills.

The purpose of People of Purpose is to end intergenerational incarceration and reduce recidivism.

Services to be funded include peer specialist mentorship, mileage, and program oversight.

What results are you committed to achieving?

People of Purpose helps people who complete their jail sentence build self-sustaining lives of purpose in order to break the cycle of recidivism. PoP is a peer support program for returning citizens in Palm Beach County. Research shows that peer specialists demonstrate more successful outcomes for returning citizens because of their lived experiences. They share lessons learned about their own reentry process and guide other returning citizens on how to set goals, complete community service hours, improve job interview techniques, manage finances, and other life skills.

Services to be funded include peer specialist mentorship, mileage, and program oversight.



### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025 To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1	Salaries	\$30,000.00	\$0.00	0.00%
2	Employee Benefits/Payroll Taxes	\$0.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$1,000.00	\$1,000.00	100.00%
8.	Supplies	\$7,500.00	\$3,500.00	46.67%
9	Travel	\$0.00	\$0.00	0.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$500.00	\$500.00	100.00%
	Total Expenses	\$39,000.00	\$5,000.00	12.82%



### **Budget Narrative**

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

You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):  N/A
Professional Fees (list vendor and type of service provided):  N/A
Occupancy/Utilities (list utilities): N/A
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material):

- Specs: Full-color, saddle-stitched, 8.5x11, 28 pages
- Cost: \$16 per booklet × 25 = \$400
- Specs: Full-color, 8.5x11, double-sided, premium paper
- Cost:  $$3 per set \times 50 = $150$
- Specs: Black-and-white, 8.5x11, 5 pages per set
- Cost: \$1.50 per set  $\times$  50 = \$75s, training content, responsibilities,



Supplies (list su	ipplies/equipment)

 $20 \text{ Laptops} - $130 \text{ each} \times 20 = $2,600$ 

20 Workbooks – \$10 each  $\times$  20 = \$200

100 Certificates - \$1 each  $\times$  100 = \$100

Travel (individuals traveling, destination and purpose):

0

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

0

Miscellaneous Expense (specify items):

Gift cards will be provided to participants as a stipend for attending each session, reinforcing their commitment and participation. This incentive supports engagement, encourages consistency, and shows appreciation for their dedication to the reentry process and personal development journey.



### 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 \sum No \vec{\vec{\vec{v}}} 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 \( \subseteq \text{No } \subseteq \subseteq If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 01/2025 People of Purpose



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 with the

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

William Freeman	CEO/Founder
Name (please print)	Title (please print)
Signature	1/21/25 Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
	nowledged and subscribed before me by means of physical
presence or online notarization	on, this 21st day of <u>January</u> , 20 25 by
William Freeman	_ (name of individual) as (title)
of People Of Purpose	
me or who produced Notary Public State of Florida	FU55-933 - U8-41Uas Identification.
SaQuanda Hughes My Commission HH 533955 Expires 6/2/2028	
	(0/0)/0000
Notary Public	My Commission Expires:



#### **APPLICATION**

Organization Name:	Restoration Bridge International		
	FEID #: 55-0808840		
Web Address:	http://www.restorationbridge.com		
Address:	673 W. Fairgrounds Rd		
	West Palm Beach, FL 33411		
	CITY, STATE, ZIP		
Executive Director:	Jason Mandle NAME		
	NAME	•	
	(973) 985-9933	jason@restorationbridge.net	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:			
	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	02/03/2025		
	DATE		



0

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

rganization Name: Restoration Bridge International
LETF Funding Request (MUST match total on Financial Application): \$100,000.00
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:

Restoration Bridge International works to solve both food waste and food insecurity in Palm Beach County through mobile food distributions bringing donated groceries directly to lower income neighborhoods around the community.

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

We are seeking funding for our mobile distribution program. This program is vital in combating both food waste and food insecurity by bridging the gap between surplus groceries from grocery stores that would otherwise end in a landfill and families in need who have no way of securing food on their tables. In 2024, through roughly 25 mobile distributions a month, RBI was successful in providing an estimated 1.2 million individuals with over 12.5 million pounds of food. In 2025, we project that these numbers will increase to 1.7 million individuals and 17 million pounds of food.

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

Our goal is to end hunger and food insecurity in Palm Beach County. We work hard to ensure that everyone in need is receiving the nutritious foods they deserve to maintain healthy diets and assist in their individual journeys to self-sufficiency and success. Though we do not intend to be a lifelong crutch, we believe that no man, woman or child deserves to suffer from food insecurity and hunger, and we want to be a source of relief for those that cannot be certain where their next meal will come from. This year RBI will establish new mobile distribution locations, build new partnerships with nonprofits and charitable organizations to reach more of the communities that need our help.



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$498,528.00	\$25,000.00	5.01%
2.	Employee Benefits/Payroll Taxes	\$112,196.64	\$25,000.00	22.28%
3.	Professional Fees	\$118,602.36	\$25,000.00	21.08%
4.	Occupancy/Utilities	\$332,826.81	\$25,000.00	7.51%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$266.00	\$0.00	0.00%
7.	Printing & Publications	\$5,000.00	\$0.00	0.00%
8.	Supplies	\$7,500.00	\$0.00	0.00%
9.	Travel	\$1,000.00	\$0.00	0.00%
10.	Meetings	\$0.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$0.00	\$0.00	0.00%
	Total Expenses	\$1,075,919.81	\$100,000.00	9.29%



#### **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):

Daniel West-Founding Director \$40,000
Jason Mandle-Executive Director \$38,500
Cameron Kirkham-Operations Manager \$40,000
Stacey Dowdle-Development Director \$70,000
Peter Hood-Grant & Rus Dev Manager \$40,000

Kevin Almon-Food Coordinator \$45,000

Temple Inman-Admin. Assistant \$17,160 Michael Ruiz-Warehouse Tech \$35,000 Edward White-Warehouse Tech \$35,000

Stacey Dowdle-Development Director \$70,000 Brian Plummer-P/T Driver \$15/hr Peter Hood-Grant & Bus. Dev. Manager \$40,000 Fred Cornock-P/T Driver \$16/hr

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

Accounting Audit: \$31,600

Advertising/Marketing: \$54,000

Bank Fees: \$465.50

Continuing Ed. Fees: \$665

Dues & Subscriptions: \$2,000 Liability Insurance: \$14,233.86 Merchant Fee - Kindful: \$982.80 Merchant Fee - PayPal: \$9.34

Payroll - Service Fees: \$3,159.86

Workers Comp: \$8,200.05

Interest Paid: \$665 Legal Fees: \$1,000 Website: \$266

Taxes/Licenses: \$1,354.95

Occupancy/Utilities (list utilities):

Auto: \$59,850

Auto Insurance: \$45,779.72

Auto Repair: \$66,500

Equipment Rental: \$13,300

Fuel: \$81,523.35 Parking/Tolls: \$500.17 Repairs/Maintenance \$5,000 Warehouse Expense: \$58,573,57

Utilities: \$1,800

Telephone (provide telephone numbers):

N/A

Printing & Publications (list type of material): Informational Materials/Brochures: \$5,000

#### Attachment A



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

Supplies	(list suppl	lies/equi	pment)
----------	-------------	-----------	--------

Computer Expense: \$500

Meals: \$1,000 Office: \$4,000 Software: \$2,000

Travel (individuals traveling, destination and purpose):

Trips to Neighboring Counties for Community Relations: \$1,000

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

Miscellaneous Expense (specify items):

N/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.



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 with the

#### Internal Revenue Service

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

Jason Mandle	<b>Executive Director</b>
Name (please print)	Title (please print)
25	2/24/2026
Signature	Date
	,
NOTARY SECTION:	
State of FLORIDA	
County of PALM BEACH	
	wledged and subscribed before me by means of <b>/</b> physical
presence or online notarization	this 24 <sup>TH</sup> day of <u>FEBRUARY</u> , 20 <u>25</u> by
JASON MANDLE	(name of individual) as EXECUTIVE DIRECTOR (title)
OF RESTORATION BRIDGE INTERNATION	NAL (name of organization/ agency), who is personally known to
me or who produced	as identification.
Peter Hund	PETER HOOD  Notary Public - State of Fiorica Commission # HH 607985 My Comm. Expires Sep 14, 2027
Notary Public	My Commission Expires: 1/14/2027



### **APPLICATION**

Organization Name:	Speak Up For Kids of Palm Beach County, Inc		
	FEID#:	80-0345608	
Web Address:	www.spe	akupforkidspbc.org	
Address:	PO Box 1		
	STREET ADDR	ress m Beach, FL 33402	
	CITY, STATE,	ZIP	
Executive Director:	Coleen La	aCosta	
	NAME		
	SIGNATURE		
	561-408-7		coleen@speakupforkidspbc.org
	TELEPHONE	NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Rebecca \	Meiss	
riscal Agent.	NAME	VV6133	
	SIGNATURE		
	561-408-7	7779	rebeccaweiss@hotmail.com
	TELEPHONE	NUMBER	E-MAIL ADDRESS
Date:	1/17/25		_
	DATE		



Organization Name: Speak Up For Kids of Palm Beach County, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$125,000.00
What service will your organization provide through the use of Law E Funds?	Inforcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Speak Up for Kids' mission is to ensure that every abused, abandoned, and neglected child in Palm Beach County receives the support and resources they need to thrive. Our goal is to bridge the gaps in an overburdened legal and social service system, providing unwavering advocacy and care to em

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

Speak Up for Kids supports initiatives that advocate for abused, abandoned, and neglected children throughout Palm Beach County, working alongside critical programs such as the 15th Judicial Circuit Guardian ad Litem Program, Early Childhood Court, and Therapeutic Court. Together, these programs create a network of care, ensuring children in the foster care system receive the advocacy, resources, and support they need to navigate challenging circumstances.

Our collective efforts prioritize the best interests of every child, helping to expedite their journey through the system while addressing their unique needs. It's all about delivering 100% support, ever

What results are you committed to achieving?

The overarching goal of Speak Up for Kids is to ensure that every abused, abandoned, and neglected child in Palm Beach County has access to the resources and support they need to navigate the dependency system and achieve stability. By aligning with impactful programs like the Guardian ad Litem Office, Early Childhood Court and Therapeutic Court, we aim to facilitate timely, permanent placements for children—whether through reunification, adoption, or other long-term solutions—within an ideal timeframe of 24 months,

Our mission is rooted in advocacy, empowerment, and collaboration, providing the tools and opportunities that foster brighter futures for every child we serve.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$817,000.00	\$85,000.00	10.40%
2.	Employee Benefits/Payroll Taxes	\$50,000.00	\$0.00	0,00%
3.	Professional Fees	\$87,200.00	\$15,000.00	17.20%
4.	Occupancy/Utilities	\$12,000.00	\$0.00	0.00%
5.	Telephone	\$0.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$10,000.00	\$0.00	0.00%
8.	Supplies	\$30,000.00	\$0.00	0.00%
9.	Travel	\$0.00	\$0.00	0.00%
10.	Meetings	\$10,000.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$500,000.00	\$25,000.00	5.00%
	Total Expenses	\$1,516,200.00	\$125,000.00	8.24%



### **Budget Narrative**

Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
Salaries (list employees and individual compensation): Executive Director \$105,000
Professional Fees (list vendor and type of service provided):
Part time social media, graphic web manager - \$31,200 J Zollo, Quickbooks, \$10000 Part time recruiter, \$6000 Student Speak Up For Kids Director - \$12,000
Occupancy/Utilities (list utilities):
Rent - \$12,000
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material): N/A



Supplies (list supplies/equipment):	
N/A	
T - 16 " 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Travel (individuals traveling, destination and purpose):	
N/A	
Meetings (attendees, purpose, items needed for meeting):	
N/A	
Miscellaneous Expense (specify items):	
Our Children's Emergency and Discretionary Fund is a vital resource that helps meet critical needs fo foster children—providing essentials like clothing, tutoring, food and emergency care items. It also sustains key operations, such as web hosting and financial systems, ensuring we can continue delivering impactful support. Together, we create opportunities for these children to heal, grow, and thrive.	r

### 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 Novide 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.



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-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-	Percent of State for profit organizations with headquarters outside of Florida)
Coleen LaCosta  Name (please print)  Signature	Executive Director  Title (please print)    1/21/25
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was ack	knowledged and subscribed before me by means of physical
presence or online notarizat	ion, this 2/st day of January , 20 25 by
Coleen La Costa	(name of individual) as Executive Director(title)
of Speak Up For Kids	(name of organization/ agency), who is personally known o
me or who produced	as identification.
Sich Flane	LISA NANCE MY COMMISSION # HH 506222 EXPIRES: March 20, 2028
Notary Public	My Commission Expires: March 20 2028



### **APPLICATION**

Organization Name:	Sweet Dream Makers	
	FEID #: 81-3693206	
Web Address:	http://www.sweetdream	makers.org
Address:	55 NE 5th Ave., Ste. 40	0
	STREET ADDRESS  Boca Raton, FL 33432	
	CITY, STATE, ZIP	
Executive Director:	Suzanne Broad	
	NAME	
	SIGNATURE	
	561-571-7363	suzyb@sweetdreammakers.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	N/A NAME	
	NAME	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	2/24/2025	
	DATE	<del>_</del>

Revised 01/2025 1



Or

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

ganization Name: Sweet Dream Makers			
LETF Funding Request (MUST match total on Financial Application): \$5	5,000.00		
What service will your organization provide through the use of Law Enforce Funds?	ment Trust		
Crime Prevention Program			
Drug Abuse Education			
Drug Prevention Program			
Drug Treatment Program			
✓ Safe Neighborhood			
School Resource Officers			

#### Organization Purpose:

Sweet Dream Makers promotes and improves the health and well-being of children and families by providing beds, bedding, and essential furniture at no cost. Most recipient families are the working poor or transitioning from homelessness. Nearly 28,000 beds have been provided since 2017.

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

Sweet Dream Makers ensures that each child receives:

- A new mattress and box spring or memory foam mattress
- A mattress encasement to protect against bed bugs and bed-wetting (a frequent occurrence among children suffering the effects of trauma)
- Bed frame or platform
- Bedding, including sheets and comforter chosen by the children, and fresh pillows.

A grant of \$11,700 will allow PBSO-LETF to increase the number of beds it provides to a total of 45 at the below-market cost of \$260 each.

Last year's grant of \$10,800 served 41 children in need at SDM's lowered cost.

What results are you committed to achieving?

These targets are established as benchmarks for program success:

- -70% of children who receive a bed will show improved sleep quality, less irritable behavior, improved homework habits and school grades
- -70% of families will report an improved quality of life for children
- -100% of the needs referred by partner agencies and through our in-house case manager are fulfilled during 2025. This number is expected to exceed the 7022 deliveries made in 2024.



### **FINANCIAL APPLICATION**

Period Covered (one year) From: July 1, 2025 To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$223,900.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$53,616.00		0.00%
3.	Professional Fees	\$91,800.00		0.00%
4.	Occupancy/Utilities	\$22,740.00		0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$1,927,680.00	\$5,000.00	0.26%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$17,430.00		0.00%
	Total Expenses	\$2,337,166.00	\$5,000.00	0.21%



### **Budget Narrative**

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

Salaries (list employees and individual compensation):

Executive Director (80% salary): \$98,600

Development and Communications Director (50% salary) \$40,000

Program Manager (100% salary): \$62,300

PT Program Support: \$20,000

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

Warehouse Coordinator and Truck Driver: \$57,900 Program Communication and Grant Writing \$24,000

Payroll Service \$2,700

Program Database Hosting Tech: \$7,200

Occupancy/Utilities (list utilities):

Warehouse Rent \$11,000 Program Office Rent \$11,040 Warehouse Utilities (electricity) \$700

Telephone (provide telephone numbers):

Printing & Publications (list type of material):



Supplies (list supplies/equipment):

New Beds and Bedding (7,000 @\$260 each): \$1,820,000 Gently used Beds & Furniture (donated in-kind) FMV: \$100,000 Program Office Supplies/Expenses: \$7,680

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Program Warehouse Truck Gas, Insurance: \$8,330 Program Warehouse Stock The Shelves: \$4,000 Information Technology and Data: \$5,100



### 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 lf 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 \sum No \subseteq I fyes, 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 \sum No \vec{\subset} If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 01/2025 Sweet Dream Makers



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 with the

n/a	
State, Department, Division (Not-fo	or-profit organizations with headquarters outside of Florida)
Suzanne Broad	Executive Director
Name (please print)	Title (please print)
Signature January	2-25-25 Date
NOTARY SECTION:	
State of Floring Beach	
The foregoing Agreement was ackr	nowledged and subscribed before me by means of physical
0	on, this 25 day of throug, 2023 by  (name of individual) as executive directa (title)
- 1	(name of organization/ agency), who is personally known to
me or who produced	as identification.
1	ROBERT FELDMAN Commission # HH 172665 Expires January 2, 2026 Bonded Thru Budget Notary Services
Notary Public	My Commission Expires:



### **APPLICATION**

Organization Name:	The Arc of Palm Beach County, Inc.			
	FEID #: <sup>59-0883386</sup>			
Web Address:	www.arcpbc.org			
Address:	1201 Australian Avenue			
	Street Address Riviera Beach, FL 33404			
	CITY, STATE, ZIP			
Executive Director:	Pamela Payne			
	NAME Canala Canae			
	SIGNATURE J	0 1		
	561-842-3213	ppayne@arcpbc.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	John Peters			
	NAME ()			
	SIGNATURE 561-842/3213	jpeters@arcpbc.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
	1 .	E III IE ABBAEGO		
Date:	L 17 25			



ganization Name: The Arc of Palm Beach County, Inc.	
LETF Funding Request (MUST match total on Financial Application):	\$25,000.00
What service will your organization provide through the use of Law E Funds?	Inforcement Trust
Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
✗ Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

The Arc of Palm Beach County envisions a community where every person feels welcome, connected and accepted. We are changing the conversation around disabilities by defying definitions, inspiring possibilities, and improving the lives of the people we serve, their families, and our community.

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

The Arc of Palm Beach County's Recreation Program provides inclusive community and center-based recreational opportunities for at least 100 children between the ages of 4 -18 with intellectual and developmental disabilities (IDD) per year. Through field trips, community events, and other activities, these children can enjoy themselves while forming connections with their peers. We also offer social and career camps for youth during school breaks. Our Recreation Program is one of the only ones in the county that specifically serves this population year-round.

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

The Recreation Program's primary goal is to provide year-round, high-quality recreational activities for children with IDD that improves their lives and enhances community inclusion and acceptance, and also ensures participants' safety and belonging in the community while receiving our services. To determine if these goals have been met, we conduct quarterly surveys that measures client satisfaction with our recreation services, and confirm that the child feels safe, secure, and accepted within the program.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$357,065.00	\$0.00	0.00%
2.	Employee Benefits/Payroll Taxes	\$72,450.00	\$0.00	0.00%
3.	Professional Fees	\$0.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$0.00	\$0.00	0.00%
5.	Telephone	\$1,140.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$3,000.00	\$0.00	0.00%
8.	Supplies	\$22,000.00	\$0.00	0.00%
9.	Travel	\$20,000.00	\$0.00	0.00%
10.	Meetings	\$10,000.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$132,036.00	\$25,000.00	18.93%
	Total Expenses	\$617,691.00	\$25,000.00	4.05%



Budget Narrative
Provide detailed description for each expense listed on the Financial Application. You may attach additional sheets if necessary.
Salaries (list employees and individual compensation): N/A
Professional Fees (list vendor and type of service provided): N/A
Occupancy/Utilities (list utilities): N/A
Tolophono (wrouide telephone numbers)
Telephone (provide telephone numbers): N/A
Printing & Publications (list type of material):
N/A



Supplies (list supplies/equipment): N/A
Travel (individuals traveling, destination and purpose):  N/A
Meetings (attendees, purpose, items needed for meeting):
N/A

Miscellaneous Expense (specify items):

Funding will be used to for the following:

- To sponsor the participation of individuals who cannot afford to pay program fees and would otherwise not be able to participate in recreational events.
- · Conducting community outings, special events and any other community-based activities.
- Funding would cover any costs associated to this including but not limited to transportation, food, cost of venue, entertainment, etc.

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 less, 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 \sum No \subseteq I fyes, 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.

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

APPLICATION CERTIFICATION I hereby certify that any LETF funds received will be used for the authorized purposes as indicated on Pages 2 through 6 of this application. I further certify that any funds received shall be used prudently and in such a manner as to avoid any appearance of extravagance, waste, or impropriety. I certify that the responses provided in this application are true and correct to the best of my knowledge and understand that any omissions, untruthfulness, or misrepresentations contained herein shall disqualify the Organization from further consideration or may result in revocation and/or reimbursement of awarded LETF funds. Additionally, I certify that the organization requesting the funds is either (a) a governmental agency, (b) a Florida not-for-profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization 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 State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Pamela Payne President/CEO Name (please print) Title (please print) Signature NOTARY SECTION: State of Weach County of 1a The foregoing Agreement was acknowledged and subscribed before me by means of physical presence or online notarization, this \_ day of June (name of individual) as CKO (title) (name of organization/ agency), who is personally known to me or who produced as identification. Notary Public - State of Florid. Commission & the 57505 My Comm. .., ASSN. **Notary Public** Commission Expires

My Comm. Expires Jul 18,92018 Palm Beach County, Inc.

YVONNE G ROLLINS Notary Public - State of Florida

Commission # HH 575953

Bonded through National Notary Assn.

Revised 01/2025



#### **APPLICATION**

Organization Name:	The Children's Place at Home Safe, Inc. (dba HomeSafe)						
	FEID #: 59-1935485	5					
Web Address:	www.helphomesafe.org						
Address:	2840 Sixth Avenue S	outh					
	STREET ADDRESS  Lake Worth, FL, 3346	31					
	CITY, STATE, ZIP	+					
Executive Director:	Executive Director: Matthew Ladika, Chief Executive Officer						
NAME							
	SIGNATURE (561) 383-9817	matthewladika@helphomesafe.org					
	TELEPHONE NUMBER	E-MAIL ADDRESS					
Fiscal Agent:	Diane DelBene, Chief	Financial Officer					
	NAME Diane &	Del Bene					
	SIGNATURE (561) 383 0818	dianodolhono@holnhomocofo ora					
	(561) 383-9818  TELEPHONE NUMBER	dianedelbene@helphomesafe.org  E-MAIL ADDRESS					
Date:	2/26/2025						
	DATE						



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

rganization Name: The Children's Place at Home Safe, Inc. (dba HomeSafe)	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enforce Funds?	ement Trust
✓ Crime Prevention Program  Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

HomeSafe is dedicated to protecting Palm Beach County's and South Florida's most vulnerable residents - victims of child abuse and domestic violence. Our comprehensive continuum of care prevents new cases of abuse, protects victims of familial violence, and prepares families for brighter futures.

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

SafetyNet is a comprehensive domestic violence prevention and intervention program that provides evidence-based individual therapy, psycho-educational group sessions, case management, safety planning, crisis intervention, and legal advocacy for adult, teen, and child survivors across Palm Beach County. All services are offered in English and Spanish, with complimentary childcare available during group sessions to ensure accessibility. These services empower survivors to heal from trauma, regain stability, and build futures free from abuse. Using a strengths-based, intensive approach, we strive to connect with victims-one family at a time-helping them process their trauma and transform painful experiences into paths toward lasting change.

What results are you committed to achieving?

SafetyNet is committed to achieving the following results:

- 1. Increased Resilience: 85% of clients will demonstrate improved coping abilities and recovery from trauma, enhancing their mental health and overall stability as measured by the Resiliency Scale.
- 2. Service Plan Completion: 80% of clients participating in psycho-educational group sessions will successfully complete their individualized service plans, reflecting progress towards independence and safety.
- 3. Client Satisfaction: 90% of clients will express satisfaction with the program, highlighting its effectiveness and client-centered approach.



#### **FINANCIAL APPLICATION**

Period Covered (one year) From:

July 1, 2025 To: June 30, 2026

No.	Expense	Program	LETF	LETF
		Total	Request	
1.	Salaries	\$220,800.60		0.00%
2.	Employee Benefits/Payroll Taxes	\$63,360.64		0.00%
3.	Professional Fees	\$22,642.49	\$1,000.00	4.42%
4.	Occupancy/Utilities	\$31,153.91	\$6,000.00	19.26%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$21,578.50	\$2,000.00	9.27%
9.	Travel	\$16,119.50	\$1,000.00	6.20%
10.	Meetings	\$60,398.66		0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$436,054.30	\$10,000.00	2.29%



#### **Budget Narrative**

You may attach additional sheets if necessary.
Salaries (list employees and individual compensation):
N/A
Professional Fees (list vendor and type of service provided):
Professional fees consist of Audit and IRS Form 990 Services (Holyfied and Thomas, CPA); Information and Technology Services (The Computer Guyz); Mental Health Services, and Professional Liability Insurance.
Occupancy/Utilities (list utilities):
Consists of the shared cost of occupancy, including repairs and maintenance, security, depreciation, as well as utilities such as electricity, water, sewer, and sanitation.
Telephone (provide telephone numbers):
N/A
Printing & Publications (list type of material):
N/A



Supplies (list supplies/equipment): Office, general, and art supplies and materials.			
Travel (individuals traveling, destination and purpose)	):		
Client Transportation - to and from group services.			
Meetings (attendees, purpose, items needed for mee N/A	ting):		
Miscellaneous Expense (specify items): N/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 less, 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 \sum No \subseteq 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.



Notary Public

WILLIAM VAN EE MY COMMISSION # HH 121287

EXPIRES: June 18, 2025

Thru Notary Public Underwriters

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

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

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Matthew Ladika Chief Executive Officer Name (please print) Title (please print) 2/26/2025 NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of physical presence or online notarization, this 26th day of February, 2025 by (name of individual) as \_\_\_\_CEO to real Sate (name of organization/ agency), who is personally known to as identification. me of who produced My Commission Expires: 6-18-3035



#### APPLICATION

Organization Name:	The McDavid Group Chariti	es, Inc.
	FEID #: 81-3958709	
Web Address:	www.themcdavidgroupc	harities.org
Address:	1 Main Street, Suite 202	
	STREET ADDRESS	
	Tequesta, Fl 33469	
	CITY, STATE, ZIP	
Executive Director:	Tanya Barrett	
Executive Director.	Name	
	20 Wa Band	
	SIGNATURE	
	9544153209	tanya@themcdavidgroupcharities.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	James Smith	
	NAME	. / /
		<del>xtt</del>
	SI <b>@</b> NATURE 203-206-6754	James@themcdavidgroupcharities.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	6/11/25	
	DATE	



Organization Name: The McDavid Group	Charities, Inc.	11111111111	·		<u> </u>
LETF Funding Request (MUST match	n total on Finan	cial Applic	cation):	\$75,00	0.00
What service will your organization p Funds?	rovide through	the use o	f Law Enfo	prcement T	rust
✓ Crime Prevention Program					
Drug Abuse Education					
✓ Drug Prevention Program					
Drug Treatment Program					
✓ Safe Neighborhood					
School Resource Officers					

#### Organization Purpose:

We at McDavid Group Charities support the educational goals of children and spouses of fallen law enforcement officers. We commit to providing them with financial support, and counseling to help them survive and thrive while raising awareness about the men and women who died in the line of duty.

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

By providing scholarships for the children of fallen law enforcement officers, we will also offer programming on how to handle money, organization, time management and drug prevention. In addition to teaching life skills that include changing a tire, keeping yourself and your neighborhood safe. We feel these life skills are beyond useful as these kids embark on their college careers.

What results are you committed to achieving?

We commit to seeing the recipients of our scholarship survive and thrive throughout their life. Recognizing the impact of losing a parent in the line of duty and making sure that we can provide programming and support however possible.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$75,000.00	\$75,000.00	100.00%
	Total Expenses	\$75,000.00	\$75,000.00	100.00%



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):	
andre de la composition de la composit La composition de la	
Printing & Publications (list type of material):	



Supplies (list s	supplies/equipm	nent):				
Travel (individu	als traveling, des	tination and purp	ose):			
Meetings (atten	dees, purpose, it	ems needed for r	neeting):			
Miscellaneous E	Expense (specify	items):				
	olarship funds for tion on drug, crim			help these	kids survive	e and



Disclosure re: Organization's background:

Disclosure re. Organization's packground.	
Has the applicant or any of the Organization's officers, directors, trustees, or prin executive personnel been enjoined in any jurisdiction from soliciting contributions found to have engaged in unlawful practices in the solicitation of contributions or of charitable assets? Yes No ✓ If Yes, please provide the details	or have been
Has the Organization had its registration or authority denied, suspended, or r governmental agency? Yes $\square$ No $\checkmark$ If yes, please provide the reasons f suspension, or revocation	evoked by any or such denial,
Has the applicant or any of the Organization's officers, directors, or trustees adjudication, been convicted of, or found guilty of, or pled guilty or nolo contend incarcerated within the last 10 years as a result of having previously been convict guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? yes, provide the name of such person, the nature of the offense, the date of court having jurisdiction in the case, the date of conviction or other dispodisposition of the offense.	dere to, or been cted of, or found Yes  No  If the offense, the
Has the applicant or any of the Organization's officers, directors, or trustees adjudication, been convicted of, or found guilty of, or pled guilty or nolo content been incarcerated within the last 10 years as a result of having previously been found guilty of, or pled guilty or nolo contendere to, any crime involving fraud embezzlement, fraudulent conversion, or misappropriation of property, within the Yes $\square$ No $\checkmark$ If yes, provide the name of such person, the nature of the offense, offense, the court having jurisdiction in the case, the date of conviction or other of the disposition of the offense.	dere to, or has convicted of, or , theft, larceny, e last 10 years? the date of the
Has the applicant or any of the Organization's officers, directors, or trustees, beer violating any law relating to a charitable solicitation? Yes ☐ No ☑ If yes, provisuch person, the date of the injunction, and the court issuing the injunction.	n enjoined from de the name of



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 with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Jim McDavid President Title (please print) Name (please print) Signature NOTARY SECTION: State of The foregoing Agreement was acknowledged and subscribed before me by means of | | physical online notarization, this \_\_\_\_\_ tm day of \_\_\_\_\_\_ (name of individual) as MCAN (title) name of organization/ agency), who is personally known to me or who produced as identification. TANYA BARRETT **Notary Public** State of Florida Comm# HH673893 pires 5/9/2029 Notaly Public My Commission Expires:



#### **APPLICATION**

Organization Name:	Vita Nova Inc	
	FEID #: 65-0298299	
Web Address:	www.vitanovainc.org	
Address:	2724 N. Australian Ave	
	STREET ADDRESS	
	West Palm Beach, Fl 33407	
	CITY, STATE, ZIP	
Executive Director:	Jeff DeMario	
	NAME	
	SIGNATURE	
	561-689-0035	jdemario@vitanovainc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Steven Erjavec	
	NAME	
	Atenin Eng	
	SIGNATURE	)
	954-649-8198	serjavec@vitanovainc.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	June 9, 2025	
	DATE	



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

rganization Name: <sup>Vita Nova Inc</sup>	
LETF Funding Request (MUST match total on Financial Application):	\$10,000.00
What service will your organization provide through the use of Law Enf Funds?	orcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

Vita Nova is a safe bridge to independence for former foster care, LGBTQ+ and other homeless youth through providing supportive housing, education, employment and life skills training. As the voice of homeless young adults, Vita Nova is working to eliminate homelessness for youth ages 18-25.

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

Funding will provide necessary supportive living services to youth ages 18-25 at risk of or experiencing homelessness. We provide support through housing, education, employment, health/mental wellbeing, and life skill supports. Through our Youth Drop-In Center, the Spot, and our Vita Nova Village Transitional Housing program, our case managers provide services from intake, and assessment that link youth to diversion, shelter, transitional housing, and rapid rehousing services. Our Case Management team provides wraparound services that include the creation of Individual Case Plans to develop short and long term goals and meet basic needs including food, hygiene and transportation needs. Case management and Life Skills services are delivered with a Trauma Informed Care approach and positive Youth Development framework.

What results are you committed to achieving?

Vita Nova is committed to achieving the following outcomes:

80% of 60 youth, or 48 youth will avoid involvement in crimes of poverty.

80% of 60 youth, or 48 youth will participate in psychosocial life skills groups aimed at increasing knowledge of community supports, and decreasing risk behaviors.

80% of youth with traffic or criminal sanctions will demonstrate positive progress in meeting sanctions or probationary requirements.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To: June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$614,412.00	\$10,000.00	1.63%
2.	Employee Benefits/Payroll Taxes	\$183,942.00		0.00%
3.	Professional Fees	\$29,774.00		0.00%
4.	Occupancy/Utilities	\$144,875.00		0.00%
5.	Telephone	\$11,698.00		0.00%
6.	Postage/Shipping	\$253.00		0.00%
7.	Printing & Publications	\$2,203.00		0.00%
8.	Supplies	\$9,965.00		0.00%
9.	Travel	\$6,390.00		0.00%
10.	Meetings	\$6,188.00		0.00%
11.	Miscellaneous Expenses	\$69,195.00		0.00%
	Total Expenses	\$1,078,895.00	\$10,000.00	0.93%



#### **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):
Youth Services Coordinator is the "front-line specialist" to youth in need of services, and serves as a critical connection between homeless youth ages 18-25 in Palm Beach County and services provided at Vita Nova's Spot drop-in center. This position serves as the first point of contact at the front desk with a high level of direct client interaction to promote engagement in a safe space. This grant request is for: SALARIES: 21.28% of 1 FTE Youth Services Coordinator @ \$47,000 x =\$10,000.00
Professional Fees (list vendor and type of service provided):
Occupancy/Utilities (list utilities):
Telephone (provide telephone numbers):
Printing & Publications (list type of material):

Supplies (list supplies/equipment):
Travel (individuals traveling, destination and purpose):
Meetings (attendees, purpose, items needed for meeting):
Miscellaneous Expense (specify items):

Disclosure re: Organization's background:
Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No I 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 less 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 \sum No \subseteq 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.



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 with the

State, Department, Division (Not-for-profit organizations with headquarters outside of Florida) Chief Executive Officer Jeff DeMario Name (please print) Title (please print) Signature NOTARY SECTION: State of County of \_[ The foregoing Agreement was acknowledged and subscribed before me by means of Applysical online notarization, this 11th day of June <u>ℓm∡rì b</u> (name of individual) as <u>CEO</u> \_\_\_\_ (name of organization/ agency), who is personally known to me or who produced as identification. June 8, 2027 Notary Rublic My Commission Expires: ELIZABETH A SMILEY Notary Public - State of Florida 7 Commission # HH 408614 My Comm. Expires Jun 8, 2027 Revised 01/2025 Vita Nova Inc Bonded through National Notary Assn.



#### **APPLICATION**

Organization Name:	West Palm Beach Library Foundation, Inc.			
	FEID #: 65-10668311			
Web Address:	WPBLF.org			
Address:	411 Clematis St., 3rd Floor			
	STREET ADDRESS  West Palm Beach. FL 3340			
	CITY, STATE, ZIP			
Executive Director:	Dean W. Dimke			
	SIGNATURE			
	561-868-7793	ddimke@wpbcitylibrary.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	N/A Name			
	SIGNATURE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	June 12, 2025			
	DATE			



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

rganization Name: West Palm Beach Library Foundation, Inc.	
LETF Funding Request (MUST match total on Financial Ap	splication): \$25,000.00
What service will your organization provide through the us Funds?	e of Law Enforcement Trust
✓ Crime Prevention Program	
Drug Abuse Education	
Drug Prevention Program	
Drug Treatment Program	
Safe Neighborhood	
School Resource Officers	

#### Organization Purpose:

The mission of the WPB Library Foundation is to ensure that the life-changing programs, services, and resources offered through the Mandel Public Library are available at no cost to everyone in our community. Our vision is to create an inspired community where children excel and adults thrive.

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

The Mandel Public Library's Teen Source strives to motivate, encourage, and support teen patrons in all aspects of their lives. Through innovative programming centered on their interests, teens are encouraged to socialize and have fun while learning new skills. Academically focused programming such as SAT Prep and a free homework center broaden future employment opportunities. In the library's year-round reading programs, teens can earn free books simply by logging their reading. For at-risk teens and teens in low-income households, the ability to start their home libraries with free books promotes a love of literacy and lifelong reading.

What results are you committed to achieving?

The Mandel Public Library targets the needs and challenges of our local youth community. By participating in teen programs, teens can practice their social, academic, and critical thinking skills while having fun and doing activities they are interested in, in a safe environment. The need has never been greater than in the neighborhoods surround the Mandel Public Library, to boost teens' social and academic skills development.



#### **FINANCIAL APPLICATION**

Period Covered (one year)

From:

July 1, 2025

To:

June 30, 2026

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$49,000.00	\$22,650.00	46.22%
2.	Employee Benefits/Payroll Taxes	\$3,726.00	\$350.00	9.39%
3.	Professional Fees	\$8,500.00		0.00%
4.	Occupancy/Utilities			0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$8,000.00		0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$6,000.00	\$2,000.00	33.33%
	Total Expenses	\$75,226.00	\$25,000.00	33.23%



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):			
\$23,000 in salary expenses for a year-round state-certified teacher for the Teen Homework Center and summer tutoring.			
Professional Fees (list vendor and type of service provided):			
\$2,000 administrative fee to the West Palm Beach Library Foundation.			
Occupancy/Utilities (list utilities): N/A			
Telephone (provide telephone numbers):			
N/A			
Printing & Publications (list type of material):			
N/A			



Supplies (list supplies/equipment):	
N/A	
Travel (individuals traveling, destination and purpose):	
N/A	
Meetings (attendees, purpose, items needed for meeting):	
N/A	
Miscellaneous Expense (specify items):	
N/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 less not not 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 \sum No \subseteq I fyes, 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.



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-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

#### Florida Department of Agriculture

Dean W. Dimke

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

Name (please print) / / // Title (p	please print)
	/12/2025
Signature Date	
NOTARY SECTION:	
State of	
County of Palm Beach	
The foregoing Agreement was acknowledged and subscribed be	fore me by means of physical
presence or online notarization, this day of	Tune , 20 25 by
Dean Winfield Dimke (name of individual) as C	hief Executive Office (title)
of West Palm Beach above Foundation (name of organization	on/ agency), who is personally known to
me or who produced FL. DL # \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	s identification  ALYSSA RUDINSKY  Notary Public - State of Florida
	Commission # HH 583500 My Comm, Expires Dec 13, 2028
alyssa Ridman	Bonded through National Notary Assn.
Ullyssa Kidming	17/30/05
Notary Public // My Commission	Expires: $\frac{12}{13}$

**Chief Executive Officer**