

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): StreetWaves Corporation	
Program Title: Kids and Cops Offshore Fishing	
Main Administrative Address: 3537 Lakeview Blvd Delray Beach, FL 33445	
City & State, Zip Code: Delray Beach, FL 33445	
Telephone Number: 786-267-8448	
Website: streetwaves.org	
CEO/Executive Director: Maurice "Maui" Goodbeer	
Office Phone Number: 786-267-8448	E-mail Address: maui@streetwaves.org
Name/ Title of Program Contact:	Maui Goodbeer
Cell Phone: 305-901-9752	Email: maui@streetwaves.org
Primary Program Activity Location:	Delray Beach City Marina
City, State, Zip Code:	Delray Beach, Florida 33445
Program Performance Period (Date):	From: Jan 1, 2025 To: Dec 31, 2025

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

StreetWaves, based in Delray Beach, was established in 2008 in South Beach, Miami Beach, following the tragic loss of our founder's younger brother. Inspired by this personal tragedy, our organization is committed to honoring his memory by opening up the ocean's opportunities to under-resourced children and families. We provide transformative aquatic experiences—including swimming, surfing, boating, and fishing—to communities that might not otherwise have access to these enriching activities.

Our comprehensive programs include daily afterschool sessions and a free Summer Surf Camp offered in both Delray Beach and Deerfield Beach. These initiatives provide extensive swimming and surfing lessons, boating instruction, and maritime career training, equipping youth with vital skills and confidence. Additionally, our unique Kids and Cops offshore fishing program bridges the gap between law enforcement and local youth, fostering healthy community relations and mutual respect.

At StreetWaves, our mission is to mentor and inspire young people by connecting them with the majesty of the sea. We believe that exposure to the ocean not only builds practical skills but also develops strength of character, commitment, and self-esteem—essential qualities for personal and community growth.

PROGRAM INFORMATION

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

Kids and Cops Offshore Fishing is a catalyst for community connection. The program brings together law enforcement and youth in an engaging offshore fishing environment that fosters trust and mutual understanding. This innovative initiative builds strong bonds and creates lasting relationships that enhance community cohesion.

LETF CATEGORY/STATUTORY REQUIREMENT

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

- | | |
|--|--|
| <input checked="checked" type="checkbox"/> | 1. Crime Prevention |
| <input type="checkbox"/> | 2. Safe Neighborhood |
| <input type="checkbox"/> | 3. Drug Abuse Education and Prevention |

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

By connecting law enforcement and youth in the ocean it provides an opportunity to share two worlds that don't always see the best in each other and provides an education that can aid in crime prevention.

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)

The Kids and Cops Offshore Fishing program has been running for four years, offering a unique opportunity for participants to build connections and share meaningful experiences that foster trust and understanding. Over time, we've observed law enforcement personnel becoming more empathetic towards the challenges faced by our students, while students gain insight into the law enforcement profession. Notably, we've seen several students inspired to pursue careers in law enforcement as a result of their participation in the program. Over the past four years, our Kids and Cops Offshore Fishing program has fostered strong bonds between law enforcement and youth through shared experiences and storytelling that build trust and mutual understanding. This immersive environment has helped law enforcement gain deeper insight into the challenges and perspectives of our students, while providing the youth with valuable knowledge about the law enforcement lifestyle. Notably, the program has inspired several students to consider careers in law enforcement, underscoring its transformative impact on community relations.

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.

Our Monthly Kids and Cops Offshore Fishing program brings together select Delray Beach Police Department officers and youth from local schools, including Atlantic High and Carver Middle School. Each month, three officers and three youth participants embark on a half-day fishing trip from Delray Beach, traveling south to the Boca Raton Inlet—a journey that lasts between 45 minutes to one hour and offers a relaxed setting for refreshments and quality conversation. This initiative engages a total of 72 participants over the course of the year, fostering community connection and mutual understanding through shared maritime experiences and angling big fish.

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	\$Fishing Gear \$2500	\$2500
Supplies	\$BoatMaintenance \$2500	\$2500
Printing and Copying	\$	\$
Other (specify)	\$Fuel \$5000	\$5000
	Total LEFT Request:	\$10000

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.)

Our budget consists of fishing gear including bait, tackle, planing rods, poles and miscellaneous fishing supplies. Boat maintenance is paramount to continued program deliverance. Fuel is one of our greatest expenses and covered by additional funding to insure that we have plenty of available fuel for our monthly excursions.

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

Initial **MG** 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 **MG** 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.

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

Not Applicable

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

Not Applicable

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

02-24-2025
Date

Maurice "Maui" Goodbeer
Print Name

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: StreetWaves Corp

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: [Signature] Date: 02-24-2025

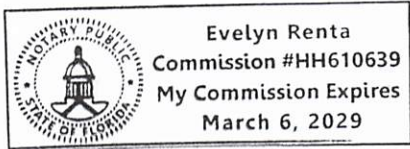
Maurice "Maui" Goodbeer
(Printed Name & Title)

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 24 day of Feb, 2025, by Maurice Goodbeer (name of person), as CEO (type of authority) for Streetwaves corp (name of party on behalf of whom instrument was executed).

Personally known OR Produced Identification Type of Identification Produced FUDL

[Signature]
Notary Public – State of Florida



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# N09000008265

Entity Name: STREETWAVES CORPORATION

Current Principal Place of Business:

14280 S. MILITARY TRAIL
DELRAY BEACH, FL 33484-8314

Current Mailing Address:

P.O. BOX 8314
DELRAY BEACH, FL 33482 US

FEI Number: 27-0264330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODBEER, MAURICE CORNELIUS
1220 SEA GRAPE CIR
DELRAY BEACH, FL 33445 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: MAURICE C. GOODBEER

02/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name GOODBEER, MAURICE CORNELIUS
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title T
Name NEOSSAINT, DAVID
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name HAAG, KAREN
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title MEMBER
Name LABOWITZ, MARC
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

I heroby 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: MAURICE "MAUI" GOODBEER

EXECUTIVE DIRECTOR

02/20/2025

Electronic Signature of Signing Officer/Director Detail

Date

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

OCT 21 2010

STREETWAVES CORPORATION
123 THIRD ST STE 27
MIAMI BEACH, FL 33139

Employer Identification Number:

27-0264330

DLN:

17053271349020

Contact Person:

JENNIFER NICOLIN

ID# 95152

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

August 24, 2009

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) StreetWaves Corporation	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 3537 Lakeview Blvd	Requester's name and address (optional) Delray Beach Police Department Trust Fund
6 City, state, and ZIP code Delray Beach, FL 33445		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
2	7	-	0	2	6	4	3	3
								0

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
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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.

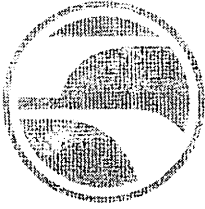
What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Attn: Delray Beach Police LETF

Re: StreetWaves Kids and Cops Offshore Fishing Program

Program Location Letter

StreetWaves Kids and Cops Offshore fishing program is located at the Delray Beach City Marina, Monthly we invite Delray Beach Police Officers and local youth from Delray Beach to enjoy a wonderful experience fishing offshore and entertaining each other as we reel in large gamefish. Our boat is currently located at the Delray Beach City Marina, we depart from the city marina and look forward to many more excursions in the upcoming months.