Agenda Item No. 3CC - 2

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS <u>AGENDA ITEM SUMMARY</u>

Meeting Date: Fe	bruary 11, 2025	[×]	Consent	Ι	1	Regular
Department:		[]	Ordinance	I]	Public Hearing
Submitted By: Submitted For:	Palm Beach Co Palm Beach Co					

I. <u>EXECUTIVE BRIEF</u>

Motion and Title: Staff recommends motion to approve: a Budget Transfer of \$507,000 from the Law Enforcement Trust Fund (LETF) to the Palm Beach County Sheriff's Office (PBSO).

Summary: Section 932.7055(5), Florida Statutes; provides that the seizing agency shall use Forfeiture proceeds for school resource officer, crime prevention, safe neighborhood, drug abuse education and prevention programs, or for other law enforcement purposes, which include defraying the cost of protracted or complex investigations, providing additional equipment or expertise, purchasing automated external defibrillators, and providing matching grant funds. Section 932.7055(5), Florida Statutes, also requires that no less than 25% of the LETF's previous year's revenues be used for the support or operation of drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood and school resource officer programs of various non-profit organizations. The PBSO's FY 2025 donation requirement is \$515,236. The PBSO's support of these programs exemplifies its strong commitment to the prevention and reduction of crime throughout the communities it serves and its desire to put money back into these communities to support organizations that provide such services. The year-to-date transfer for all donations to outside organizations after approval of this item is \$507,000. The funds requested are to aid PBSO and qualified organizations that meet the requirements set forth in Section 932.7055(5), Florida Statutes. Use of LETF requires approval by the Board of County Commissioners (BCC), upon request of the Sheriff. The current State LETF balance is \$4,100,390. Approval of this request will reduce the State Law Enforcement Trust Fund balance to \$3,593,390. The PBSO certifies that the use of these funds is in accordance with Section 932.7055(5), Florida Statutes. Below is a table indicating the organizations the PBSO seeks to fund and the corresponding amount of funding proposed per respective organization or agency. No new positions are needed and no additional County funds are required. Countywide (RS) (Continued on Page 3)

Background and Justification: The PBSO is dedicated to providing the most efficient and effective law enforcement services and also has a long-standing commitment to the reduction of crime and implementation of crime and drug prevention programs within Palm Beach County. Use of LETF requires approval by the BCC, in accordance with Section 932.7055(5), Florida Statutes, upon request of the Sheriff. This Statute also requires that no less than 25 % of the last fiscal year's revenues be donated or expended for the support or operation of drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood or school resource officer programs. The PBSO certifies that the use of these funds by the organizations listed above is in accordance with Section 932.7055(5), Florida Statutes.

Attachments:

1. Budget Transfer

2. LETF Donation Applications (22)

RECOMMENDED BY:

DEPARTMENT DIRECTOR

<u>1/14/25</u> DATE

APPROVED BY:

COUNTY ADMINISTRATOR

DATE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years Capital Expenditures	2025	2026	2027	2028	2029
Operating Costs	\$507,000				
External Revenues Program Income (County)	(\$507,000)				
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				
Is Item Included in Curren	t Budget: YES		NO X		
Does this item include the	use of federal fur	nds: YES	NO	<u>X</u>	
Does this item include the	use of state funds	s: YES	X NO		
Budget Account No.: Fund _	1151 Agency	160 Org	1690	Object94	98
	Reporting Category				

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

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

III REVIEW COMMENTS

Contract Administration

76

25

21.

1.

A. OFMB Fiscal and/or Contract Administration Comments:

OFMB

B. Legal Sufficiency:

11/2025 Assistant County Attorné

C. Other Department Review:

Department Director

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

Summary: (Continued)

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ORGANIZATION	AMOUNT
Anti-Defamation League, Inc.	\$30,000
Best Foot Forward Foundation, Inc.	\$5,000
Center for Child Counseling, Inc.	\$15,000
Children's Case Management Organization, Inc.	\$9,000
Elizabeth Faulk Foundation, Inc.	\$25,000
Faith, Hope, Love, Charity, Inc.	\$25,000
Faith's Place Center for Arts Education, Inc.	\$50,000
First Tee – Palm Beaches	\$10,000
Florida Outreach for the Blind, Inc.	\$5,000
Gulf Stream Council of the Boy Scouts of America, Inc.	\$50,000
Gulfstream Goodwill Industries, Inc.	\$50,000
Hanley Center Foundation, Inc.	\$30,000
The Homeless Coalition of Palm Beach County, Inc.	\$35,000
Lake Worth West Resident Planning Group, Inc.	\$25,000
New Hope Charities, Inc.	\$25,000
Palm Beach Area Tennis Patrons, Inc.	\$25,000
Palm Beach County PAL, Inc Summer Basketball Program	\$25,000
Palm Beach County PAL, Inc Youth Summit	\$15,000
Place of Hope, Inc.	\$25,000
Safety Council of Palm Beach County, Inc.	\$3,000
Student Aces for Leadership	\$10,000
Sunset House, Inc.	\$15,000
Total Amount	\$507,000

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

BGEX 011525*736

FUND 1151 LAW ENFORCEMENT TRUST FUND

	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 01/07/2025	REMAINING BALANCE
EXPENDITURES 160-1690-9498 160-9900-9902	Tr To PBSO Fd 1902 Operating Reserves	Transfers Reserves	0 4,647,450	547,060 4,100,390	507,000 0	0 507,000	1,054,060 3,593,390	100,000	507,000 3,593,390
160-9900-9902	Operating Reserves Total Expenditures	Reserves	4,647,450	4,100,390	<u> </u>	507,000 507,000			

1/15/2025

SIGNATURES DATES 1/14/2025

Initiating Department/Division

k

Administration/Budget Department Approval

OFMB Department - Posted

BY BOARD OF COUNTY COMMISSIONERS					
At Meeting of: February 11, 2025					
······					
Deputy Clerk to the Board of County Commissioners					



Attachment A

APPLICATION

Organization Name:	Anti-Defamation League				
	FEID #:				
Web Address:	http://florida.adl.org				
Address:	5295 Town Center Road, Ste. 300				
	STREET ADDRESS				
	Boca Raton, FL 33487 CITY, STATE, ZIP				
Executive Director:	Sarah Emmons				
	Name				
	SIGNATURE				
	561-988-2900	semmons@adl.org			
	TELEPHONENUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Steve Sheinberg				
	NAME				
	SIGNATURE				
	Ź12-885-7889	ssheinberg@adl.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	7/30/2024				
	DATE				

Revised 5/2024



Organization Name: Anti-Defamation League

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?

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

Extremist Webinars for Law Enforcement: ADL will provide a variety of webinars on domestic, violent extremism

Presentations at Security Conference for faith communities

Law Enforcement briefings on specific hate groups

Hate Crime and Domestic Extremism Workshops for law enforcement

What results are you committed to achieving?

-Increased awareness in targeted communities about the nature of hate crimes and how law enforcement addresses it

-Increased awareness in law enforcement of domestic, violent extremism and emerging threats -Increased awareness in faith communities on how to keep congregations safe

Revised 5/2024

Anti-Defamation League

Attachment-A

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2025	To:	December 31, 2025
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$2,702,362.00	\$19,000.00	0.70%
2.	Employee Benefits/Payroll Taxes	\$756,661.36	\$5,700.00	0.75%
3.	Professional Fees			0.00%
4	Occupancy/Utilities	\$330,897.00	\$4,300.00	1.30%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7	Printing & Publications	\$3,000.00	\$1,000.00	33.33%
8.	Supplies			0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11	Miscellaneous Expenses			0.00%
	Total Expenses	\$3,792,920.36	\$30,000.00	0.79%

Revised 5/2024

Anti-Defamation League



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Yael Hershfield - \$5,000 Katie McCarthy - \$3,000 Carla Hill - \$3,000 Oren Segal - \$3,000 Ben Popp - \$2,000 Mark Pitcavage - \$1,000 Aryeh Tuchman - \$1,000 Chris Magyarics - \$1,000

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

Occupancy/Utilities (list utilities):

5295 Town Center Road, Ste. 300, Boca Raton, FL 33486

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

We will be providing many publications relating to extremism. Examples of past publications include: Murder and Extremism in the United States in 2023 Virtual Money, Hateful Reality: The Cryptocurrency Exchanges Enabling Extremist Fundraising in 2023 The Sovereign Citizen Movement in the United States Right-Wing Extremist Terrorism in the United States

Revised 5/2024

Anti-Defamation League



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

Meetings (attendees, purpose, items needed for meeting): Meetings will continue to be offered both virtually and in person.

Miscellaneous Expense (specify items):

Revised 5/2024

Anti-Defamation League



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

Disclosure re: Organization's background:

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

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

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

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

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

Revised 5/2024

Anti-Defamation League



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 grovisions which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization which has been held to be tax exempt under the provisions of s. 501 of the Internal Revenue Code and is registered as a Non-Profit organization with the

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

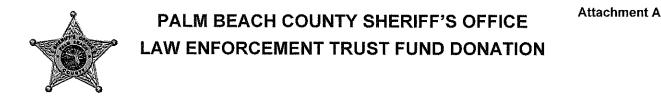
Chief Legal Officen Title (please print) Name 8-14-2024 Date Signature NOTARY SECTION: New York State of County of NEW YURK The foregoing Agreement was acknowledged and subscribed before me by means of M physical (name of individual) as Child Light Officer (title) Hoven Theinberg League (name of organization/ agency), who is personally known to ANTI- Dofamation of me or who produced State - i ssuel identification cull as identification. STATE OF NEW YORK ASDEW JONATHANDOUGL NOTARY PUBLIS iogratifires 021 112027 otary Public Qualified in Kings Commission Expires October Registration 7 Delamation League Revised 5/2024



Attachment A

APPLICATION

Organization Name:	Best Foot Forward Foundation, Inc.				
	FEID #:				
Web Address:	https://bestfoot.org				
Address:	9080 Kimberly Blvd, Suite 10 Street address				
	Boca Raton, FL 33434				
	CITY, STATE, ZIP				
Executive Director:	Donna Biase				
	Jour uso				
	SIGNATURE (561) 470-8300	dbiase@bestfoot.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:	N/A				
	NAME .	· · · · · · · · · · · · · · · · · · ·			
	SIGNATURE				
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	7/19/24				
	DATE				



Organization Name:_____

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Best Foot Forward Foundation's (BFF) mission is to empower foster care youth to maximize their potential, providing essential academic support, helping students overcome barriers, building confidence and inspires a journey of lifelong learning.

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

Grounded for Life will serve 150 foster care and at-risk youth in middle, high school, and college in year-round, class-based and after school settings, at least an hour a week for one-on-one academic support and enrichment activities to deter youth from crime. Foster youth and at-risk youth are at greater risk for juvenile and adult incarceration due to trauma that resurfaces throughout their lives and disrupts their education. Graduation Coaches will assist students with tutoring, mentoring, scholarships and financial aid, SAT/ACT preparation, college preparation, life-skills, financial literacy and career readiness, securing internships and jobs. BFF will provide summer learning and care packages for basic needs and incentives to celebrate students' achievements and personal growth.

What results are you committed to achieving?

BFF is committed to empowering foster and at-risk youth in Palm Beach County to become self-sufficient adults. BFF will measure 1) youth's commitment to attend school and meetings with Graduation Coaches and program staff; 2) participation in weekly program activities; 3) maintaining or improving classroom behaviors; 4) achievement of individualized academic and behavioral goals; 5) awareness of career, financial and life skills to help foster youth succeed and overcome barriers to future employment; and 6) graduation from high school or college. By the end of the program, 80% of participants will experience grade promotion or graduate from high school; 90% of students will increase career readiness; and 80% of students will maintain or improve study skills. Historically, school students in the program have a 100% high school graduation rate.

Revised 5/2024

Best Foot Forward Foundation, Inc.



PALM BEACH COUNTY SHERIFF'S OFFICEAttachment ALAW ENFORCEMENT TRUST FUND DONATIONAttachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$680,627.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$20,839.00		0.00%
3.	Professional Fees	\$0.00		0.00%
4.	Occupancy/Utilities	\$0.00		0.00%
5.	Telephone	\$0.00		0.00%
6.	Postage/Shipping	\$0.00		0.00%
7.	Printing & Publications	\$0.00		0.00%
8.	Supplies	\$128,647.00	\$5,000.00	3.89%
9.	Travel	\$11,240.00		0.00%
10.	Meetings	\$3,500.00		0.00%
11.	Miscellaneous Expenses	\$0.00		0.00%
	Total Expenses	\$844,853.00	\$5,000.00	0.59%

Revised 5/2024

Best Foot Forward Foundation, Inc.



Budget Narrative

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

Salaries (list employees and individual compensation): N/A

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

N/A

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

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

Revised 5/2024

Best Foot Forward Foundation, Inc.

4

Attachment A



Attachment A

Supplies (list supplies/equipment):

\$25,825 stipends/support for 50 tutors/volunteers to provide 50 students with year-round academic tutoring and SAT/ACT prep; \$13,620 program supplies for 150 students (books, career readiness, internships, academic materials); \$13,600 for youth participation in summer programming and Back to School; \$5,840 for snacks for 150 students (year-round); \$43,603 for college testing and support, student activities/incentives, care packages/support; \$26,160 student cell phones=TOTAL \$128,647.

Travel (individuals traveling, destination and purpose):

N/A

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

Miscellaneous Expense (specify items): N/A

Revised 5/2024

Best Foot Forward Foundation, Inc.



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

Disclosure re: Organization's background:

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

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes ☐ No ☑ 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 role yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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

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

Revised 5/2024

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

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

Donna Biase	CEO
Name (please print)	Title (please print)
Signature	
NOTARY SECTION:	
State of Florida	
County of Palm Beach	\mathbf{X}
The foregoing Agreement was acknowle	edged and subscribed before me by means of 🚺 physical
presence or online notarization, the	nis 23 day of July, 20 24 by
~ ~ ~ /	ame of individual) as $\underline{\ref{eq:expansion} EO}$ (title)
of Best Foot Forward Foundation	$\underline{\mathcal{M}}_{}$ (name of organization/ agency), who is personally known to
me or who produced Driver Lice	Ex A
	Notary Public State of Florida Paola Renteria My Commission HH 464352 Expires 11/14/2027
1 wilay units	11/11/2027
Notary Public	My Commission Expires: 1/14/2029

Attachment A

Attachment A

1

APPLICATION

Organization Name:	Center for Child Counseling, Inc.				
	FEID #:				
Web Address:	https://www.centerforchilo	Icounseling.org			
Address:	8895 N Military Trail, Suit	ə 300C			
	STREET ADDRESS				
	Palm Beach Gardens, FL	33410			
	CITY, STATE, ZIP				
Executive Director:	Renée Layman				
	NAME				
	Revie E. Lap				
	SIGNATURE				
	561-530-4545	renee@centerforchildcounseling.org			
	TELEPHONENUMBER	E-MAIL ADDRESS			
Fiscal Agent:					
	NAME				
	SIGNATURE				
	TELEPHONE NUMBER	E-MAIL ADDRESS			
_					
Date:					
	DATE				

Revised 5/2024



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

Organization Name: ______

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

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

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

The Childcare and Community Social-Emotional Wellness (CCSEW) Program is stopping the intergenerational cycle of abuse and violence, detecting social-emotional and behavioral health concerns early in their course, and minimizing the effects of early adversity on lifelong health outcomes, including juvenile delinquency and crime. CCSEW provides prevention, early intervention, and targeted interventions for children at high-risk for or struggling with social-emotional and behavioral concerns related to abuse, violence, and other forms of toxic stress that impact healthy development. Activities include parent workshops, counseling, and groups. We are the provider for SNAP® in PBC and PBSO support will help us provide more school-based groups in 14 PBC schools. We bring our early childhood approach to preventing delinquency to Opportunity WPB.

What results are you committed to achieving?

The CCSEW Program evaluation framework includes 80 data points, measuring short and long-term outcomes, including 1) increasing child and caregiver resiliency and behavioral health 2) Promoting child-caregiver attachment and 3) increasing use of positive care-giving strategies. Child-level outcomes are based on best practice assessments which measure changes in a child's resiliency and protective factors. Higher resiliency and protective scores correlate with higher academic achievement, language skills, school readiness, social skills, and relationship skills. These children avoid expulsion, mental health and behavioral issues, and decreased parental stress. These outcomes correlate with pro-social behaviors across the lifespan, including decreased delinquency, crime, and violent behaviors.

Revised 5/2024

Center for Child Counseling, Inc.



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

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2025	To:	December 31, 2025
---------------------------	-------	-----------------	-----	-------------------

No.	Expense	Program Total	LETF Request	LETF
1,	Salaries	\$404,620.00	\$15,000.00	3.71%
2.	Employee Benefits/Payroll Taxes	\$51,633.00	\$0.00	0.00%
3.	Professional Fees	\$8,445.00	\$0.00	0.00%
4.	Occupancy/Utilities	\$20,956.00	\$0.00	0.00%
5.	Telephone	\$3,326.00	\$0.00	0.00%
6.	Postage/Shipping	\$1,000.00	\$0.00	0.00%
7.	Printing & Publications	\$1,000.00	\$0.00	0.00%
· 8.	Supplies	\$1,500.00	\$0.00	0.00%
9.	Travel	\$8,389.00	\$0.00	0.00%
10.	Meetings	\$733.00	\$0.00	0.00%
11.	Miscellaneous Expenses	\$2,800.00	\$0.00	0.00%
	Total Expenses	\$504,402.00	\$15,000.00	2.97%

Revised 5/2024

Center for Child Counseling, Inc.



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Clinical Dir (.05 of \$80,483); Clinical Supervisor (.20 of \$48,694); CCSEW Dir @ \$67,977; CCSEW Supervisor @ \$52,500; 1 Sr. Therapist @ \$52,380; 4 therapists @ \$50,000; Intake/Admin (.40 of \$45,000). LETF \$15,000 supports the CCSEW Dir (.15) and 1 therapist salary (.15) to provide caregiver educational workshops, prevention activities for at-risk children, early intervention for children with behavioral concerns. Targeted schools are in Riviera Beach & WPB - Bethune, Lincoln, Grove Park Elem.

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

WebAuthor data dashboard license.

Occupancy/Utilities (list utilities):

Rent includes office space per program FTE.

Telephone (provide telephone numbers):

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

Printing & Publications (list type of material):

Printing for workshops and educational materials, including parenting manuals, Curriculum Toolkits for teachers, and at-home toolkits for children and families.

Revised 5/2024

Center for Child Counseling, Inc.

Attachment A

Supplies (list supplies/equipment):

Basic office supplies and therapeutic program supplies, including Trauma Kits and Play Therapy toys and materials.

Travel (individuals traveling, destination and purpose):

Mileage reimbursement for staff, allowable at the federal rate. Services are available throughout Palm Beach County, including school and home visits.

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

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

Revised 5/2024

Center for Child Counseling, Inc.



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

Disclosure re: Organization's background:

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

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No P 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 lity yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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

Revised 5/2024

Center for Child Counseling, Inc.

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

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

Renée E. Layman

Name (please print)

Kenie E. Lap Signature

President & CEO Title (please print)

6/21/2024

as identification.

Date

NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of Uphysical presence or online notarization, this <u>215+</u> day of <u>June</u>, 20.24 by Renée E. Layman (name of individual) as President + CEO (title) of <u>Centerfor Child (Ounspling</u>name of organization/ agency), who is personally known to

me or who produced

Notary Public

My Commission Expires:

Revised 5/2024

Center for Child Counseling, Inc.

7

Notary Public State of Florida Angela Lykins My Commission HH 176595 Exp. 9/19/2025

1112

Attachment A

-

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

Attachment A

APPLICATION

Organization Name:	Children's Case Management Organization, Inc.			
	FEID #:			
Web Address:	www.familiesfirstpbc.org			
Address:	3333 Forest Hill Blvd., 2nd Flo	por		
	Street address			
	West Palm Beach, FL 33406			
	CITY, STATE, ZIP			
Executive Director:	Julie A. Swindler, LCSW			
	NAME Aulie Swindy			
	SIGNATURE			
	561-318-4221	jswindler@familiesfirstpbc.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:				
	Name			

SIGNATURE

TELEPHONE NUMBER

Date:

6/28/2024 - Revised 1/9/2025

DATE

Revised 5/2024

1

E-MAIL ADDRESS



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

Organization Name: Children's Case Management Organization, Inc.

LETF Funding Request (MUST match total on Financial Application): \$9,000.00

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

__Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Serving our community for 34 years, Families First of Palm Beach County provides child abuse prevention, health, housing, and behavioral health services for families whose life circumstances impact child and family health and stability.

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

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

What results are you committed to achieving?

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

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

increased availability to HIV counseling and testing services.

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

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

Revised 5/2024

Children's Case Management Organization, Inc.



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

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$215,199.00	\$7,500.00	3.49%
2.	Employee Benefits/Payroll Taxes	\$78,023.00	\$1,500.00	1.92%
3.	Professional Fees	\$9,771.00		0.00%
4.	Occupancy/Utilities	\$19,984.00		0.00%
_5.	Telephone	\$5,032.00		0.00%
6.	Postage/Shipping	\$466.00		0.00%
7	Printing & Publications	\$528.00		0.00%
8.	Supplies	\$3,049.00		0.00%
9.	Travel	\$26,987.00		0.00%
10.	Meetings	\$2,700.00		0.00%
11.	Miscellaneous Expenses	\$70,929.00		0.00%
	Total Expenses	\$432,668.00	\$9,000.00	2.08%

Revised 5/2024

Children's Case Management Organization, Inc.



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

Budget Narrative

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

Salaries (list employees and individual compensation):

A. Sypher• 1 FTE Supervisor - \$59,000 + comp. \$19,041; A. Chacon• 1 FTE Outreach Worker •\$38,000 + comp. \$15,430; R. Toussaint - 1 FTE Outreach Worker - \$40,000 + comp. \$16,462; I. SaintFort -1 FTE Outreach Worker - \$39,000 + comp. \$15,924; M. Wijngaarde - .28 FTE Director - \$25,332 + comp.\$5,987; J. Quastler - .25 FTE Administrative Assistant - \$10,815+ comp. \$4,344; E. Bravo - .05 FTE Quality Assurance - \$3,052 + comp. \$835. Total= \$293,222.

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

Prorated share of Nonprofits First for cost of Accreditation and I. T. related expenses as well as share of National Council on Accreditation for the ongoing accreditation process. Prorated share of costs for annual audit from Templeton & Company as well as other consultation expenses - \$9,771.

Occupancy/Utilities (list utilities):

Prorated share of rent and utilities - \$19,984.

Telephone (provide telephone numbers):

Prorated share of telephone costs - (561) 721-2887 (West Palm Beach) and (561) 996-8710 (Belle Glade)+ cell phone for each employee (561) 319-4394, (561) 301-9619, (561) 324-8331, (561) 324-1100, (561) 324-1114, (561) 307-5754, and (561) 309-5671. Prorated share of laptop broadband expenses in the field for 3 full-time Outreach Workers and 1 full-time Supervisor = \$5,032.

Printing & Publications (list type of material):

TOPWA brochures, business cards and prorated share of letterhead and envelopes = \$528.

Revised 5/2024

Children's Case Management Organization, Inc.



Attachment A

Supplies (list supplies/equipment):

Prorated share of office and program supplies = \$3,049. Prorated share of postage = \$466.

Travel (individuals traveling, destination and purpose):

Reimbursement at .675 a mile for outreach, maternal and infant mental health director and program supervisor for traveling to client homes, outreach venues, and meetings and conferences throughout Palm Beach County for a total cost of \$26,987.

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

Meetings include, support groups for new moms, Conferences, as well as educational meetings for staff development and training= \$2,700.

Miscellaneous Expense (specify items):

Prorated share of cost of insurance (\$2,524), building maintenance and equipment maintenance (\$1,204), dues of Child Welfare League and ongoing accreditation (\$2,765), sponsored events for baby showers (\$2,500), Specific Assistance to Clients (\$5,000), Miscellaneous for record checks (\$500), and indirect administrative costs (\$56,436). = \$70,929.

Revised 5/2024

Children's Case Management Organization, Inc.



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

Disclosure re: Organization's background:

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

Has the Organization had its registration or authority denied, suspended, or revoked by any governmental agency? Yes No 🔽 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 Novigility 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 V If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 5/2024

Children's Case Management Organization, Inc.



Attachment A

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

State of Florida

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

Julie Swindler

Name (please print) lie Swind

NOTARY SECTION: State of Florida County of Palm Beach



AMANDA JOSEPHS Commission # HH 531468 Expires May 27, 2028

Title (please print)

Chief Executive Officer

9/2025

The foregoing Agreement was acknowledged and subscribed before me by means of physical
presence or online notarization, this of day of January, 20 25 by
Julie Swindler (name of individual) as Chief Executive officer (title)
of Families first of Palm Beach (ourfy (name of organization/ agency), who is personally known to
me or who produced <u>Persunally</u> as identification.

Notary Public

My Commission Expires: May 27, 2028

Revised 5/2024

Children's Case Management Organization, Inc.



APPLICATION

Organization Name:	Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling		
	FEID #:		
Web Address:	www.faulkcenterforcouns	seling.org	
Address:	22455 Boca Rio Road		
	STREET ADDRESS		
	Boca Raton, FL 33433		
	CITY, STATE, ZIP	**************************************	
Executive Director:	Jonathan Price, CEO		
	NAME		
	SIGNATURE		
	561-483-5300	j.price@faulkcenteforcounseling.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
			
Fiscal Agent:	Jonathan Price, CEO		
	NAME		
	SIGNATURE		
	561-483-5300	j.price@faulkcenterforcounseling.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	06/07/2024		
	Date		

Revised 5/2024

Attachment A



Organization Name:______

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

For over 50 years the Faulk Center for Counseling has provided free and low-cost mental health counseling and supportive services to low-income and historically marginalized individuals and families throughout Palm Beach and Broward County Florida.

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

The Schools Preventive Program represents a collaborative initiative between the Faulk Center for Counseling and select elementary and middle public schools in Palm Beach County. Its purpose is to deliver onsite mental health group counseling to students who are deemed high-need or at-risk, as recommended by parents or caregivers, teachers, and school guidance counselors. Through the renewed funding from the PBSO, we will be able to extend the provision of no-cost group counseling services to economically disadvantaged, at-risk students enrolled in one of our partnering schools for the 24/25 academic school year. These counseling sessions are conducted outside of regular academic hours and are specifically tailored to address the needs of at-risk students aged 5 to 18 who have exhibited inclinations towards violent, criminal, and delinquent behaviors.

What results are you committed to achieving?

Through our partnerships with public elementary and middle schools in Palm Beach County, we are poised to significantly enhance the mental well-being of those we support through this program. For this upcoming academic year, we expect that 85% of approximately 300 unduplicated children and adolescents participating in the Faulk Center's Schools Preventive Program will show reduced symptoms (such as depression, anxiety, fear, tiredness) or improved functionality (including better engagement, social skills, behavior control) within an 8/16 week period or by the end of their counseling journey. This progress will be evaluated using the evidenced based Children's Functional Assessment Rating Scale (CFARS) through pre and post assessments.

Revised 5/2024

Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling

2

Attachment A



FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$95,580.00	\$25,000.00	26.16%
2.	Employee Benefits/Payroll Taxes	\$5,735.00		0.00%
3.	Professional Fees	\$1,000.00		0.00%
4.	Occupancy/Utilities	\$3,000.00		0.00%
5.	Telephone	\$500.00		0.00%
6.	Postage/Shipping	\$0.00		0.00%
7.	Printing & Publications	\$1,500.00		0.00%
8.	Supplies	\$2,500.00		0.00%
9.	Travel	\$2,800.00		0.00%
10.	Meetings	\$2,000.00		0.00%
11.	Miscellaneous Expenses	\$500.00		0.00%
	Total Expenses	\$115,115.00	\$25,000.00	21.72%

Revised 5/2024

Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling

3

Attachment A



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Salaries covered under this proposal include our Clinical and Training Director - Dr. Holly Katz (0.10 FTE), Schools Programs Manager - Courtney Cooper, LMHC (0.5 FTE), Clinical Administration (0.25 FTE), 4 clinical interns(0.125 FTE), and our Child and Family Program Manager - Dr. Amanda Weiss (0.25 FTE). Funding from PBSO will cover \$10,000 of the Interns' stipend and \$15,000 of our Schools Program Manager.

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

Professional fees covered under this proposal include annual membership to the Florida Psychological Association of Palm Beach County for Dr. Holly Katz (FPAPC Board Member - \$350), APA approved Continuing Education courses for Dr. Holly Katz, and necessary training required by the Palm Beach County School District to administer this program (estimated \$650).

Occupancy/Utilities (list utilities):

Occupancy and Utilities costs are represented as a percentage (6%) of necessary property taxes, insurance, utilities (including alarm, electric, water, wastewater), ground and facility maintenance and all necessary supplies to keep and maintain our facility in Boca Raton, FL for which operations are based.

Telephone (provide telephone numbers):

The primary contact number is 561-483-5300. The CEO, Jonathan Price, can be reached directly at 561-446-5617.

Printing & Publications (list type of material):

Printing and Publication costs covered under this proposal include printed collateral for Children and Family Therapy Services, Worksheets, and Project Materials for Teachers and Guidance Counselors (These are items used to facilitate group counseling activities), and internal documentation and evaluation forms necessary to record and evaluate program progress and success (CFARS).

Revised 5/2024

Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling

Attachment A

Supplies (list supplies/equipment):

The supplies costs covered under this proposal includes items needed for therapeutic activities and counseling/therapy sessions. This includes: individualized Arts and Crafts Supplies, Play Therapy Toys (Puppets, stuffed animals), and coping tools (Stress balls, fidget spinners, etc.) for each student. These supplies are necessary for the evidenced based therapies performed by our clinicians. The supplies costs covered under this proposal includes items needed for therapeutic activities and coun

Travel (individuals traveling, destination and purpose):

Traveling costs covered under this proposal include a mileage reimbursement rate calculated at \$0.655 a mile from the Faulk Center for Counseling to and from the school(s) receiving services. Recently the Faulk Center has engaged with schools in Northern Palm Beach County resulting in anticipated increased mileage expenses.

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

During group sessions, our clinicians facilitate therapeutic discussions so that students: 1.) better understand and work through unpleasant emotions, increase opportunities for more positive feelings, as well as learn more effective ways to express their needs; 2.) learn coping techniques, mindfulness skills and other helpful strategies that promote adaptive behaviors that are aligned with values and, 3.) improve problem solving as well as strengthening self-esteem and self-efficacy.

Miscellaneous Expense (specify items):

N/A

Revised 5/2024

Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling



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

Disclosure re: Organization's background:

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

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

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

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

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

Revised 5/2024

Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling



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

State of Florida

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

Jonathan Price	CEO
Name (please print)	Title (please print)
Y-C	6/1/24.
Signature	Date
NOTARY SECTION:	JOANLYS GANDARILLA
State of Floridg	Notary Public-State of Florida Commission # HH 413633 My Commission Expires
County of Palm Beach	June 22, 2027
The foregoing Agreement was acknowle	edged and subscribed before me by means of physical
presence or online notarization, t	his <u>7th</u> day of <u>JUNE</u> , 20 29 by
Jonathan Price (n	ame of individual) as <u>CEO</u> (title)
of Foulk Cater for counseling	(name of organization/ agency), who is personally known to
me or who produced <u><u>PCrSonall</u></u>	y known form as identification.

Soanlys Gandarilla

Notary Public

My Commission Expires: June 22, 2027

Revised 5/2024

Elizabeth H. Faulk Foundation; DBA Faulk Center for Counseling

Attachment A



APPLICATION

Organization Name:	Faith-Hope-Love-Charity, Inc.	
	FEID #: 65-0464807	
Web Address:	www.standown.org	
Address:	3175 S. Congress Avenue	
	Palm Springs, FL 33461	
	CITY, STATE, ZIP	
Executive Director:	Mr. Roy Foster	
	Name Roy Jaster	
	SIGNATURE	
	561-968-1612	fhlc@standown.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
		
Fiscal Agent:	N/A Name	
	SIGNATURE	
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	7/15/2024	
	DATE	-

Revised 5/2024



Organization Name:

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

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

Crime Prevention Program

Drug Abuse Education

✓ Drug Prevention Program.

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Our mission is reintegrating displaced and at-risk veterans and their families back into the communities to sustain independent living, restoring their dignity and promoting community awareness.

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

Stand Down House provides emergency/transitional housing and supportive services for male veterans struggling with addictions, mental illness, PTSD, traumatic brain injuries and physical limitations, Upon intake, the veteran will be assessed by our Licensed Psychologist and along with WPB VMAC will provide mental health support. A case manager will then work with the veteran to create an individual development plan. The veteran will attend AA/NA meetings, receive transport to VMAC, attend job readiness training and life skills classes.

In addition, 3 hot meals and 2 protein snacks are provided daily.

What results are you committed to achieving?

1. 100% will be enrolled in WPB VAMC for services, including mental/physical health and all

supportive services provided

2. 85% will increase income (employment/ VA, SSDI, SS benefits)

3. 50% will upgraded their skillsets and training

4. 75% will obtain permanent housing.

Revised 5/2024

Faith-Hope-Love-Charity, Inc.

2

Attachment A

A

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

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
			Nequest	
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$10,000.00	\$10,000.00	100.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$15,000.00	\$15,000.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses			0.00%
	Total Expenses	\$25,000.00	\$25,000.00	100.00%

Revised 5/2024

Faith-Hope-Love-Charity, Inc.



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

Budget Narrative

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

Salaries (list employees and individual compensation):

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

Occupancy/Utilities (list utilities): Liability - 5,000.00 Utilities - 5,000.00

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2024

Faith-Hope-Love-Charity, Inc.



Supplies (list supplies/equipment): Food \$15,000

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

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Απасптепт А



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

Disclosure re: Organization's background:

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

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

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nor 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 \square No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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

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Revised 5/2024

Faith-Hope-Love-Charity, Inc.



Attacnment A

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

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

Executive Director Title (please print) Ray Paster Name (please print) 7/16/2024 NOTARY SECTION: State of county of Palm Barroh The foregoing Agreement was acknowledged and subscribed before me by means of X physical presence or online notarization, this _ day of ___UU 20 22 Director (name of individual) as EXPLATIVE rista (title) (name of organization/ agency), who is personally known to licens Driver as identification. me or who produced VIDAL FLORES Notary Public - State of Florida mission # HH 292772 My Comm. Expires Oct 15, 2026 5,2026 Notary Public 7

Revised 5/2024

Faith-Hope-Love-Charity, Inc.



Attachment A

APPLICATION

Organization Name:	Faith's Place Center for Arts Education	
	FEID #: 80-08121-01	
Web Address:	faithsplacecenter.org	
Address;	2508 North Australian Ave Street address	nue
	West Palm Beach, Florida	33407
	City, State, Zip	
Executive Director:	Noble Mays	
	NAME	
	SIGNATURE 561-856-8345	faithsplacecfe@gmail.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Tarry Mays	······································
1	SIGNATURE	
	561-856-8357	1tarrymays@gmail.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	9/30/2024	
	DATE	

Revised 5/2024

Organization Name:_____

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

\$50,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

Faith's Place is an organization that serves at-risk, underprivileged youths in Palm Beach Coutny. It provides preschool for 3, 4, and 5 year olds as well as afterschool arts enrichment for school aged students in Kindergarten through 12th grades

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

Faith's Place provides a whole child approach. We serve students based on their Title I Status. About 98% are in this program. Ethnically, our students are mostly african-american with some who are hispanic. Typically serving 200 students a day, the preschool and after arts school programs prevent crime and keep our neighborhood safe through what we call the 3 D's: Dedication, Discipline, and Determination. Education through the arts is one key to hope and success.

What results are you committed to achieving?

Faith's Place is requesting this grant in order to have quality arts programming so we can continue to serve at least 200 students, keep our neighborhoods safe, and provide outstanding outcomes for the students, their families, and our community.

Outcomes: 1. Students will show success through measurable academic gains, which keeps our neighborhoods safe.

95% of our students who audition for magnet arts programs will be accepted (appr. 50 students)
 Positively affect the mental health and social-emotional well being of the students, making more productive citizens.

Revised 5/2024

Faith's Place Center for Arts Education



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)

From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$125,000.00	\$23,000.00	18.40%
2.	Employee Benefits/Payroll Taxes	\$25,000.00		0.00%
3.	Professional Fees	\$24,000.00		0.00%
4.	Occupancy/Utilities	\$116,000.00	\$20,000.00	17.24%
5.	Telephone	\$1,400.00		0.00%
6.	Postage/Shipping	\$600.00		0.00%
7.	Printing & Publications	\$500.00		0.00%
8.	Supplies	\$6,000.00	\$2,000.00	33.33%
9.	Travel	\$5,200,00	\$5,000.00	96.15%
10.	Meetings	\$500.00		0.00%
11.	Miscellaneous Expenses	\$500.00		0.00%
	Total Expenses	\$304,700.00	\$50,000.00	16.41%

Revised 5/2024

Faith's Place Center for Arts Education



Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):Ronika Pugh\$15,500.00Arts CoordinatorLeondra Swails\$7,500.00Transportation Liasion

Professional Fees (list vendor and type of service provided): 3 Artists-In-Residence = \$24,000.00

Occupancy/Utilities (list utilities): Lease = \$9,000.00 per month Utilities = \$1,000.00 per month

Telephone (provide telephone numbers): (561) 855-6807 (Office) (561) 856-8345 (Cell)

Printing & Publications (list type of material): Flyers = \$500.00

Revised 5/2024

Faith's Place Center for Arts Education

Attachment A

Supplies (list supplies/equipment): Food for Supplies = \$6,000.00

Travel (individuals traveling, destination and purpose): Mileage and Maintenence for Vans owned by Faith's Place = \$5,200.00

Meetings (attendees, purpose, items needed for meeting): Small Unexpected Expenses = \$500.00

Miscellaneous Expense (specify items): Small Unexpected Expenses = \$500.00

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Revised 5/2024

Faith's Place Center for Arts Education

Attachment A

Disclosure re: Organization's background:

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

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

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

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

Revised 5/2024

Failh's Place Center for Arts Education



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

Noble Mays	Director
Name (please print)	Title (please print)
Signature	(i) + (i
NOTARY SECTION:	
State of <u>Happide</u> County of <u>Happide</u>	Sea CI-
The foregoing Agreement was ac	knowledged and subscribed before me by means of ア physical
Noble Mary	(name of individual) as <u>vector</u> (title
of taitles + 1a	(name of organization/ agency), who is personally known
me or who produced	as identification.
Notary Public	My Commission Expires: June 24, 2025
Revised 5/2024	Faith's Place Center for Arts Education O, OF FLORE



Attachment A

APPLICATION

Organization Name:	First Tee - Palm Beaches	irst Tee - Palm Beaches		
	FEID #:			
Web Address:	https://firstteefloridagoldcoas	t.org/		
Address:	7301 N Haverhill Road			
	STREET ADDRESS			
	Riviera Beach, FL 33407			
	CITY, STATE, ZIP			
Executive Director:	Carl Mistretta Jr.			
		a . 1		
	Carl (De	Mut		
	SIGNATURE			
	561-307-4060	carlm@firstteeflgoldcoast.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	Carl Mistretta Jr.			
	Name Carl Aut	2 Mlmt		
	SIGNATURE			
	561-307-4060	carim@firstteeflgoldcoast.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	07/24/24			
	DATE			

Revised 5/2024



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

Organization Name:_____First Tee - Palm Beaches

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

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

✓ Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Our mission is to impact the lives of young people, including those with special needs, and veterans, by providing educational programs that build character, instill life-enhancing values and promote healthy choices through the game of golf.

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

We partner with other youth serving organizations, such as Boys & Girls Club and the Police Athletic Leagues, to deliver year-round programs to their students. These kids and teens represent the underserved segment of our community. In most cases, this is their first introduction to character building and life skills through golf. Without First Tee programs, they would never have the opportunity to experience the sport of business and the sport of a lifetime. We provide funding for the coaches, coach training, golf equipment, hats, shirts, snacks, drinks, field trips, maintaining our golf facility, insurance, accounting, marketing, etc. Typically, we conduct 6-week sessions in the spring and fall and weekly summer camps for our outreach partners. We typically conclude the outreach sessions with a field trip to Drive Shack.

What results are you committed to achieving?

Through Community Outreach Programs, we deliver our character building and life skills programs to the underserved children and teens of our community. By introducing the game to them, we start them on a lifelong golf journey. First Tee begins at age 7 and the students stay in the program through high school. We provide opportunities for them to compete, caddie at local golf courses and earn a college scholarship through our foundation. Although we serve all of Palm Beach County, our previous partnership with the LETF and PBSO focused on the Glades communities. We even trained officers to be First Tee Coaches.

Revised 5/2024

First Tee - Palm Beaches



Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$50,000.00	\$8,500.00	17.00%
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	\$8,000.00	\$1,000.00	12.50%
9.	Travel	\$2,000.00	\$500.00	25.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$10,000.00		0.00%
	Total Expenses	\$70,000.00	\$10,000.00	14.29%

Revised 5/2024

First Tee - Palm Beaches



Attachment A

Budget Narrative

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

Salaries (list employees and individual compensation):

Salaries are for our coaches to deliver the programs. We have full-time employees and independent contractors as Coaches that cost \$150 per session.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2024

First Tee - Palm Beaches



Attachment A

Supplies (list supplies/equipment):

Age appropriate golf equipment, shirts, hats, snacks, food, water, gatorade, prizes

Travel (individuals traveling, destination and purpose): Gas expenses, especially for programs in the Glades.

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

Miscellaneous Expense (specify items):

Coach training expenses for staff and Coaches. Staff attends a bi-annual training summit provided by First Tee HQ (this year in Phoenix) and Coaches must complete three levels of training provided by First Tee to become a fully Certified First Tee Coach. Trainings involve travel and registration costs.

Revised 5/2024

First Tee - Palm Beaches



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

Disclosure re: Organization's background:

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

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

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes $No\sqrt{}$ No $\sqrt{}$ No v having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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

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

Revised 5/2024

First Tee - Palm Beaches

Attachment A

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

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

Executive Director Carl Mistretta Jr. Title (please print) Name (please print) -31-24 Signature NOTARY SECTION: State of FL County of Kalm Beach The foregoing Agreement was acknowledged and subscribed before me by means of Physical presence or online notarization, this 31 day of July 202 Garl Mistretta (name of individual) as Executive of Childrens Goll Fant (name of organization/ agency), who is personally known to me or who produced <u>PL - D</u>6 as identification DANIELA R DREIER Notary Public - State of Florida Commission # HH 246588 My Comm. Expires Jul 23, 2026 Notary Public My Commission Expires: 7/23/26 7 Revised 5/2024 First Tee - Palm Beaches



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

Attachment A

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APPLICATION

Organization Name: Florida Outreach Center for the Blind, Inc.

	FEID #:	;
Web Address:	www.blindfocb.org	
Address:	2315 South Congress Av	renue
	Palm Springs, FL 33406	• •
	CITY, STATE, ZIP	
Executive Director:	Carolyn Lapp NAME SIGNATURE 561-642-0005	info_focb@bellsouth.net
,	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Louis Ferri	÷
	X	·

SIGNATURE 561-714-0537

lferri@comcast.net

E-MAIL ADDRESS

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TELEPHONE NUMBER

Date:

224 DATE

Revised 5/2024



Attachment A

Organization Name: Florida Outreach Center for the Blind, Inc.

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Florida Outreach Center for the Blind, Inc, (FOCB) was established in 2003 by a group of visually impaired people in PB County with a mission "to develop and administer programs that integrate blind and visually impaired persons into the social, economic, and spiritual lives of their community."

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

The US Bureau of Justice reports that people with disabilities - including those with visual impairment - are twice as likely to be victims of crime. This program provides visually impaired people with life skills and training that enable them to live safely in their homes and navigate safely tbhroughout the community. This is accomplished through one-on-one and group classes that provide practical instruction to recognize dangerous situations and to take steps to prevent crime. Instruction includes use of adaptive communication equipment and smart phones to track locations, techniques to organize keys to be able to open doors quickly, instruction to safeguard against credit card fraud, and strategies to identify cash denominations to protect against predators. Monthly, educational workshops are also presented to provide ongoing health and safety information.

What results are you committed to achieving?

LETF funds will be used to provide independent living skills training and safety instruction for blind individuals in PB County. Program participants will acquire a range of critical life skills necessary to live safely in the community and to recognize potentially dangerous situations. Training includes, but is not limited to 1) management of finances; 2) safe navigation or steps and curbs; 3) safety protocol for using public transportation; and 4) use of computers, tablets, smart phones and adaptive equipment. During the 12-month period of this grant, no less than 75 visually impaired clients will participate in training programs, with 90% demonstrating increased knowledge of skills to preserve safety, health and independence.

Revised 5/2024

Florida Outreach Center for the Blind, Inc.

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

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2025	To:	December 31, 2025
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$236,485.00	\$5,000.00	2.11%
2.	Employee Benefits/Payroll Taxes	\$26,120.00		0.00%
3.	Professional Fees	\$8,715.00		0.00%
4.	Occupancy/Utilities	\$23,008.00		0.00%
5.	Telephone	\$3,369.00		; 0.00%
6.	Postage/Shipping	\$500.00		0.00%
7.	Printing & Publications	\$5,000.00		0.00%
8.	Supplies	\$15,608.00		0.00%
9.	Travel	\$5,842.00		0.00%
10.	Meetings	\$3,124.00		, 0.00%
11.	Miscellaneous Expenses	\$19,589.00		0.00%
	Total Expenses	\$347,360.00	\$5,000.00	1.44%

Revised 5/2024

Florida Outreach Center for the Blind, Inc.

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Manager-\$9,500

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

Budget Narrative

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

Salaries (list employees and individual compensation): Executive Director-\$64,285; Bookkeeper-\$24,446; Certified Vision Rehabilitation Therapist (CVRT)-\$45,000; Cerified Orientation & Mobility Specialist (COMS)-\$35,000; Independent Living Instructor-\$24,103; Adaptive Technology Instructor-\$23,919; Program Assistant-\$10,232; Grants

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

Friedman, Feldmesser & Karpeles, CPA, LLC - Annual Audit-\$4,950; ADP - Payroll-\$3,415; AER Reaccreditation Fee-\$350

Occupancy/Utilities (list utilities): Utilities-\$5,000 Property Maintenance and Repairs-\$9,000 Property Tax Expense-\$608 Property Insurance - \$8,400

Telephone (provide telephone numbers): Land Line (561) 642-0005 - \$1,569 Cell Phone (561) 714-4143 - \$1,800

Printing & Publications (list type of material): Promotional and educational items, agency brochures and flyers - \$5,000

Revised 5/2024

Florida Outreach Center for the Blind, Inc.



Attachment A

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Supplies (list supplies/equipment): \$7,608 - Expense for program supplies including Braille books and paper, assistive technology and equipment for instruction, craft supplies for adult craft program. \$8,000 - Office supplies including print cartridges, copying, maintenance of client files, etc.

Travel (individuals traveling, destination and purpose): \$5,842-Transportation Scholarship Fund/Bus Passes for Clients

Meetings (attendees, purpose, items needed for meeting): Expenses for monthly Board of Directors Meeting including meals/refreshments - \$1,500 Staff Training and Development - \$1,624

Miscellaneous Expense (specify items):

\$7,699 - Professional & Liability Insurance; Payroll expenses including Worker's Comp - \$890, Employee Benefits - \$11,000

Revised 5/2024

Florida Outreach Center for the Blind, Inc.

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

Disclosure re: Organization's background:

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

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

Has the applicant or any of the Organization's officers, directors, or trustees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? Yes Nor If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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Has the applicant or any of the Organization's officers, directors, or trustees, been enjoined from violating any law relating to a charitable solicitation? Yes Nor If yes, provide the name of such person, the date of the injunction, and the court issuing the injunction.

Revised 5/2024

Florida Outreach Center for the Blind, Inc.



Revised 5/2024

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

Attachment A

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

State of Florida, Dept. of Agriculture and Consumer Services

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

Carolyn Lapp **Executive Director** Name (please print) Title (please print) 7/1/24 Signature NOTARY SECTION: FLORIDA State of county of Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of physical presence or online notarization, this ,20 24 day of JUL Carolyn Lapp (name of individual) as <u>Executive</u> Director (title) OF FLORIDA OUTREACH CENTER For the BLIND, INC. (name of organization/ agency), who is personally known to me or who produced as identification. SHARI GERSON Notary Public - State of Florida Commission // HH 146186 My Comm. Expires Jun 28, 2025 ded through National Notary Assn. Notary Public June 28,2025 My Commission Expires: 7

Florida Outreach Center for the Blind, Inc.



Attachment A

APPLICATION

Organization Name:	Gulf Stream Council, Boy So	outs of America	
	FEID #: 9-0624407		
Web Address:	https://www.gulfstreamco	uncil.org/	
Address:	8335 North Military Trail		
	Palm Beach Gardens, FL 33410 CITY, STATE, ZIP		
Executive Director:	Terrence Hamilton		
	NAME		
	Tensila	\geq	
	SIGNATURE	R	
	561-307-3183	terrence.hamilton@scouting.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Nancy Maxwell		
	NAME	$\bigcirc 0 \downarrow 10$	

Mu Marke Controller SIGNATURE

561-694-8585 nancy.maxwell@scouting.org TELEPHONE NUMBER

E-MAIL ADDRESS

Date:

6/25/2024 DATE

Revised 5/2024



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

Organization Name: Gulf Stream Council, Boy Scouts of America

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:

To deliver character-building experiences and mentorship that allow youth from all backgrounds to achieve their full potential in both life and work. Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

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

PB County In-school/after-school mentorship and law enforcement career exploration program in a targeted lower-income PBC community utilizing the aims and methods of the Boy Scouts of America (BSA) Exploring program adjusted to meet the needs of the community. The following BSA's Merit Badge programs will be included but not limited to Citizenship in the Community, Crime Prevention, and Emergency Preparedness. First Aid, Fire Safety, Swimming, Life Saving, Safety, Search & Rescue, Traffic Safety

What results are you committed to achieving?

50% of Explorers will demonstrate various career skills through the law enforcement curriculum. 50% of Explorers will receive 40 hours of career and life-skills training at the Summer Law Enforcement Academy. 50% of Explorers will receive 8 hours of career and leadership skills training at the Fall Leadership Weekend.

Revised 5/2024

Gulf Stream Council, Boy Scouts of America



FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$105,000.00	\$37,000.00	35.24%
2,	Employee Benefits/Payroll Taxes	\$20,032.00	\$2,600.00	12.98%
3.	Professional Fees			0.00%
4.	Occupancy/Utilities	\$5,000.00	\$1,000.00	20.00%
5.	Telephone	\$320.00	\$220.00	68.75%
6.	Postage/Shipping	\$100.00	\$70.00	70.00%
7.	Printing & Publications	\$750.00	\$100.00	13.33%
8,	Supplies	\$21,150.00	\$2,080.00	9.83%
9.	Travel	\$3,200.00	\$760.00	23.75%
10.	Meetings	\$250.00	\$170.00	68.00%
<u>11.</u>	Miscellaneous Expenses	\$4,000.00	\$6,000.00	150.00%
	Total Expenses	\$159,802.00	\$50,000.00	31.29%

Revised 5/2024

Gulf Stream Council, Boy Scouts of America

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.

Salarles (list employees and individual compensation):

BSA Exploring Professional - \$55,000

*Part-time program aid - \$25,000

*Part-time program aid - \$25,000

These two individuals will serve as paid Exploring advisors in the lower-income and rural communities.

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

Occupancy/Utilities (list utilities): Average facility rental @ \$80 per hour for weekly meetings and weekend events

Telephone (provide telephone numbers): 561-971-5781 Other phone numbers are to be provided once newly hired part-time employees are onboarded.

Printing & Publications (list type of material): Promotional Flyers, Yard-signs, posters, and geofencing - \$750

Revised 5/2024

Gulf Stream Council, Boy Scouts of America



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

Supplies (list supplies/equipment): Food expenses for weekly meetings and events - \$10000 Ice Coolers, water bottles - \$1000 Uniform/T-shirts - \$8750 Awards \$1400

Travel (individuals traveling, destination and purpose):

15-passenger van rental @ \$265 per day for Tanah Keeta camp visits for utilization of camp programs, events, swimming pool, shooting ranges, etc. Visits will not be limited to Tanah Keeta Scout Reservation

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

Miscellaneous Expense (specify items):

National Exploring Membership fees - \$4000. Funds to cover the cost of new recruits only.

Revised 5/2024

Gulf Stream Council, Boy Scouts of America

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

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

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Revised 5/2024

Guif Stream Council, Boy Scouts of America

6



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

Boy Scouts of America

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

Terrence A. Hamiltion	CEO
Name (please print)	Title (please print)
Signature	<u>6-25-29</u> Date
	Date
NOTARY SECTION:	
State of Florida	
County of Palm Beach	
The foregoing Agreement was acknowledged and subscr	ibed before me by means of physical
presence or \Box online notarization, this $\underline{\mathcal{A5}}$ day	of <u>June</u> , 20, 24 by
Fervence Hamilton (name of individual)	as <u>CEO</u> (title)
of Gulf Stream Council (name of org	anization/ agency), who is personally known to
me or who produced	as identification
Fatronien	Commission # HH 220683 Commission Expires 01-25-2026 Bonded Through - Cynanotary Florida - Notary Public
Notary Public My Com	mission Expires: $1/25/26$

Revised 5/2024

Gulf Stream Council, Boy Scouts of America

7



Attachment A

APPLICATION

Organization Name:	Gulfstream Goodwill Industries, Inc.			
	FEID #:			
Web Address:	www.GoGGI.org			
Address:	1715 Tiffany Drive East			
	STREET ADDRESS			
	West Palm Beach, Florida 3	3407		
	CITY, STATE, ZIP			
Executive Director:	Karen Davidson, President a	and CEO		
	NAME			
	SIGNATURE			
	(561) 214-8968	kdavidson@GoGGI.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:	N/A			
	NAME	NALLY/LL/L		
	SIGNATURE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	September 18, 2024			

Revised 5/2024



Organization Name:______Gulfstream Goodwill Industries, Inc.

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 Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Changing Lives through Housing, Employment, Education, and Training is the mission of Gulfstream Goodwill Industries, Inc. (GGI), a 501c3 community-based nonprofit annually assisting 5,000 of PBC's highest-need children, families, and individuals to achieve self-sufficiency.

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

GGI operates the expanded PBC Homeless Shelter System that served 1268 people in 2023. Shelter guests faced a range of challenges and trauma before becoming homeless: violence, arrests, hunger, substance use, mental health conditions, medical problems, unemployment, behavior issues, and disconnection from school/learning loss. Access to a Mental Health Counselor can provide a supportive environment where individuals can process their experiences and work toward regaining independence, GGI proposes to use the requested grant to add a Mental Health Counselor to the shelter team to work with children, families, and adults/young adults in the shelter system. The Counselor will provide guidance, support, and advocacy to help meet their objectives and as guests of all ages work toward the transition out of homelessness.

What results are you committed to achieving?

1. 95% of guests with unmet psychiatric needs will be referred to a psychiatrist or licensed psychiatric nurse practitioner within 60 days of enrollment.

2. 98% of households served will attain housing stability.

3. Within 30 days of client enrollment, the Counselor will advocate in schools to address the needs of the children in shelter.

4. The Counselor will conduct pre and post assessments, to evaluate the program's impact and efficacy of strategies.

5. The Counselor will provide follow up services for up to 60 days, post exit from the program.

Revised 5/2024

Gulfstream Goodwill Industries, Inc.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2025	To:	December 31, 2025
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No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
_2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$49,632.00	\$49,632.00	100.00%
4.	Occupancy/Utilities			0.00%
5	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$143.00	\$143.00	100.00%
8.	Supplies	\$150.00	\$150.00	100.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$75.00	\$75.00	100.00%
	Total Expenses	\$50,000.00	\$50,000.00	100.00%

Revised 5/2024

Gulfstream Goodwill Industries, Inc.



Budget Narrative

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

Salaries (list employees and individual compensation): N/A

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

Mental Health Counselor to work with children, youth and adults in the Gulfstream Goodwill homeless shelters, located in Palm Beach County.

The average hourly rate for a mental health counselor is \$28.20 and based on 1,760 hours would incur a cost of \$49,632 dollars per year.

Occupancy/Utilities (list utilities):

N/A

Telephone (provide telephone numbers): N/A

Printing & Publications (list type of material): Printed Materials related to services offered: \$143

Revised 5/2024

Gulfstream Goodwill Industries, Inc.



PALM BEACH COUNTY SHERIFF'S OFFICE '

Attachment A

Supplies (list supplies/equipment): Office supplies - \$150

Notebooks

File Folders

Travel (individuals traveling, destination and purpose): N/A

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

Miscellaneous Expense (specify items): Business cards \$75

Revised 5/2024

Gulfstream Goodwill Industries, Inc.



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

Disclosure re: Organization's background:

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

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 IIf yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

N/A

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

N/A

Revised 5/2024

Gulfstream Goodwill Industries, Inc.



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

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

iven ne (please print) Signature

9 35 2026

<u>Vilesident</u> d-CEO Title (please print)

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 <u>25</u> day of <u>September</u> , 20 <u>24</u> by
Kaven Davidson (name of individual) as President/CEO (title)
of Gulfstream Good will Ind. (name of organization/ agency), who is personally known to

as identification. me or who produced

Nota Publi

Revised 5/2024

My Commission Expires HAMILTON-GUN tary Public . Trinission Со omm, Expires Sep 3 rough National Nota

3. 2023

7

Attachment A

1

APPLICATION

Organization Name:	Hanley Foundation				
	FEID #:				
Web Address:	https://hanleyfoundation.org/				
Address:	933 45th Street				
	STREET ADDRESS				
	West Palm Beach, FL 33407				
	CITY, STATE, ZIP	·····			
Executive Director:	Dr. Rachel Docekal				
	Name	······			
	SIGNATURE				
	561-268-2355	Rachel@hanleyfoundation.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:	Rachel Docekal				
	NAME	······································			
	ULA-				
	SIGNATURE	******************			
	561-268-2355	Rachel@hanleyfoundation.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	7/29/2024				
F 4 U .	DATE				

Revised 5/2024



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

Organization Name: Hanley 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?

Crime Prevention Program

Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Hanley Foundation's mission is to eliminate addiction through prevention, advocacy, treatment and recovery support.

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

Funds will be used to provide Hanley's Marijuana and Vaping Prevention (MVP) and Prescription Drug Abuse Prevention - Life Skills Training (PLST) programs to 250 middle and high schoolers in Paim Beach County. Hanley's prevention programs build self-confidence, debunk common myths and misconceptions of substance use, and empower students to make healthy choices. Hanley will also partner with other community organizations to put an a youth summit serving at least 150 youth. Sessions that may be covered through the youth summit include: substance use prevention education, mindfulness, active movement activities such as zumba or sports, leadership building activities and more. Lunch is usually provided to student attendees.

What results are you committed to achieving?

Hanley Foundation uses pre- and post-testing to capture increase in knowledge as a result of our substance use prevention programs. Students that participate in programming, through MVP/PLST programs or through programming provided at the youth summits will demonstrate an increase in knowledge.

Revised 5/2024

Hanley Foundation



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

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1	Salaries	\$98,550.00	\$12,500.00	12.68%
2.	Employee Benefits/Payroll Taxes	\$20,784.00	\$2,636.00	12.68%
3.	Professional Fees	\$15,175.00	\$7,500.00	49.42%
4	Occupancy/Utilities	\$7,803.00		0.00%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$10,261.00	\$1,000.00	9.75%
8.	Supplies	\$9,036.00	\$3,112.00	34.44%
9.	Travel	\$7,141.00	\$252.00	3.53%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$18,750.00	\$3,000.00	16.00%
	Total Expenses	\$187,500.00	\$30,000.00	16.00%

Revised S/2024

Hanley Foundation



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Prevention Specialist 0.25 FTE @ \$50,000 salary plus 21% in fringe benefits - \$12,500 + \$2,636 = \$15,136

Prevention Specialist will be responsible for conducting substance use prevention programming and coordinating partnerships for youth summit.

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

Contracted services for youth summit vendors (to be determined but have previously included Digital Vibez and Palm Beach County Behavioral Health Coalition) - \$7500

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material): Printing of program materials and promotional costs for youth summit - \$1,000

Revised 5/2024

Hanley Foundation



Attachment A

Supplies (list supplies/equipment):

Supplies for prevention programming, youth summit, and general office supplies - \$3,112

Supplies may include swag items, incentive prizes, and food for youth summit.

Travel (individuals traveling, destination and purpose):

Travel for meetings with partners and to schools for programming. 400 miles calculated at .63/mile. - \$252

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

Miscellaneous Expense (specify items): 10% indirect admin cost - \$3,000

Revised 5/2024

Hanley Foundation



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

Disclosure re: Organization's background:

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

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

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

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Revised 5/2024

Hanley Foundation

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

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

nief Executive Officer
(please print)
29/2024
before me by means of physical
<u>)ULY</u> , 20 24 by
CEO (title)
ation/ agency), who is personally known to
as identification.
URKE HI92907 13, 2025 on Expires: 12 13 2025

Revised 5/2024

Hanley Foundation



APPLICATION

Organization Name:	The Homeless Coalition of Palm Beach County		
	FEID #:		
Web Address:	https://homelesscoalitior	npbc.org/	
Address:	345 South Congress Ave	enue	
	Street address Delray Beach, FL 33445		
	CITY, STATE, ZIP		
Executive Director:	Dr. Tomara Mays		
	Jucy Han		
	SIGNATURE		
	561-355-4764	TMays@hcpbc.org	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:	Christian Bergstrom		
	NAME (HABA)	Na.	
	SIGNATURE		
	561-626-6797	christian.bergstrom@gehringgroup.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	7/10/2024		
	DATE		

Revised 5/2024

1



Organization Name:______

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

\$35,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Mission:

Building Coalitions and Inspiring Pathways to Help End Homelessness.

Vision:

Ending Homelessness in Palm Beach County

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

Parks To Work Program is a collaborative effort between local government and local non-profits such as our service providers and the PBSO LETF organization. Once clients are recruited to the Park To Work Program, they have the opportunity to work for six hours a day, five days a week, and receive \$10 an hour. The program lasts 26 weeks and participants are also offered wraparound and case management services; a safe place to sleep; three meals a day; transportation; and more. After exiting the program, worker's progress is continuously monitored and we help to ensure that they have the resources necessary to maintain their new found independence and self-sufficiency. Each participant in the Parks To Work Program regularly serves the community by cleaning up the local parks. Occasionally, they also assist with other programs such as Project Homeless Connect.

What results are you committed to achieving?

Outcomes that we are committed to achieving include: 39% of participants remain employed full time - one of the program components are workers' case managers, who provide job readiness, travel to job fairs, and assist in finding employment when the program ends. Thirty-seven percent of the participants will be connected to substance abuse resources and mental health service; 10% will be placed in permanent supportive housing, and 85% will not enter the criminal justice system while in the program.

Revised 5/2024

The Homeless Coalition of Palm Beach County

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

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2025	To:	December 31, 2025
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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	\$1,610.00		0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$197,610.00	\$35,000.00	17.71%
	Total Expenses	\$199,220.00	\$35,000.00	17.57%

Revised 5/2024

The Homeless Coalition of Palm Beach County

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Budget Narrative

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

Salaries (list employees and individual compensation):

N/A

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

N/A

Occupancy/Utilities (list utilities): N/A

Telephone (provide telephone numbers): N/A

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

Revised 5/2024

The Homeless Coalition of Palm Beach County



Attachment A

Supplies (list supplies/equipment):

The Homeless Coalition of Palm Beach County provides the Parks To Work Program participants with steel-toe work boots, sun hats, and protective gloves to keep them safe. Boots cost and average of about \$35, hats about \$15, and gloves ~\$12. This is a cost that the Homeless Coalition absorbs.

Travel (individuals traveling, destination and purpose):

N/A

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

Miscellaneous Expense (specify items):

We are requesting 17.57% of the funding required for the program for daily wages/stipends paid to the program participants. Supplies and additional resources such as move-in kits and funding for housing are provided by some of our other programs such as Creating Housing Opportunities (CHO). We anticipate the budget to be similar to the year prior with 15 participants in each of two sessions at \$60 a day for 110 days each session, for a cost of \$197,610.

Revised 5/2024

The Homeless Coalition of Palm Beach County



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

Disclosure re: Organization's background:

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

N/A

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

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 Nov 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 \square No \checkmark If yes, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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

N/A

Revised 5/2024

The Homeless Coalition of Palm Beach County



Attachment A

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

The Homeless Coalition of Palm Beach County

State, Department, Division (Not-for-prol	fit organizations with headquarters outside of Florida)
Dr. Tomara Mays	Chief Executive Officer
Name (please print)	Title (please print)
Juan Man	רן/ר/24
Signature	Date
NOTARY SECTION:	CELISSA LANETTE STRINGER Notary Public - State of Florida Commission # HH 237341 My Comm. Expires Mar 7, 2026
State of Horida	Bonded through National Notary Assn.
County of Pam Beach	
	edged and subscribed before me by means of L physical
presence or online notarization, th	
Dr. Iomara Mays (na	
or <u>Homeless</u> (balition PBC	(name of organization/ agency) who is personally known to
me who produced	as identification.
Aniss Panette String	qu
-Notary Public	My Commission Expires: March 7, 2026
Revised 5/2024	7 The Homeless Coalition of Palm Beach County

APPLICATION

Organization Name: Lake Worth West Resident Planning Group Inc DBA Family Impact PBC FEID #: 65-0838753 www.familyimpactpbc.org Web Address: 2411 10th Ave. North Address: STREET ADDRESS Lake Worth, FL 33461 CITY, STATE, ZIP Saidy Garzon **Executive Director:** NA SIGNATURE 561 649 9600 ext 101 sgarzon@familyimpactpbc.org TELEPHONE NUMBER E-MAIL ADDRESS Milind Choks Fiscal Agent: (Accaintai NAME SIGNATURE 5613242003 milindchokshi@yahoo.com TELEPHONE NUMBER E-MAIL ADDRESS

Date:

07/08/2024

DATE

Revised 5/2024

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

Organization Name:______

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The purpose of Lake Worth West Resident Planning Group, Inc., DBA Family Impact Palm Beach County, is to impact families through support and resources that empower them to thrive and prosper, leading the way for other families through education, safety, and cultural programs.

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

Usually, the most dangerous time for harmful behaviors by youth that could lead to crime is after school, before parents get home from work. It is a crucial time when students should be in supervised activities, engaged in enriching learning experiences, and off the streets. The Brilliant Minds Afterschool Program for disadvantaged K-5 children in the Lake Worth West neighborhood, where crime occurs, does just that. Activities to be funded include literacy education, tutoring/homework assistance, STEAM projects, take-home books, healthy snacks, educational field trips, incentives, parent meetings, and award events. PBSO provides safety education. The program occurs three days a week, 3-5 PM, during two school semesters in 2025. Certified teachers implement the program.

What results are you committed to achieving?

Family Impact PBC is committed to achieving these outcomes:

By December 31, 2025, 80% of students will stay off the streets and avoid crime by attending the after school program regularly.

By December 31, 2025, 80% of students will improve reading and writing literacy skills.

By December 31, 2025, 85% of students will complete at least one STEAM project each semester.

Revised 5/2024

Lake Worth West Resident Planning Group Inc DBA Family Impact PBC

2



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

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1, 2025	To:	December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$6,693.00	\$354.00	5.29%
2.	Employee Benefits/Payroll Taxes	\$1,740.00	\$0.00	0.00%
3.	Professional Fees	\$24,224.00	\$13,289.00	54.86%
4.	Occupancy/Utilities	\$13,087.00	\$0.00	0.00%
5.	Telephone	\$780.00	\$0.00	0.00%
6.	Postage/Shipping	\$0.00	\$0.00	0.00%
7.	Printing & Publications	\$500.00	\$300.00	60.00%
8.	Supplies	\$12,212.00	\$7,707.00	63.11%
9.	Travel	\$5,900.00	\$2,100.00	35.59%
10.	Meetings	\$300.00	\$300.00	100.00%
11.	Miscellaneous Expenses	\$2,750.00	\$950.00	34.55%
	Total Expenses	\$68,186.00	\$25,000.00	36.66%

Revised 5/2024

Lake Worth West Resident Planning Group Inc DBA Family Impact PBC



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Saidy Garzon, CEO, 3% x \$118,111 annual salary for program supervision and financial oversight x 10% of cost = \$354

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

Program Coordinator/Lead Teacher 12 hours/week x 36 weeks x \$30/hour planning, teaching, reporting, management and 4 field trips @ 5 hours pr/trip x \$30/hr. x 52.21% of cost = \$7,080; Certified teacher, for tutoring, @ 3 hours per week x 36 weeks/year and 4 field trips @ 5 hours pr/trip x \$25/hour x 78.91% of cost = \$2,525; 2 Program Assistants x 6 hours per week x 36 weeks and 4 field trips x \$15/hr. x 46.61% of cost = \$3,300; Background checks \$384.

Occupancy/Utilities (list utilities):

No occupancy costs are requested from LETF funding. Family Impact PBC will provide utilities, maintenance, rent, and security valued at \$13,087. LETF \$0

Telephone (provide telephone numbers):

No telephone (561-649-9600 or Internet costs are requested from LETF funding. Family Impact PBC will provide telephone and internet costs valued at \$780. LETF \$0

Printing & Publications (list type of material):

Printing/copying expenses for teaching and project materials @ \$50/month x 10 months x 60% of cost = \$300.

Revised 5/2024

Lake Worth West Resident Planning Group Inc DBA Family Impact PBC



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

Supplies (list supplies/equipment):

Books: 40 students x 2 books x av. $10/book \times 41.67\% = 500$; Student supplies, teaching materials, STEAM supplies @ 60 a student x 40 students x 41.67% = 1,000; Incentives for achievements: 40 students x 10 per/incentive x 4 incentives ea. x 75% = 1,200; Supplies for 2 award celebrations (one per semester) for students, parents, siblings @ 500 per/event for food, entertainment, awards x 100% = 1,000; Healthy snacks for 20 students @ 167 week x 36 weeks x 66.65% = 4,007. Total 7,707.00

Travel (individuals traveling, destination and purpose):

Four field trips (two per semester) for students/teachers to local sites for educational activities @ \$525 per trip for bus, fees, supplies x 100% of cost = \$2,100.

Transportation: Family Impact PBC will pay the costs of our mini-van for student transportation to the program valued at \$3,800 per year.

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

Four (4) parent group meetings to review children's progress and educational strategies @ \$75 pr/meeting for supplies/refreshments x 100% of cost = \$300. Total LETF Meetings =\$300

Miscellaneous Expense (specify items):

Finance expenses for this program @ \$125/month x 10 months x 40% of cost = \$500.

Insurance for this program @ 10% of \$15,000 agency annual cost x 30% of cost =\$450. Total LETF Miscellaneous = \$950

Revised 5/2024

Lake Worth West Resident Planning Group Inc DBA Family Impact PBC



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

Disclosure re: Organization's background:

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

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

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

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

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

Revised 5/2024

Lake Worth West Resident Planning Group Inc DBA Family Impact PBC



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 grovisions 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 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-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 regeneration which 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 regeneration with the

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

Saidy Garzon CEO Title (please print) Name (please print) 7/8/2024 Signature NOTARY SECTION: State of Florida County of Palm Beach The foregoing Agreement was acknowledged and subscribed before me by means of V physical presence or online notarization, this <u>84h</u> day of <u>1014</u>, 20<u>24</u> by Saidy Garzon (name of individual) as <u>CEO</u> (title) of Family Impact Palm Beach County (name of organization/ agency), who is personally known to me or who produced FL DL-G625-782-73-948-0 as identification.

Notary Public



ZOILA WAHLI Notary Public State of Florida Comm# HH455119 Expires 10/17/2027

Revised 5/2024

Lake Worth West Resident Planning Group Inc DBA Family Impact PBC

My Commission Expires;



Attachment A

APPLICATION

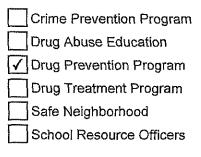
Organization Name:	New Hope Charities			
	FEID #:			
Web Address:	www.newhopecharities.org			
Address:	626 N. Dixie Highway			
	STREET ADDRESS	4		
	West Palm Beach, FL 3340	1		
	City, State, Zip			
Executive Director:	Lillian M. Azqueta			
	NAME Mignitzvel			
	STGNATURES			
	561-366-5093	LA@mir.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
F ire of Associa				
Fiscal Agent:	Miguel Jimenez			
	Miguel A. Jimenez			
	CIGRATURE	/		
	561-366-5093	mj@nhckids.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	6/10/24			
	DATE			

Revised 5/2024

Organization Name:____

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

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



Organization Purpose:

New Hope Charities provides services to families in need in the Glades region of Palm Beach County. Services include award-winning after school care, summer camp, a medical clinic and a food distribution program for seniors in the region.

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

New Hope is committed to preventing substance abuse by making sure students are aware of the danger and also learning ways to avoid it. The PBSO grant enables our educators to incorporate the issues into its daily lessons throughout the school year and during summer camp. The PBSO funded program has been successfully incorporated into New Hope's daily activities and has become part of the curriculum. We apply to be able to continue this critical component of our student's knowledge and ability to recognize the dangers when confronted by them.

What results are you committed to achieving?

Every student in our programs should be aware of the dangers in substance abuse, and should learn how to avoid falling into them. New Hope maintains that the more age-appropriate information children receive the more capable they are to avoid it in the own lives. This grant enables a daily lesson to strengthen children's knowledge and tools regarding substance abuse. We want to minimize any of our students becoming involved in drug abuse or other unhealthy behaviors knowing that we provided them with the necessary tools to avoid it. We believe it is a life saving set of tools.

Revised 5/2024

New Hope Charities

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Attachment A

FINANCIAL APPLICATION

Perio	d Covered (one year) From	January 1, 2025	TO: December	31, 2025
No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$476,266.00	\$14,274.77	3.00%
2.	Employee Benefits/Payroll Taxes	\$148,665.00	\$4,459.95	3.00%
3.	Professional Fees	\$1,400.00	\$42.14	3.01%
4.	Occupancy/Utilities	\$96,986.00	\$2,909.58	3.00%
5.	Telephone	\$8,700.00	\$261.87	3.01%
6.	Postage/Shipping			0.00%
7.	Printing & Publications	\$4,300.00	\$129.00	3.00%
8.	Supplies	\$50,500.00	\$1,515.00	3.00%
9.	Travel	\$65,300.00	\$1,371.77	2.10%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$1,193.00	\$35.92	3.01%
	Total Expenses	\$853,310.00	\$25,000.00	2.93%

Revised 5/2024

New Hope Charities



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Program Coordinator: Lorena Diaz \$53,150; Counselor: Yanez \$36,847; Counselor: McLarty \$36,847; Driver / Custodian: Maria Arrieta \$30,441; Counselor / Ful Time: Time Maria Rosas \$32,708; Counselor / Part: Time Vacant \$24,531; Secretary Pahokee: Cinthya Lule \$33,362; Dir. of Programs & Services: Programs & Services Guilermo Rivera \$122,675; Part time counselor: counselor Sandra Yepez \$30,657; Driver / Custodian: Yuniel Perez \$43,158; Counselor: Paniagua \$31,890

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

Professional fees \$800 Training \$600

Occupancy/Utilities (list utilities):

Bldgs Repairs & Maint \$25,000 City Water \$7,000 County City Licenses \$2,300 Electricity \$12,000 Liability Insurance \$28,274 Property Insurance \$12,212, Non-Advalorem Taxes \$9,200, Security Alarm \$1,000

Telephone (provide telephone numbers): Telephone / T-1 Line \$8,700

561-924-7986

Printing & Publications (list type of material): Copier lease \$4,100 Software / comp. equip. \$200

Revised 5/2024

New Hope Charities



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

Supplies (list supplies/equipment):

Children Toys Give Away \$15,000 Food Program \$16,000 Office Supplies \$500 Program Supplies \$11,000 Snacks \$6,500 T-shirts / Uniforms \$1,500

Travel (individuals traveling, destination and purpose):

Field Trips \$16,000 Fuel (vehicles) \$7,200 Vehicles Repair &Maint \$3,500 Automobile Insurance \$39,000

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

Miscellaneous Expense (specify items):

Group Accident Insurance \$693 Miscellaneous \$500

Revised 5/2024

New Hope Charities



Attachment A

Disclosure re: Organization's background:

Has the applicant or any of the Organization's officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or have been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? Yes No 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 III year, provide the name of such person, the nature of the offense, the date of the offense, the court having jurisdiction in the case, the date of conviction or other disposition, and the disposition of the offense.

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

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

Revised 5/2024

New Hope Charities



Attachment A

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

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

Lillian M. Azqueta **Executive Director** Name (please print) Title (please print) 6/25/2 Signature NOTARY SECTION: State of County of TO The foregoing Agreement was acknowledged and subscribed before me by means of ph/sical 20 24 Jonline notarization, this ZS day of OUNR presence or bγ <u> (name of individual) as ८२२८</u> to Title) (name of organization/ agency), who is personally known to 9 2 MU er Gense me or who produced as identification. DAIMIT HURTADO lotary Public - State of Florida Commission # HH 298004 Expires Aug 27, 2026 d through National Notary Assn. Zφ Commission Expire Notary Public 7

Revised 5/2024

New Hope Charities



Attachment A

APPLICATION

Organization Name:	Paim Beach Area Tennis Patrons Inc. DBA: First Serve	
	FEID #:	
Web Address:	www.FirstServeUSA.org	
Address:	PO Box 1353 Street address	
	West Palm Beach, FL 33402	
	<u> </u>	
	CITY, STATE, ZIP	
Executive Director:	Jenny Gekas	
	Name	
	+ 0	
	SIGNATURE	
	7865909496	jenny@firstserveusa.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Hillary Knotts	
	NAME	
	Holan Kuotta	
	SIGNATURE	
	561-818-7748	hknotts@blueoceancpa.com
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	07/29/24	
	Date	

Revised 5/2024



Organization Name:_____

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

Attachment A

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

\checkmark	Crime	Prevention	Program

Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

At First Serve we want to help youth develop character, competence, and commitment for personal and community improvement. We want to heal communities through the rising generation of children and teenagers.

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

First Serve is an education and mentoring organization that utilizes sports instruction, life skills, homework assistance and personal and professional development to get through to the youth from high crime and poverty-ridden areas. We are also committed to work on crime and drug prevention, anti bullying, financial literacy and team building. First Serve currently serves in Belle Glade Monday through Friday's and in Cabana Colony, West gate and Sandcastle twice for "PAL Days" where the students receive full days of tennis instruction by professionals such as ATP Pro Kevin Anderson.

What results are you committed to achieving?

We are committed to see our youth help break the cycle of poverty and crime by helping them change the way they think and giving them the tools to transcend their circumstances.

Revised 5/2024

Palm Beach Area Tennis Patrons Inc. DBA: First Serve



PALM BEACH COUNTY SHERIFF'S OFFICEAttachment ALAW ENFORCEMENT TRUST FUND DONATIONAttachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$114,840.00	\$15,000.00	13.06%
4.	Occupancy/Utilities	\$12,000.00	\$10,000.00	83.33%
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	\$126,840.00	\$25,000.00	19.71%

Revised 5/2024

Palm Beach Area Tennis Patrons Inc. DBA: First Serve

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):

Program runs 40 weeks during the school year and 6 weeks over the summer months. It meets 5 x per week for an avg of 3hrs per day. During the summer for an avg of 9hrs per day.

Belle Glade 3 mentors/coaches \$13 per hr x 3hrs per day x 5 days x 40 weeks: \$23,400 Belle Glade 3 mentors/coaches \$13 per hr x 9hrs per day x 5 days x 6 weeks: \$10,530

Occupancy/Utilities (list utilities):

Rent in our Belle Glade site costs us \$1,000 per month, this includes 5 days per week of programming for 3 to 10 hours per day. The rent includes but, is not limited to utilities, tables, chairs, classroom space, cleaning services, supplies and use of gymnasium.

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2024

Palm Beach Area Tennis Patrons Inc. DBA: First Serve

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Attachment A



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 5/2024

Palm Beach Area Tennis Patrons Inc. DBA: First Serve



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

Disclosure re: Organization's background:

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

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Revised 5/2024

Palm Beach Area Tennis Patrons Inc. DBA: First Serve



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

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

Hilldry Knotts Name (please print) Treasurer Title (please print) tulary Kuotty NOTARY SECTION: JAMES WESLEY JOHNSON State of FLORIDA Commission # HHt 275372 Expires July 8, 2026 County of PALM BEACH The foregoing Agreement was acknowledged and subscribed before me by means of Mphysical presence or online notarization, this 31^{64} day of \overline{Jwly} , 20 24 by Hillary Knotts _____ (name of individual) as <u>Treasurer</u>_____ _ (title) of lalm beach Area Tennis Patrons (name of organization/ agency), who is personally known to me or who produced _____as identification.

My Commission Expires: 07/08/2026

Revised 5/2024

Palm Beach Area Tennis Patrons Inc. DBA: First Serve

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Attachment A



Attachment A

APPLICATION

Organization Name:	Palm Beach County PAL, Inc.	
	FEID #:	
Web Address:	WWW.PBCPAL.ORG	
Address:	3228 Gun Club Road	
	-	_
	West Palm Beach, FL 3340	6
	CITY, STATE, ZIP	
Executive Director:	Scott Scrivner	
	NAME	
	Scatt &	
	SIGNATURE	
	561-687-6771	ScrivnerS@PBSO.ORG
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Amanda White	
	awhite	
	SIGNATURE	
	561-202-9601	WhiteAK@PBSO.ORG
	TELEPHONE NUMBER	E-MAIL ADDRESS
Date:	07/29/2024	
	DATE	



Attachment A

Organization Name: Palm Beach County PAL, Inc.

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The Palm Beach County Police Athletic League (PAL) builds partnerships between youth, law enforcement, and the community through recreational and educational programs designed to encourage, enhance, and develop good citizenship and improve the quality of life in Palm Beach County.

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

PAL Basketball and Mentoring Summer Camp, Summer of 2025.

PAL will host 2 Basketball Camps - One Baksetball Camp site will be in Belle Glade for 8 weeks and one Basketball Camp site will be in Lake Worth Beach for a 2 week session. Week one in Lake Worth Beach will be 8/12 year olds, and week two will be 13-17 year olds. Each camp will host 60 youth for a total of 240 youth being served. Lunch and snacks will be provided each day to the youth. The camps will provide a positive outlet to our youth through free sports/education while instilling life skills promoting physical development, as well as, social, emotional, and technical skills. the PAL staff, along with 6 paid counselors will make up the camp staff.

What results are you committed to achieving?

Youth will be provided free camp, will be fed and learn invaluable like skills.

Palm Beach County PAL, Inc.



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

FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$31,600.00	\$25,000.00	79.11%
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	\$3,500.00		0.00%
9.	Travel			0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$262.22		0.00%
	Total Expenses	\$35,362.22	\$25,000.00	70.70%

Palm Beach County PAL, Inc.



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Beile Glade:

lead counselor - 8 hours per day, Monday-Friday - 8 weeks - \$6,400.
 counselors - 8 hours per day, Monday-Friday - 8 weeks - \$24,000.
 Lake Worth:
 counselor - 8 hours per day, Monday-Friday - 2 weeks - \$1,200.
 PAL Staff - in kind = \$16,000.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Palm Beach County PAL, Inc.



Attachment A

Supplies (list supplies/equipment): Basketballs and training equipment = \$3500.

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Food - \$131.11 per week for 60 youth for 2 weeks at the Lake Worth Beach site = \$262.22

Palm Beach County PAL, Inc.



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

Disclosure re: Organization's background:

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

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

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

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

Palm Beach County PAL, Inc.



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

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

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

Scott Scrivner	Director
Name (please print)	Title (please print)
Signature Latt	$\frac{1}{29} \frac{2029}{\text{Date}}$
NOTARY SECTION:	
State of FlovidCL	
county of Palm Beach	γ
The foregoing Agreement was ackn	owiedged and subscribed before me by means of physical
presence or online notarizatio	n, this 29^{4h} day of $July$, 20 $Z4$ by
Scott Scrimer	(name of individual) as <u>Divector</u> (title)
of PEC PAL, Inc	(name of organization/ agency), who is personally known to
me or who produced	as identification.
awhite	AMANDA WHITE MY COMMISSION # HH 118764 EXPIRES: June 30, 2025
Notary Public	My Commission Expires: June 30, 2025
	7

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

Attachment A

1

APPLICATION

Organization Name:	Palm Beach County PAL, Inc.	
	FEID #:	
Web Address:	www.pbcpal.org	
Address:	3228 Gun Club Road	
	STREET ADDRESS	
	West Palm Beach, Florida	
	CITY, STATE, ZIP	
Executive Director:	Scott Scrivner	
Executive Director:	NAME	······································
	Sad En	
	SIGNATURE	· · ·
	561 687- 6771	pbcpal@pbso.org
	TELEPHONE NUMBER	E-MAIL ADDRESS
Fiscal Agent:	Amanda White	
	aufute	
	SIGNATURE 561 202-9601	whiteak@pbso.org
		E-MAIL ADDRESS
Date:	1921 Date	

Revised 5/2024



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

Organization Name:_____

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

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

✓ Crime Prevention Program

✓ Drug Abuse Education

✓ Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

To provide education, community resources, and recreation with the mission of empowering teens to make positive life decisions and establish productive relationships between youth and their communities.

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

The event to be funded is the 2025 Youth Summit of PBC. Due to the great success of the 2024 Youth Summit, the Committee anticipates that over 600 middle and high school teens and over 100 volunteers, community resources, presenters, and LE will participate in the next year's event. At the Youth Summit, teens participate in life enriching workshops and activities in the areas of gang & drug prevention and lifetime of consequences, career options, education & scholarship opportunities, employment readiness, leadership activities, "dialogue with a cop," mental health, and many other topics. During the day, youth visit the community resource tables and learn about the services offered to them. Parents attend the "Time for Your Teen," an all-day workshop hosted by Planned Parenthood.

What results are you committed to achieving?

The many local organizations that compose the Youth Summit Committee are committed to providing opportunities for teens to receive valuable information that will assist them in making positive life choices. The youth who participate in the event will be better equipped to advocate for their own future, safer neighborhoods, and will be able to disseminate their knowledge amongst their peers.

Revised 5/2024



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

FINANCIAL APPLICATION

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries			0.00%
2.	Employee Benefits/Payroll Taxes			0.00%
3.	Professional Fees	\$15,284.00	\$3,000.00	19.63%
4.	Occupancy/Utilities	\$1,447.50	\$1,300.00	89.81%
5.	Telephone			0.00%
6.	Postage/Shipping			0.00%
7.	Printing & Publications			0.00%
8.	Supplies	\$22,850.50	\$10,000.00	43.76%
9.	Travel	\$800.00		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$700.00	\$700.00	100.00%
	Total Expenses	\$41,082.00	\$15,000.00	36.51%

Revised 5/2024

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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.

Salaries (list employees and individual compensation):

n/a

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

The 2025 Youth Summit budget request is based on the 2024 Youth Summit final budget report. Cost may vary.\$1,500.00 (Equipment Technician / School Band Dept. / School Criminal Justice Dept.)

\$8,784.00 Digital Vibez (Performances & Videography) & Crazy Games (Teamwork Activities) The guest speaker has not yet been identified (\$5,000.00 estimate) The Committee will explore other funding sources for the payment of the guest speaker and Digital Vibez.

Occupancy/Utilities (list utilities):

\$1,447.50 Based on the 2024 lease for the venue, PB Lakes High School. Cost may vary.

Telephone (provide telephone numbers): n/a

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

Revised 5/2024



Supplies (list supplies/equipment):

\$8,194.00 lunch for 825 attendees (youth, volunteers, community agency representatives, presenters, school staff, and LE). \$1,942.00 - 600 drawstring bags for youth to keep the information & literature \$6,472.00 giveaway items. \$6,242.50 shirts for youth and volunteers Cost for the above may vary. Committee will explore other funding opportunities to cover the expenses.

Travel (individuals traveling, destination and purpose):

Youth from all localities are encouraged to attend the 2025 Youth Summit. The travel expense is to assist small agencies with gas allowance to transport youth from distant areas of Palm Beach County such as the Glades communities (\$800.00).

The Youth Summit Committee will explore other funding opportunities to cover the travel expenses.

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

Miscellaneous Expense (specify items):

Purchase of items/supplies for the event such as paper goods as well as raffle prizes for the youth attendees = \$700.00. The Youth Summit Committee will explore other funding opportunities to cover the travel expenses.

Revised 5/2024

Palm Beach County PAL, Inc.

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Attachment A



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

Disclosure re: Organization's background:

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

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Revised 5/2024



Attachment A

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

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

Scott Scrivner	Director
Name (please print)	Title (please print)
Signature	
NOTARY SECTION:	
State of Flovida	
county of Palm Beac	∕ l
The foregoing Agreement was ackn	owledged and subscribed before me by means of physical
presence or 🗌 online notarizatio	n, this 19th day of July, 20 24 by
	_(name of individual) as <u>Director</u> (title)
of PBC PAL, INC.	(name of organization/ agency), who is personally known to
me or who produced	as identification.
aufite	My Commission Expires: JUNE 3D, 2025
Notary Public	My commission Expires: <u>O LITE OU, D</u> C
AMANDA WHITE	7

Palm Beach County PAL, Inc.

EXPIRES: June 30, 2025



APPLICATION

Organization Name:	Place of Hope, Inc.		
	FEID #:		
Web Address:	https://www.placeofhope.com/		
Address:	9078 Isaiah Lane		
	STREET ADDRESS		
	Palm Beach Gardens, FL 33418		
	CITY, STATE, ZIP		
Executive Director:	Charles L. Bender, III		
	SIGNATURE		
	561-775-7195	charlesb@placeofhope.com	
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Fiscal Agent:			
	NAME		
	SIGNATURE		
	TELEPHONE NUMBER	E-MAIL ADDRESS	
Date:	11/19/2024		
	Date		

Revised 5/2024

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Attachment A



Organization Name: Place of Hope, Inc.

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

\$25,000.00

Attachment A

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

\checkmark	Crime Prevention Program
	Drug Abuse Education
	Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Place of Hope is a state-licensed organization providing programs and services to children, youth, and families to end the cycles of abuse, neglect, homelessness, poverty, and human trafficking in our local communities.

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

Trafficking of children involves the recruitment, transportation, transfer, harboring, and/or receipt of children and youth for the purpose of slavery, forced labor, and/or exploitation. Traffickers frequently target runaway and homeless youth and victims of domestic violence, sexual assault, social discrimination, war or conflict. Florida ranks third in the nation for human trafficking, but we are fighting hard to change that! Our anti-human trafficking program at Place of Hope offers workshops and classes to the local community on the dangers of human trafficking all round the world, but especially in our backyard. In addition, this program offers invaluable digital and online resources to to people all over the world. These resources provide information on the dangers of human trafficking to an ever-widening audience as we work to share these resources.

What results are you committed to achieving?

High-quality targeted therapeutic programs and tailored case management are provided for both our adult and minor survivors and at-risk youth. Additionally, we are providing affordable transitional housing, education and enrichment opportunities, and independent life skills development programming for survivors.

By providing safe and stable, loving and supportive family environments for children in foster care, affordable transitional housing and independent life skills programming for homeless youth and single mothers with dependent children, and high quality, case management for all our residents, we are reducing their vulnerabilities to become victims of grooming, sextortion and trafficking.

Revised 5/2024

Place of Hope, Inc.



Attachment A

FINANCIAL APPLICATION

Period Covered (one year)

From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$4,870,500.00	\$25,000.00	0.51%
2.	Employee Benefits/Payroll Taxes	\$1,206,740.00		0.00%
3.	Professional Fees	\$214,000.00		0.00%
4	Occupancy/Utilities	\$264,900.00		0.00%
	Telephone	\$167,000.00		0.00%
6.	Postage/Shipping	\$29,000.00		0.00%
7.	Printing & Publications	\$146,000.00		0.00%
8.	Supplies	\$150,000.00		0.00%
9.	Travel	\$55,400.00		0.00%
10.	Meetings			0.00%
11	Miscellaneous Expenses	\$4,796,155.00		0.00%
	Total Expenses	\$11,899,695.00	\$25,000.00	0.21%

Revised 5/2024

Place of Hope, Inc.



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Our request from the PBSO is for the salary portion of our clinical director's salary used to provide clinical oversight for human trafficking survivors in foster care and post-foster care.

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2024

Place of Hope, Inc.



Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items):

Revised 5/2024

Place of Hope, Inc.



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

Disclosure re: Organization's background:

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

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

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

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

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

Revised 5/2024

Place of Hope, 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 gravitation which has been held to be tax exempt under the gravitation which has been held to be tax exempt under the gravitation which has been held to be tax exempt under the gravitation which 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)

Charles L. Bender, III Founding CEO and Board Member Name (please print) Title (please print) <u>11/19/2024</u> Date Signature NOTARY SECTION: State of FloRida County of Valm Beach The foregoing Agreement was acknowledged and subscribed before me by means of Approximately physical presence or online notarization, this 19th day of November . 20,24 by Charles L. Bender, TIT (name of individual) as CEO (title) of Place of Hope, Inc. (name of organization/ agency), who is personally known to me or who produced as identification. unnops Jolu My Commission Expires: 6/12/2026 Notary Public Notary Public State of Florida Dorice Timmons Tolve My Commission HH 274786 Exp. 6/12/2026 Revised S/2024 Place of Hope, Inc. 1000000 HILLIOU

Attachment A



Attachment A

APPLICATION

Organization Name:	nization Name: Safety Council of Palm Beach County, Inc.				
	FEID #: 59-1168121				
Web Address:	ddress: www.safetycouncilpbc.org				
Address:	4152 W. Blue Heron Blvd, STE 110				
	Street address Riviera Beach, FL 33404				
	CITY, STATE, ZIP				
Executive Director:	Jonathan Porges				
	NAME				
	SIGNATURE				
	561.845.8233	Jon@Safetycouncilpbc.org			
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Fiscal Agent:					
	NAME				
	SIGNATURE				
	TELEPHONE NUMBER	E-MAIL ADDRESS			
Date:	July 26, 2024				
	DATE				

Revised 5/2024



Organization Name: Safety Council of Palm Beach County, Inc.

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

\$3,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

✓ Safe Neighborhood

School Resource Officers

Organization Purpose:

The Safety Council of Palm Beach County, has been a resource for residents and businesses since 1967. We strive to provide the best in safety training and education. Our primary areas focus on traffic, workplace, and community safety.

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

The Mobile Eyes program helps to combat impaired driving by enlisting the help of Palm Beach County citizens. Since 2004, the Traffic Safety Committee of the Safety Council has implemented the Mobile Eyes program in our county. When a citizen sees what appears to be an impaired driver they call 922 and report it to the police. The communications center dispatches the appropriate police agency. If an arrest is made then the person who made the phone call will recieve a \$100.00 reward. The arresting officer/agency must code the call as a Mobile Eye's call and fax or email the information sheet to the Safety Council.

What results are you committed to achieving?

Through the Mobile Eyes program we hope to help reduce the number of impaired drivers on the roads and discourage people from taking the chance of driving intoxicated.

Revised 5/2024

Safety Council of Palm Beach County, Inc.



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

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
			1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	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	Louisvau		0.00%
10.	Meetings			0.00%
11.	Miscellaneous Expenses	\$3,000.00	\$3,000.00	100.00%
	Total Expenses	\$3,000.00	\$3,000.00	100.00%

Revised 5/2024

Safety Council of Palm Beach County, Inc.

Budget Narrative

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

Salaries (list employees and individual compensation):

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

Occupancy/Utilities (list utilities):

Telephone (provide telephone numbers):

Printing & Publications (list type of material):

Revised 5/2024

Safety Council of Palm Beach County, Inc.

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Attachment A



Attachment A

Supplies (list supplies/equipment):

Travel (individuals traveling, destination and purpose):

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

Miscellaneous Expense (specify items): 30-\$100.00 Mobile Eyes Rewards

Revised 5/2024

Safety Council of Palm Beach County, Inc.



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

Disclosure re: Organization's background:

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

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

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

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

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

Revised 5/2024

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

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

Jonathan Porges **Executive Director** Name (please print) Title (please print) 7-26-24 ano Signature NOTARY SECTION:

State of <u>Florida</u> County of <u>PalmBeach</u> The foregoing Agreement was acknowledged and subscribed before me by means of <u>physical</u> presence or <u>online notarization</u>, this <u>26</u> day of <u>July</u>, 20<u>24</u> by <u>Jonathan Parages</u> (name of individual) as <u>Expendive Director</u> (title) of <u>Salety Cronil of PBC, Inc.</u> (name of organization/ agency), who is personally known to me or who produced ______ as identification.

na De Notary Public



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Revised 5/2024

Safety Council of Palm Beach County, Inc.

Attachment A



APPLICATION

Organization Name:	Student Aces, Inc.			
	FEID #:			
Web Address:	studentaces.org			
Address:	8895 N. Military Trail 203-B			
	STREET ADDRESS			
	Palm Beach Gardens, FL 3347	10		
	CITY, STATE, ZIP			
Executive Director:	Krissy Webb			
	NAME			
	Krissy Webb SIGNATURE			
	561-267-9690	krissy@studentaces.org		
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Fiscal Agent:				
riscal Ayent.	NAME			
	i ve uriter			
	SIGNATURE			
	TELEPHONE NUMBER	E-MAIL ADDRESS		
Date:	7/28/2024			
	DATE			

Revised 5/2024

Attachment A



Student Aces, Inc.

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

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

The mission of the Student ACES Center (SAC) is to prepare students in the Glades community to thrive in life through innovative program offerings that focus on academic success, career readiness, college preparation, health and wellness, mental health, personal development and character education.

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

Funds from PBSO would provide for additional security resources at the SAC. This will include a security system with cameras and secure electric door entry on the outdoor fence.

What results are you committed to achieving?

This project will help Student ACES provide a safe, stable and nurturing environment for teens at The SAC. This will help us toward our overall goal of helping students achieve measurable improvements in academic performance, stability in their personal lives, and the development of habits that will lead them to long-term success.

Revised 5/2024

Student Aces, Inc.

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Attachment A

FINANCIAL APPLICATION

Period Covered (one year) From: January 1, 2025 To: December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$309,420.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$12,038.00		0.00%
3.	Professional Fees	\$3,900.00		0.00%
4.	Occupancy/Utilities	\$127,200.00		0.00%
5.	Telephone	\$1,250.00		0.00%
6.	Postage/Shipping	\$750.00		0.00%
7.	Printing & Publications	\$15,000.00		0.00%
8.	Supplies	\$60,000.00	\$10,000.00	16.67%
9.	Travel	\$8,000.00		0.00%
10.	Meetings	\$10,000.00		0.00%
11.	Miscellaneous Expenses	\$119,592.46		0.00%
	Total Expenses	\$667,150.46	\$10,000.00	1.50%

Revised 5/2024

Student Aces, Inc.

Attachment A



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

Budget Narrative

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

Salaries (list employees and individual compensation):

Krissy Webb, Executive Directionr - \$36,420 Tajelia Green, Program Manager - \$60,000 Hope Cabrera, Glades Regional Director - \$85,000 Trey Green - \$50,000 De'Juan Miller - \$50,000 Pat Luma, SAC Transportation - \$28,000

Total - \$309,420

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

Payne Enterprises, database development and evaluation - \$3,900

Occupancy/Utilities (list utilities):

FPL 3600 Water 1500 Phone 3000 Internet 1380 Security (ADT) 3240 Total \$12,720

Telephone (provide telephone numbers):

The Student ACES Center - (561) 463-7110 Krissy Webb - (561) 267-9690

Printing & Publications (list type of material):

Curriculum for the Passport Program developed by Student ACES for The SAC \$12,500.00 Curriculum for the HYPE (Hopeful Youth Prove Excellence) Program developed by Student ACES for The SAC \$2,500.00

Revised 5/2024

Student Aces, Inc.



Supplies (list supplies/equipment):

Security system along fence with electric door access = 8300 Camera System = 1700

Total = \$10,000

Travel (individuals traveling, destination and purpose):

The SAC employees average \$667 per month in personal gas reimbursement, staff development conferences, costs for meetings and trainings. Student ACES reimburses mileage at the IRS rate of 65.5 cents per mile.

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

The SAC staff must complete the following trainings: CPR, First Aid, AED, Bloodborne Pathogens, Water Safety for Parents and Caregivers, Food Safety, Allergy Safety, ACES Trauma Trainings, Concussion Safety, Strength and Conditioning Safety, Afterschool Security, Heat Illness Prevention, Child Abuse Prevention

Miscellaneous Expense (specify items):

Food \$26,000 Students uniforms= \$2,400 Program Development and Research = \$10,000 Monitoring and Evaluation = \$15,000 Student Transportation = \$5,200 Vehicle Maintenance = \$4,000

Revised 5/2024

Student Aces, Inc.

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Attachment A



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

Disclosure re: Organization's background:

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

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

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

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

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

Revised 5/2024

Student Aces, Inc.

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Florida

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

Attachment A

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

State Department, Division (Not for profit organizations with beadquarters outside of Electide)

Krissy Webb	Executive Director
Name (please print)	Title (please print)
Kristin Webb	07/29/2024
Signature	Date
NOTARY SECTION:	
State of Florida	
County of <u>Miami Dade</u>	
The foregoing Agreement was ackr	nowledged and subscribed before me by means of physical
presence or 🗹 online notarization	on, this day of, 20_ ²⁴ by
Kristin Webb	(name of individual) asExecutive Director (title)
of Student ACES, Inc.	(name of organization/ agency), who is personally known to
me or who produced DRI	VER LICENSE as identification.
SHANOVIA BROWN Notary Public - State of Florida Commission # HH 231026 Expires on Petrusy 23, 2026	
Notary Public	My Commission Expires: 02/21/2026
otarized remotely online using communication te	echnology via Proof.
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PALM BEACH COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT TRUST FUND DONATION

Attachment A

APPLICATION

Organization Name:	Sunset House, Inc.			
	FEID #:			
Web Address:	www.sunsetrecovery.org			
Address:	8800 Sunset Drive			
	Paim Beach Gardens, FL 33410			
	CITY, STATE, ZIP			
Executive Director:	Michael Gordon			
	NAME			
	16			
	SIGNATURE	<u> </u>		
	561-827-7405 mgordon@sunsetrecovery.org			
	TELEPHONE NUMBER E-MAIL ADDRESS			
	I ELEFRONE NUMBER E-MAIL AUDRESS			
	<u>.</u>			
	Debes C. Mehanan ADA			
Fiscal Agent:	Robert F. Mahoney, CPA			
	IVAME			
	* AL			
	SIGNATURE			
	561451-9990 bob.mahoney@rfmahoneypacpa.com			
	TELEPHONE NUMBER. E-MAIL ADDRESS			
Date:	. July 31, 2024	·		
	Date			

Revised 5/2024



Organization Name: Sunset House, Inc.

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

\$15,000.00

Attachment A

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

Crime Prevention Program

Drug Abuse Education

Drug Prevention Program

Drug Treatment Program

Safe Neighborhood

School Resource Officers

Organization Purpose:

Sunset House, Inc. is a non-profit 501(c)(3) residential treatment program, Joint Commission accredited, FARR certified, and DCF licensed at Level 4. We are dedicated to helping men overcome Substance Use Disorders (SUD) through structured support and expert clinical services for lasting sobriety.

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

Sunset House is seeking partial funding for our Clinical Director position to maintain the quality of our services. The Clinical Director is responsible for:

1. Ensuring compliance with government guidelines and counseling protocols.

2. Continuously enhancing clinical services.

3. Maintaining a well-trained, informed staff.

4. Overseeing quality control and continuous improvement of clinical services:

What results are you committed to achieving?

1. Weekly clinical staff meetings to ensure consistent monitoring of client progress.

2. Maintain client files, treatment plans, and discharge/referral processes.

Conduct comprehensive psychosocial assessments for all clients.

4. Provide oversight for spirituality group activities to support client well-being.

5. Offer clinical supervision and mentorship to staff members to enhance professional development and client care quality.

6. Collaborate to ensure compliance with JCAHO accreditation standards, contributing to the organization's commitment to excellence in healthcare delivery.

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Sunset House, Inc.



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

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Attachment A

FINANCIAL APPLICATION

Period Covered (one year)	From:	January 1 , 2025	To:	December 31, 2025

No.	Expense	Program Total	LETF Request	LETF
1.	Salaries	\$525,000.00		0.00%
2.	Employee Benefits/Payroll Taxes	\$105,000.00		0.00%
3.	Professional Fees	\$100,000.00	\$15,000.00	15.00%
4.	Occupancy/Utilities	\$197,000.00		0.00%
5.	Telephone	\$15,790.00		0.00%
6,	Postage/Shipping	\$750.00		0.00%
7.	Printing & Publications	\$4,000.00		0.00%
8.	Supplies	\$27,000.00		0.00%
9.	Travel	\$4,000.00		0.00%
10.	Meetings	\$2,000.00		0.00%
11.	Miscellaneous Expenses	\$118,500.00		0.00%
	Total Expenses	\$1,099,040.00	\$15,000.00	1.36%

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Sunset House, Inc.



Budget Narrative

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

Salaries (list employees and individual compensation): Michael Gordon, Chief Executive Officer \$95,555 Frank Galimidi, Chief Clinical Officer \$65,000 Jeffrey Jaskiel, Director of Admissions \$56,500 Mark Torre, Senior Licensed Therapist \$62,250

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

- 1. Bridget Heady LMHC (BLH Psych Services), Clinical Director
- 2. Dr. Guy Nguyen (The Healing Preserve), Medical Director; Patrick Casey APRN
- 3. Sandra Campo PA, CPA, Accountant

4. Nextus - insurance billing, AllevaSoft - Electronic Medical Records & Relationship Management,

- ToucanTech community/alumni digital services, WP Engine web server
- 5. MDNOW client physicals and blood testing

Occupancy/Utilities (list utilities):

Household expenses. client food services, internet, property taxes, cable, electric, water, repairs, maintenance, generall liabvilloty insurance, property insurane, and depreciation.

Telephone (provide telephone numbers):

Mobile: 561-627-9701, 561-827-7404, 561-827-7404 Office: 561-627-9701, 561-627-3902 (fax) Residences: 561-207-7444, 561-207-7445, 561-207-7446, 561-207-7447, 561-207-7447, 561-207-7448, 561-207-7449, 561-207-7450, 561-207-7451, 561-207-7452, 561-207-7453

Printing & Publications (list type of material): Letterhead, envelopes, business cards, marketing brochures, xerox lease, digital services.

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Sunset House, Inc.

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Attachment A

Supplies (list supplies/equipment):

General and office supplies Program materials and supplies Household expenses Food Pantry

Travel (individuals traveling, destination and purpose):

Pickup clients Transport clients PR and Marketing Events Philanthropic Events and Fundraisers

Meetings (attendees, purpose, items needed for meeting): Annual conference expenses for director level staff

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Miscellaneous Expense (specify items):

Consulting fees, drug testing, auto expenses, food, fundraising, independent contractors, Internet and digital marketing, and other program expenses.

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Sunset House, Inc.



Disclosure re: Organization's background:

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

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

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

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

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

Sunset House, Inc.

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

Michael Gordon

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 \square online notarization, this 3157 day of \underline{July} , $20\underline{24}$ by
Michael Gooden (name of individual) as Executive Director (title)
of Sunset House (name of organization/ agency), who is personally known to
me or who produced <u>Florida Drivers Cicenscas</u> identification.

ferd Notary Public My Commission Expires: 10/30/2026 ATTHEW SNYDER Revised 5/2024 Sunset House, Inc.

Executive Director

7/31/2024 Date