

**DELRAY BEACH POLICE DEPARTMENT
LAW ENFORCEMENT TRUST FUND (LETF)
REQUEST FOR FUNDING FORM**

The Delray Beach Police Department has a long-standing commitment to the reduction of crime and the implementation of crime and drug prevention initiatives throughout the city. Use of LETF funds requires approval from the City Commission, in accordance with Fla. Stat. § 932.7055, upon request by the Chief of Police. The Statute requires that a portion of the 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, in accordance with Fla. Stat. § 932.7055.

Applicant Agency Information

Applicant Agency Legal Name (as listed on Sunbiz.org):	
Program Title:	
Main Administrative Address:	
City & State, Zip Code:	
Telephone Number:	
Website:	
CEO/Executive Director:	
Office Phone Number:	E-mail Address:
Name/ Title of Program Contact:	
Cell Phone:	Email:
Primary Program Activity Location:	
City, State, Zip Code:	
Program Performance Period (Date):	From: To:

Organization’s Background: Provide a concise description of the Applicant Agency, including its history, years of operation, general mission statement, and primary services provided.

PROGRAM INFORMATION

1. **Program Summary:** Provide an overview of proposed program services (3-5 sentences).

LETF CATEGORY/STATUTORY REQUIREMENT

(Check box to the left of **one** program area for which you Intend to Apply):

1. **Crime Prevention**
2. **Safe Neighborhood**
3. **Drug Abuse Education and Prevention**

2. **How do you feel your proposed project addresses the LETF Criteria?**

STATEMENT OF NEED

3. **Why is this program needed (What community problem does it address)? What data suggests that this program should be implemented with this population or in this geographical location?
(USE RECENT, RELEVANT DATA)**

4. **Describe the program in detail and how it will be implemented: (Describe Who, What, Where, and When)** All programs must address a specific population and the narrative should indicate the number of clients served, services provided, etc.

PROJECT BUDGET

Project budget should ONLY include costs related to your funding request. Other match funds should NOT be included.

LEFT Line-Item Budget	Calculation	Total Amount
Program Expenses		
Personal Costs/Salaries	\$	\$
Fringe Benefits	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$	\$
Printing and Copying	\$	\$
Other (specify)	\$	\$
	Total LEFT Request:	\$

BUDGET NARRATIVE (Required for ALL applications. Provide a detailed narrative explanation of what the budget will include and its relevance to the project in #4. Please explain any anomalies in the budget above.)

SIGNATURE/CERTIFICATION

CERTIFICATION AND ASSURANCES (Please initial next to each in **blue ink**. By initialing and signing this application for funding the applicant agrees to comply with the following terms and conditions if awarded LETF Funding.

PERIOD OF PERFORMANCE

Initial _____ APPLICANT shall commence services as soon as practical and reasonable under the circumstances. All program activities must be completed by the end of the calendar year in which they were awarded.

REPORTS AND DELIVERABLES

Initial _____ APPLICANT will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by the DBPD at mutually agreed upon times.

Initial _____ A **final report** of activities and expenditures documented by receipts or other financial proof of expenditure of the Program shall be submitted by the applicant to DBPD within 30 days after the funds have been exhausted or no later than January 31st. All costs and expenses in generating and delivery of such documentation shall be burdened by APPLICANT and the documents shall be delivered in a format acceptable to DBPD. Failure to comply with the reporting requirements shall result in APPLICANT having to return LETF.

RETURN OF FUNDS

Initial _____ If APPLICANT fails to perform; or is determined later to not be qualified to receive LETF; or if there was an untruthful statement made by APPLICANT within its Request for Funding Application (Application); or fails to provide the necessary reporting documents to DBPD, then all LETF disbursed to the APPLICANT shall be returned to DBPD within ten (10) business days of DBPD's written demand for the same and APPLICANT may be ineligible for any future LETF disbursements.

SPECIAL PROVISIONS

All services should be provided exclusively in Delray Beach to Delray Beach residents.

Initial _____ APPLICANT will not qualify for subsequent year funding from DBPD and will not be able to receive subsequent year funding until a complete report, approved by DBPD has been obtained for prior year activities that were funded by LETF award. Notwithstanding the foregoing, DBPD shall not be obligated to award any subsequent funding unless and until the APPLICANT reapplies for the same and is approved for disbursements, at the discretion of DBPD.

Initial _____ Failure to spend awarded funds in accordance with the approved project budget will result in return of funds to DBPD.

Initial _____ Failure of the APPLICANT to submit a complete report with backup documentation to DBPD, at no cost to DBPD, will result in immediate return of funds to DBPD.

Initial _____ APPLICANT understands that if funds are awarded to APPLICANT, APPLICANT will be required to execute a funding agreement, which outlines the terms and conditions of the award.

False statements or claims made in connection with this LETF Funding Application may result in fines, imprisonment, and/or any other remedy available by law. I certify that the assurances provided are true and accurate to the best of my knowledge.

APPLICANT AGENCY NAME: _____

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: _____ Date: _____

(Printed Name & Title)

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ (name of person), as _____ (type of authority) for _____ (name of party on behalf of whom instrument was executed).

Personally known _____ OR Produced Identification _____ Type of Identification Produced _____

Notary Public – State of Florida

DISCLOSURE OF BUSINESS OR EMPLOYMENT RELATIONSHIPS WITH THE CITY

The City requires agencies requesting charitable contributions to disclose any business or employment relationships with the City, and research agency disclosures and corporate information prior to approving the agency's application for payment to prevent potential conflicts of interest.

Use the space below to disclose any business relationship with the City.

Disclosure of business relationship

Use space below for the names of any of your employees who serve as agents, principals, subcontractors, employees or consultants and are currently employed or have been employed by the City of Delray Beach within the last two (2) years. Please list the employee(s) position(s) within your company.

Disclosure of employment relationship

I certify that the information supplied herein is correct to the best of my knowledge. This application should be signed by an authorized officer of the applicant.

Authorized Signature

Date

Print Name

Attachments

Attachment A - Florida Division of Corporations
Certificate of Status

Attachment B - IRS Form 501(C)(3)

Attachment C - IRS Form W-9

Attachment D - Program Location Letter