

**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**

<b>Applicant Agency Legal Name (as listed on Sunbiz.org):</b> Rhonda's Promise, Inc.	
<b>Program Title:</b> Hope Academy for Girls	
<b>Main Administrative Address:</b> 3349 South Federal Highway #D	
<b>City &amp; State, Zip Code:</b> Boynton Beach, Florida 33435	
<b>Telephone Number:</b> 561-312-0539	
<b>Website:</b> www.rhondaspromise.org	
<b>CEO/Executive Director:</b> Rhonda Rogers	
<b>Office Phone Number:</b> 561-312-0539	<b>E-mail Address:</b> info@rhondaspromise.org
<b>Name/ Title of Program Contact:</b>	Rhonda Rogers, ED
<b>Cell Phone:</b> 561-312-0539	<b>Email:</b> info@rhondaspromise.org
<b>Primary Program Activity Location:</b>	Delray Beach Library
<b>City, State, Zip Code:</b>	Delray Beach, Florida 33444
<b>Program Performance Period (Date):</b>	<b>From:</b> September <b>To:</b> May

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

Rhonda’s Promise, Inc. was created on July 12, 2021, by Delray Beach native, Rhonda Mack Rogers with the mission to connect women and girls of all stages and diversity with resources and skills to enhance their lives through education and life skills. The vision is of a world where hope is endless, dreams are realized, and promises are kept. Rhonda’s Promise, Inc. provides programs for basic needs for senior citizens and youth events in Palm Beach County, Florida.

Our programs focus on academics, mental health and social skills and providing basic needs essential for senior citizens, such as mobile food pantries and hurricane kits and supplies. These programs include Aging Gracefully for senior citizens includes serving senior citizens men; Hey Sistas support group for women to foster physical and mental wellness; Hope Academy, an afterschool mentoring for young girls; the Annual Girls Chat Conference for middle and high school girls of color; and Resource Table Video Podcasts providing accessible education and training.

## PROGRAM INFORMATION

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

Rhonda's Promise's Hope Academy will connect disadvantaged Black and Hispanic/Latina middle and high school girls to mentors who will coach girls through personal challenges, share leadership strategies, boost academic skills, promote graduation, and encourage college/career preparation. The program will also provide at least six educational workshops, college/career exploration outings, and life skills training. It will run during the academic year and be hosted at the Delray Beach Library.

## LETF CATEGORY/STATUTORY REQUIREMENT

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

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | 1. Crime Prevention                    |
| <input checked="" 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?**

Hope Academy for Girls will address LETF criteria of safer neighborhoods by keeping the girls engaged after school and instilling in the girls the importance of good clean and safe neighborhoods. We will offer workshops that address the following: how to organize a neighborhood watch program, and community clean-up event. We would like to host a town hall meeting with local law enforcement and government officials to discuss safety concerns and solutions.

## 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 girls will be attending middle school or high school in south county. Many in the target areas have low test scores. At Carver Middle School in Delray Beach reading scores were 33% versus 49% in Florida. Boynton Beach Community High School ranked at the bottom of Florida public high schools with reading proficiency at 28% versus 52% in Florida. The goal is to provide a supportive and inclusive environment where Black and Hispanic/ Latina girls connect with positive role models, develop self-confidence, and strive to achieve their full potential and keep the off of the streets and participating in activities that harm our neighborhoods. And increase graduation rate for marginalized students. The objectives are: 1. Foster mentorship relationships that promote self-esteem, resilience, and academic excellence; 2. Provide exposure to diverse career paths and educational opportunities in post-secondary pursuits; 3. Develop essential life skills, such as communication, leadership, and problem-solving; and 4. Cultivate a sense of community and sisterhood among participants. 5. Increase graduation rate for marginalized students.

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.

Rhonda's Promise provides services primarily to underserved women and girls of color, but women and girls of any race/ethnicity, gender, or gender identity, are eligible. The Hope Academy participants will be primarily Black/African American and Hispanic living in and around Palm Beach County's low-income neighborhoods, in zip codes 33444 (Delray Beach) and 33435 (Boynton Beach). We will serve 20-25 middle school girls. Girls will be attending middle school or high school in south county. Many in the target areas have low test scores. At Carver Middle School in Delray Beach reading scores were 33% versus 49% in Florida. We will meet three times a month at the Delray Beach Library in the afternoon afterschool school and weekends, if needed.

## 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
<b>Program Expenses</b>		
Personal Costs/Salaries	\$ 2000	\$ 2000
Fringe Benefits	\$ 0	\$ 0
Travel	\$ 1500	\$ 1500
Equipment	\$ 0	\$ 0
Supplies	\$ 500	\$ 500
Printing and Copying	\$	\$ 500
Other (specify)	\$ 1000	\$ 1000
	Total LEFT Request:	\$ 5500

**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.)

**Personnel:** We will allocate a percentage of the grant to the Executive Director for program planning, outreach and media marketing, staff and program supervision, mentor recruitment, and review of program outputs and outcomes for quality assurance/quality improvements. Executive Director \$2,000 per year for program planning, media outreach, supervision, and quality assurance.

**Travel:** Three (3) group outings for team building and career exploration @ \$500 each, including transportation and admission fees for 20 girls, mentors, staff. Request is for \$1,500.

**Supplies:** Snacks/refreshments for workshop sessions for 20 girls, speakers and mentors Request is for \$500.

**Printing & Copying:** Educational brochures, booklets, notebooks, program t-shirt incentives for 20 girls. Request is for \$500

**Other:** Mentor training, background checks, and mentor shirts and liability insurance. Request is for \$1000

## 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 RR 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 RR 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 RR 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 31<sup>st</sup>. 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 RR 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 RR 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 RR Failure to spend awarded funds in accordance with the approved project budget will result in return of funds to DBPD.

Initial RR 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 RR 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: Rhonda's Promise, Inc.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: *Rhonda Rogers* Date: 2/13/2025

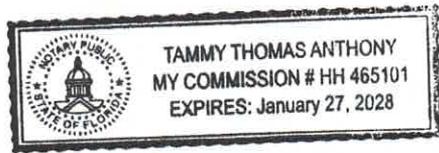
Rhonda Rogers, Founder & President  
(Printed Name & Title)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 13th day of February, 2025, by RHONDA ROGERS (name of person), as FOUNDER & PRESIDENT (type of authority) for RHONDA'S PROMISE, INC. (name of party on behalf of whom instrument was executed).

Personally known  OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

*T*  
Notary Public – State of Florida  
TAMMY THOMAS-ANTHONY



**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. No 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**

none. No 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.

Rhonda Rogers  
Authorized Signature

2/13/2025  
Date

Rhonda Rogers  
Print Name

# *State of Florida*

## *Department of State*

I certify from the records of this office that RHONDA'S PROMISE INC. is a corporation organized under the laws of the State of Florida, filed on July 12, 2021.

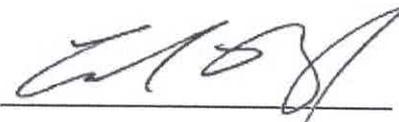
The document number of this corporation is N21000008426.

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 April 22, 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 February,  
2025*



  
*Secretary of State*

Tracking Number: 8500245696CU

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

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

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008426

**Entity Name:** RHONDA'S PROMISE INC.

**Current Principal Place of Business:**

3349 S FEDERAL HWY D  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

3349 S FEDERAL HWY D  
BOYNTON BEACH, FL 33435

**FEI Number: 87-1376986**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROGERS, RHONDA  
3349 S FEDERAL HWY D  
BOYNTON BEACH, FL 33435 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROGERS, RHONDA DENISE  
Address        3349 S FEDERAL HWY D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            ROBINSON, LES SONJA  
Address        3349 S FEDERAL HWY D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            WHITE, ROSA  
Address        3349 S FEDERAL HWY D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            TREASURER  
Name            NILES, ZULMA  
Address        3349 S FEDERAL HWY D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            ALLEN, KIMBERLY  
Address        3349 SOUTH FEDERAL HIGHWAY D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            ANTHONY, TAMMY  
Address        3349 SOUTH FEDERAL HIGHWAY D  
City-State-Zip: BOYNTON BEACH FL 33435

*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: RHONDA ROGERS**

**FOUNDER**

**04/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

# State of Florida



The seal of the State of Florida, featuring a central figure holding a scale, surrounded by a landscape with palm trees and a ship. The motto "IN GOD WE TRUST" is inscribed at the bottom of the seal.

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of RHONDA'S PROMISE INC., a Florida corporation, filed on July 12, 2021, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H21000267909. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N21000008426.

Authentication Code: 921A00016025-071321-N21000008426-1/1

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Thirteenth day of July, 2021



  
Secretary of State



July 13, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RHONDA'S PROMISE INC.  
3349 S FEDERAL HWY D  
BOYNTON BEACH, FL 33435

The Articles of Incorporation for RHONDA'S PROMISE INC. were filed on July 12, 2021, and assigned document number N21000008426. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H21000267909.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III  
New Filings Section  
Division of Corporations

Letter Number: 921A00016025

7/12/2021

# N2100008426

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000267909 3))



H210002679093ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

**FILED**  
2021 JUL 12 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BRYTEBRIDGE CONSULTING, LLC  
Account Number : I20200000117  
Phone : (407)278-1552  
Fax Number : (407)857-9309

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Rhonda™s Promise Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2021 JUL 12 PM 1:36

### COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Rhonda's Promise Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Bernadette Robinson:Bryte Bridge Consulting LLC  
Name (Printed or typed)

7021 University Blvd  
Address

Winter Park, FL 32792  
City, State & Zip

(407)857 9002 Ext 520  
Daytime Telephone number

rhonda\_rogers1@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION  
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

2021 JUL 12 PM 1:09

ARTICLE I NAME

The name of the corporation shall be: Rhonda's Promise Inc.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
3349 S Federal Hwy D

Mailing address, if different is:

Boynton Beach, Florida 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide youth services like homework assistance and mentoring,  
after school and summer camp programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rhonda Rogers, President

Name and Title: Les Sonja Robinson, Secretary

Address: 3349 S Federal Hwy D  
Boynton Beach, Florida 33435

Address: 3349 S Federal Hwy D  
Boynton Beach, Florida 33435

Name and Title: Rosa White, Vice President

Name and Title:

Address: 3349 S Federal Hwy D  
Boynton Beach, Florida 33435

Address:

Name and Title: Zulma Niles, Secretary

Name and Title:

Address: 3349 S Federal Hwy D  
Boynton Beach, Florida 33435

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Rhonda Rogers, President  
 Address: 3349 S Federal Hwy D  
Boynton Beach, Florida 33435

**FILED**  
 2021 JUL 12 PM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Rhonda Rogers, President  
 Address: 3349 S Federal Hwy D  
Boynton Beach, Florida 33435

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Rhonda Rogers \_\_\_\_\_ 06/29/2021 \_\_\_\_\_  
 Required Signature of Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Rhonda Rogers \_\_\_\_\_ 06/29/2021 \_\_\_\_\_  
 Required Signature of Incorporator Date

Rhonda's Promise Inc.  
Articles of Incorporation Attachment

Rhonda's Promise Inc., our mission is to provide youth services like homework assistance and mentoring, afterschool and summer camp programs.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof.

No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of this document, the organization shall not carry on any other purposes not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.



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

RHONDAS PROMISE INC  
3349 S FEDERAL HWY D  
BOYNTON BEACH, FL 33435

Date:  
10/06/2021  
Employer ID number:  
87-1376986  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Public charity status:  
170(b)91)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
July 12, 2021  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053604002481

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](http://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



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER WILTON SIMPSON

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July 30, 2024

Refer To: DTN3950296 CH65792

RHONDA'S PROMISE INC.  
3349 S FEDERAL HWY APT D  
BOYNTON BEACH, FL 33435-8819

RE: RHONDA'S PROMISE INC.  
REGISTRATION#: CH65792 EXPIRATION DATE: July 30, 2025

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually using form FDACS-10110 which will be mailed to you approximately 35 days before the registration expiration date:

- \* The charitable organization or sponsor has less than \$50,000 in total revenue during the preceding fiscal year.
- \* The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- \* The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

PLEASE NOTE: If you no longer meet one or more of the above listed qualifiers, you must submit a registration application using form FDACS-10100 with all required attachments and fees within 30 days of the qualifying change. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Sincerely,

Cheryl Fralick  
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# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> <i>See Specific Instructions on page 3.</i>	<p><b>1</b> 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><b>Rhonda's Promise, Inc.</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>Rhonda's Promise, Inc.</b></p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .  <b>Note:</b> 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 checked="" type="checkbox"/> Other (see instructions) <span style="margin-left: 100px;"><b>Nonprofit Organization</b></span> </p>	<p><b>4</b> 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><b>3b</b> 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><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>3349 South Federal Highway #D</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Boynton Beach, Florida 33435</b></p>	
	<p><b>7</b> 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.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
8	7	-	1	3	7	6	9	8	6

**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.

<b>Sign Here</b>	Signature of U.S. person	Date <b>2/13/2025</b>
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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](http://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

February 12, 2025



Hope Academy for Girls Location Letter

Location and How the funding that we provide will benefit the community.

Hope Academy for Girls mentoring program will be held at the Delray Beach Public Library located at 100 W. Atlantic Avenue, Delray Beach, Florida 33444.

Hope Academy for Girls benefits the community by reducing crime, fostering trust in law enforcement, and promoting a sense of security. It also empowers residents, supports local businesses, like the Delray Beach Library and enhances overall quality of life.

**RHONDA ROGERS**

President & Founder

**LES SONJA ROBINSON**

Vice President

**ROSA WHITE**

Secretary

**ZULMA NILES**

Treasurer

**KIMBERLY ALLEN**

Director

**TAMMY THOMAS ANTHONY**

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