

**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): We Box For Life, Inc.	
Program Title: Fit and Fed	
Main Administrative Address: 103 SW 5th Ave	
City & State, Zip Code: Delray Beach, Florida 33444	
Telephone Number: 954-643-0468	
Website: www.weboxforlife.org	
CEO/Executive Director: Michael Hochton	
Office Phone Number: 954-463-0468	E-mail Address: weboxforlife@gmail.com
Name/ Title of Program Contact:	Daniel Rose
Cell Phone: 5612120998	Email: rose@djrupa.com
Primary Program Activity Location:	Phoenix Boxing Gym
City, State, Zip Code:	103 NW 5th Ave, Delray Beach, Florida 33444
Program Performance Period (Date):	From: April 12, 2025 To: 10am - 2pm

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

At We Box For Life, our mission is to empower underprivileged individuals and communities through the transformative power of boxing. We are committed to fostering resilience, building life skills, and creating a sense of unity and belonging, all within the safe confines of the boxing ring. Our goal is to be more than a gym; we aim to be a hub of positive change, using boxing as the catalyst for individual and communal growth.

Established in 2003 we are located in Delray Beach

The Delray Beach Police Department are well aware of our charity as officers are always stopping by the gym and most of our students who are a part of the charity have been able to remain out of trouble with the law since joining the gym.

The operators of the charity take NO MONEY In salaries. Every penny goes into programming.

PROGRAM INFORMATION

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

We would run a "Fit and Fed" Event with the proceeds as well as purchasing equipment for the members who participate at the gym for no charge.

We will also use the funds to purchase much needed equipment for the participating members as well as sponsoring them to attend golden gloves and boxing events.

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?**

We take at risk youth in the city and bring them discipline through our boxing gym. They do not pay any fees to come to the boxing gym and participate. We use our funds to provide equipment and to purchase new equipment when it gets worn out.

We have several members known to DBPD who come to the gym every day as its a safe place and are part of the charity and they know we have a ZERO tolerance policy towards crime and bad grades, if they are able to maintain good grades and stay out of trouble they can continue to participate.

We will also do another Fit and Fed event which DBPD and the mayor and commissioners attend where we offer a day of boxing and food and lectures on staying out of trouble, not doing drugs, and motivational speaking.

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)**

This program addresses the youth of Delray Beach who prior to being a part of the charity and being allowed to join the gym were at risk or in trouble with the law.

Since the EJS project has moved to Boynton Beach, our charity now has an influx of young residents who seek our gym as a safe place to be.

One thing our gym has is that we have members from all walks of life, backgrounds, and culture. It doesn't matter what your background is, everyone treats each other with respect and family.

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.

We will do a "Fit and Fed" Event and use the rest of the money we are able to receive to buy new equipment for the gym. We need to buy 4 new bags and install a new boxing station in addition to buying gloves and wraps for these recipients since we do not ask for any money or otherwise. Only that they stay out of trouble and keep good grades.

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	\$0	\$0
Fringe Benefits	\$0	\$0
Travel	\$750	\$750
Equipment	\$2500	\$2500
Supplies	\$2500	\$2500
Printing and Copying	\$250	\$250
Other (specify)	\$1500	\$1500
	Total LEFT Request:	\$7500

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.)

The \$750.00 will cover all travel for boxing and golden gloves events for the members of the charity.

The \$2500 will allow us to purchase new bags and have the new station we desperately need as since EJS closed we have taken on numerous new youths.

The \$2500 will help us buy gloves and wraps and any other boxing equipment to provide for free.

The \$250 will pay for flyers and copies for all events and announcements.

The \$1500 will cover all food, insurance and incidentals for the Fit and Fed Event

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

Initial Dr 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 Dr 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: We Box For Life Inc

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: [Signature] Date: 2/12/2012

Daniel Rose
(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 12 day of 250 February, 20 25, by 250 DANIEL ROSE (name of person), as Secretary (type of authority) for WE BOX FOR LIFE (name of party on behalf of whom instrument was executed).

Personally known OR Produced Identification Type of Identification Produced 250 Florida D/L



MARK L. JONES
Commission # HH 187563
Expires January 14, 2026
Bonded thru Budget Notary Services

[Signature]
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

None

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

None

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

2/12/21

Date

Donal Love

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

State of Florida

Department of State

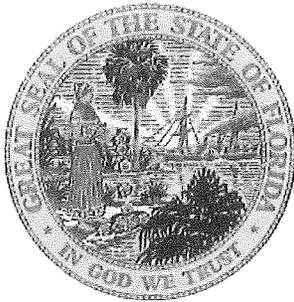
I certify from the records of this office that WE BOX FOR LIFE INC. is a corporation organized under the laws of the State of Florida, filed on July 18, 2023, effective July 18, 2023.

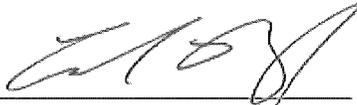
The document number of this corporation is N23000008588.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 11, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of January, 2024*




Secretary of State

Tracking Number: 3862987007CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**Electronic Articles of Incorporation
For**

**N23000008588
FILED
July 18, 2023
Sec. Of State
tscott**

WE BOX FOR LIFE INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

WE BOX FOR LIFE INC.

Article II

The principal place of business address:

103 NW 5TH AVENUE
DELRAY BEACH, FL. 33444

The mailing address of the corporation is:

103 NW 5TH AVENUE
DELRAY BEACH, FL. 33444

Article III

The specific purpose for which this corporation is organized is:

RAISING MONEY AND EDUCATING YOUTH THROUGH BOXING AND SPORT
TO TEACH DISCIPLINE AND RESPECT.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

DANIEL J ROSE PA
323 NE 6TH AVENUE
DELRAY BEACH, FL. 33483

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DANIEL ROSE

N23000008588
FILED
July 18, 2023
Sec. Of State
tscott

Article VI

The name and address of the incorporator is:

DANIEL J ROSE ESQ
323 NE 6TH AVENUE

DELRAY BEACH, FLORIDA 33483

Electronic Signature of Incorporator: DANIEL ROSE

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
MICHAEL R HOCKTON
103 NW 5TH AVENUE
DELRAY BEACH, FL. 33444 US

Title: VP
NANCY M GREEN
103 NW 5TH AVENUE
DELRAY BEACH, FL. 33444 US

Title: S
DANIEL J ROSE
103 NW 5TH AVENUE
DELRAY BEACH, FL. 33444 US

Article VIII

The effective date for this corporation shall be:

07/18/2023



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

WE BOX FOR LIFE INC
103 NW 5TH AVENUE
DELRAY BEACH, FL 33444

Date:
August 01, 2023
Employer ID number:
93-2441967
Person to contact:
Name: Customer Service
Telephone:
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 18, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053601002463

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Date of this notice: 07-18-2023

Employer Identification Number:
93-2441967

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

WE BOX FOR LIFE INC
% MICHAEL HOCKTON
103 NW 5TH AVE
DELRAY BEACH, FL 33444

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-2441967. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

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 Specific Instructions on page 3.	<p>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.)</p> <p>WE BOX FOR LIFE, INC.</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) <u>Non Profit</u></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>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"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>103 SW 5th Avenue</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>Delray Beach, Florida 33444</p>	
	<p>7 List account number(s) here (optional)</p>	

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.

Social security number									
or									
Employer identification number									
9	3	-	2	4	4	1	9	6	7

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.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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>2/16/2022</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.

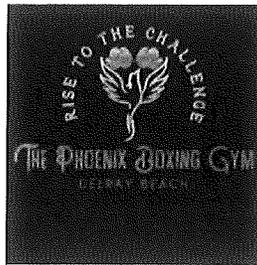
What's New

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



We Box For Life, Inc. – 503(c)

EIN: 93-2441967

103 NW 5th Avenue

Delray Beach, Florida 33444

weboxforlife@gmail.com

At We Box For Life, our mission is to empower underprivileged individuals and communities through the transformative power of boxing. We are committed to fostering resilience, building life skills, and creating a sense of unity and belonging, all within the safe confines of the boxing ring. Our goal is to be more than a gym; we aim to be a hub of positive change, using boxing as the catalyst for individual and communal growth. Your donation will be used to improve the equipment in the gym for our programs.