

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

Initial ab 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 ab 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: Crime Stoppers of Palm Beach County Inc.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: Angela Barnard Date: 2/28/2025

Angela Barnard, Executive Director
(Printed Name & Title)

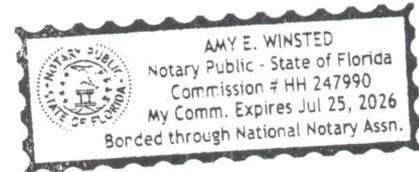
STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 28th day of February, 2025, by Angela Barnard (name of person), as Executive Director (type of authority) for Crime Stoppers of Palm Beach Cty (name of party on behalf of whom instrument was executed).

Personally known OR Produced Identification _____ Type of Identification Produced _____

Amy E. Winsted
Notary Public - State of Florida

Amy E. WINSTED



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

Crime Stoppers of Palm Beach County Inc has no business relationship with the City of Delray Beach.

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

Angela Barnard, Executive Director of Crime Stoppers of Palm Beach County Inc. has worked for Audio Video Systems, Inc., a subcontractor supplier of alarm monitoring services to the City of Delray Beach.

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

2/28/2025
Date

Angela Barnard
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

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763277

FILED
Jan 30, 2025
Secretary of State
9357882801CC

Entity Name: CRIME STOPPERS OF PALM BEACH COUNTY, FLORIDA, INCORPORATED

Current Principal Place of Business:

3228 GUN CLUB RD
WEST PALM BEACH, FL 33406

Current Mailing Address:

P.O. BOX 6245
WEST PALM BEACH, FL 33405 US

FEI Number: 59-2112742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLE, SHERRI
3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHERRI COLE

01/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COLE, SHERRI
Address PO BOX 6245
City-State-Zip: WEST PALM BEACH FL 33405

Title VP
Name PRITT, JASON
Address PO BOX 6245
City-State-Zip: WEST PALM BEACH FL 33405

Title TREASURER
Name CHARLES, GERALD
Address P.O. BOX 6245
City-State-Zip: WEST PALM BEACH FL 33405

Title SECRETARY
Name YAN, LEILANI M
Address P.O. BOX 6245
City-State-Zip: WEST PALM BEACH FL 33405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRI COLE

PRESIDENT

01/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

AUG 6 1984

Date: JUL 30 1984

Employer Identification Number:
59-2112742

Accounting Period Ending:
December 31

Foundation Status Classification:
170(b)(1)(A)(vi) and 509(a)(1)

Advance Ruling Period Beginning Nov. 18,
1983 and Ending Dec. 31, 1985

Person to Contact:

A. Foster/swd

Contact Telephone Number:
(404) 221-4516

File Folder Number:
580054675

▷ Crime Stoppers of Palm Beach
County, Florida, Incorporated
3201 South Dixie Highway
West Palm Beach, FL 33405

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

(over)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CRIME STOPPERS OF PALM BEACH COUNTY, FLORIDA, INCORPORATED	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 6245	Requester's name and address (optional)
6 City, state, and ZIP code WEST PALM BEACH, FL 33405	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	9	-	2	1	1	2	7	4	2

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>3/1/2024</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



P.O. Box 6245 • West Palm Beach • Florida • 33405

(561) 688-3960

February 27, 2025

Delray Beach Police Department
Law Enforcement Trust Fund
300 W. Atlantic Avenue
Delray Beach, FL 33444

VIA EMAIL LETF@mydelraybeach.com

To Whom It May Concern:

Crime Stoppers of Palm Beach County, Inc. is an independent entity authorized as the only Crime Stoppers program for Palm Beach County as defined in the Florida Crime Stoppers Act. Crime Stoppers of Palm Beach County, Inc. is a member of the Florida Association of Crime Stoppers, Inc.

Sincerely,

Angela Barnard

Angela Barnard
Executive Director