

**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.

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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		
1% of presenter FTE @\$88,892	\$	\$
Supplies for room	\$	\$
Mileage	\$	\$
Digital Brochure x 100	\$	\$
Podcast Promo sets-TWYMF	\$	\$
Conversation Door Hangers	\$	\$
Design, co-branding logos with PD	\$	\$
	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 SS 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 SS 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 SS 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 SS 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 SS 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 SS Failure to spend awarded funds in accordance with the approved project budget will result in return of funds to DBPD.


Initial SS 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 SS 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: CRC Recovery Foundation Inc. (DBA Living Skills in the Schools)

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

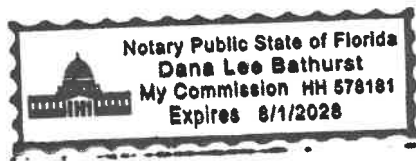
Signature:  Date: 02/07/2025

Dr. Suzanne Spencer, Ed.D., CEO
(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 7th day of February, 2025, by Dr. Suzanne Spencer (name of person), as CEO (type of authority) for LETF funding (name of party on behalf of whom instrument was executed).

Personally known OR Produced Identification ☒ Type of Identification Produced Driver's License




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

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

02/07/2025
Date

Dr. Suzanne Spencer, Ed.D.
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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
CRC RECOVERY FOUNDATION, INC.

Filing Information

Document Number	N37251
FEI/EIN Number	65-0172970
Date Filed	03/26/1990
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	09/27/2011

Principal Address

1700 LAKE IDA ROAD
DELRAY BEACH, FL 33445

Changed: 12/16/2021

Mailing Address

455 NE 5TH AVENUE D349
DELRAY BEACH, FL 33483

Changed: 03/13/2024

Registered Agent Name & Address

GARRETT, WAYNE P
6700 BROKEN SOUND PARKWAY N
BOCA RATON, FL 33487

Name Changed: 03/13/2024

Address Changed: 03/13/2024

Officer/Director Detail

Name & Address

Title PD

EATON, LAWRENCE
18 PAR CLUB CR
VILLAGE OF GOLF, FL 33436

Title Treasurer

GARRETT, WAYNE P
6700 BROKEN SOUND PARKWAY N
BOCA RATON, FL 33487

Title VP

ROACH, CURTISS
3560 GULFSTREAM BLVD
GULF STREAM, FL 33483

Title Secretary

Swenson, Bruce
3701 SHENANDOAH ST
DALLAS, TX 75205

Annual Reports

Report Year	Filed Date
2023	04/19/2023
2024	02/08/2024
2024	03/13/2024

Document Images

03/13/2024 -- AMENDED ANNUAL REPORT	View image in PDF format
02/08/2024 -- ANNUAL REPORT	View image in PDF format
04/19/2023 -- ANNUAL REPORT	View image in PDF format
04/19/2022 -- ANNUAL REPORT	View image in PDF format
05/04/2021 -- ANNUAL REPORT	View image in PDF format
05/01/2020 -- ANNUAL REPORT	View image in PDF format
04/19/2019 -- ANNUAL REPORT	View image in PDF format
04/20/2018 -- ANNUAL REPORT	View image in PDF format
04/24/2017 -- ANNUAL REPORT	View image in PDF format
04/23/2016 -- ANNUAL REPORT	View image in PDF format
04/18/2015 -- ANNUAL REPORT	View image in PDF format
04/17/2014 -- ANNUAL REPORT	View image in PDF format
04/17/2013 -- ANNUAL REPORT	View image in PDF format
02/29/2012 -- ANNUAL REPORT	View image in PDF format
09/27/2011 -- REINSTATEMENT	View image in PDF format
04/28/2010 -- ANNUAL REPORT	View image in PDF format
04/25/2009 -- ANNUAL REPORT	View image in PDF format
05/08/2008 -- ANNUAL REPORT	View image in PDF format
05/24/2007 -- ANNUAL REPORT	View image in PDF format
04/27/2006 -- ANNUAL REPORT	View image in PDF format
04/26/2005 -- ANNUAL REPORT	View image in PDF format
02/27/2004 -- ANNUAL REPORT	View image in PDF format

05/06/2003 -- ANNUAL REPORT	View image in PDF format
02/10/2002 -- ANNUAL REPORT	View image in PDF format
02/13/2001 -- ANNUAL REPORT	View image in PDF format
02/27/2000 -- ANNUAL REPORT	View image in PDF format
03/05/1999 -- ANNUAL REPORT	View image in PDF format
05/13/1998 -- ANNUAL REPORT	View image in PDF format
04/17/1997 -- ANNUAL REPORT	View image in PDF format
02/16/1996 -- ANNUAL REPORT	View image in PDF format
02/21/1995 -- ANNUAL REPORT	View image in PDF format

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: MAR 10 1995

CRC RECOVERY FOUNDATION INC
777 E ATLANTIC AVENUE 226
DELRAY BEACH, FL 33483-5368

Employer Identification Number:
65-0172970
Case Number:
585053034
Contact Person:
ROBERTA VAN METER
Contact Telephone Number:
(404) 331-0185
Our Letter Dated:
January 4, 1991
Addendum Applies:
No

Dear Applicant:

--- This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor 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, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Nelson A. Brooke

Nelson A. Brooke
District Director

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

CRC RECOVERY FOUNDATION, INC.

2 Business name/disregarded entity name, if different from above

Living Skills in the Schools

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ 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.

☒ Other (see instructions) ►

NON PROFIT 501(c)(3)

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

455 NE 5th Ave Suite D349

6 City, state, and ZIP code

Delray Beach, FL 33483

7 List account number(s) here (optional)

Requester's name and address (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

6 5 - 0 1 7 2 9 7 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 ►

Stephen Swank

Stephen Swank (Jan 13, 2023 12:17 EST)

Date ► Jan 13, 2023

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.

Delray Beach Police Department
300 W Atlantic Avenue
Attn: Chief Russ Mager
RE: LETF Fund

Dear Chief Mager,

Since 1999, LSIS has provided age-appropriate, and research-informed substance use prevention programs to K-12 students and families in Palm Beach County. Our programs address the behavioral health factors that contribute to youth substance use, equipping students with the knowledge and skills to make healthy choices. We recognize that substance use is not an isolated issue, it affects families, schools, and entire communities. That's why we take a proactive approach, stepping in where parents, educators, and neighborhoods need additional resources to build resilience in the next generation. Since inception, LSIS has reached over 601,546 students (multiple interactions) and families in Palm Beach County. In 2023-2024 alone, LSIS was presented in 100 schools, delivered more than 3,000 presentations, and impacted over 45,000 unique students (over 120,000 as the result of multiple interactions).

The Need in Delray Beach

Delray Beach, like many communities, faces increasing challenges with youth substance use. The rise in youth vaping, the accessibility of misused prescription medications, and the normalization of substance use through social media all contribute to an environment where early intervention is crucial. Parents and caregivers serve as **protective factors** against youth substance use, yet many lack the awareness to identify early warning signs or the confidence to have prevention conversations with their teens. *Hidden in Plain Sight* addresses this gap by providing a **real-world, interactive learning experience** that helps parents recognize risks, understand how substances are concealed, and develop strategies to safeguard their children.

About *Hidden in Plain Sight*

Over a **12-month period**, this program will deliver **four interactive, 75-minute events** facilitated by **licensed mental health professionals with the intention** to engage between **50-100 parents and caregivers**. These sessions will be held at **accessible community locations**, including **schools, libraries, community centers, and police department facilities**. At the heart of the program is a **staged mock teenager's bedroom**, where participants will learn to identify:

- **Everyday objects disguised as drug paraphernalia**
- **Diversion safes** (fake soda cans, hollowed-out books)
- **Vaping devices** hidden as school supplies
- **Coded language** in notebooks and social media
- **Concealed prescription and over-the-counter medications that may indicate misuse.**

Following the walk-through, mental health professionals will facilitate discussions, providing **practical, research-backed prevention strategies**. Each participant will receive a **parent resource kit**, which includes:

- A **digital video book** covering key topics such as starting prevention conversations, recognizing early warning signs, and seeking help.
- **Conversation door hangers** as a nonverbal communication tool between parents and teens.
- **Talk With Your Mouth Full** reusable fork sets with QR code linking to LSIS PODCAST.
- **Access to local prevention resources and law enforcement support.**

Trust Over Trends Video Book Demo Link: <https://vimeo.com/1054496615/613de55ef5?share=copy>



Why Mental Health Professionals Are Key to Delivery

Unlike traditional awareness programs, *Hidden in Plain Sight* is led by **licensed mental health professionals** trained in **adolescent development, family dynamics, and substance use prevention**. This ensures that parents not only learn to recognize warning signs but also receive **expert guidance on how to approach difficult conversations in a way that strengthens parent-child relationships and encourages open dialogue.**

Impact on Community Safety

This program directly aligns with the **LETF's mission of crime prevention and public safety**. By **empowering parents and caregivers with the ability to detect early warning signs and intervene**, we can:

- Reduce youth involvement in substance-related crimes.
- Lower emergency incidents related to overdose or drug use.
- Strengthening trust and collaboration between law enforcement and the community.

By working together, we have an opportunity to provide a **proactive, community-centered approach to prevention**, equipping families with **critical tools to protect Delray Beach youth.**

Thank you for your time and for your dedication to public safety.

Sincerely,

Dr. Suzanne Spencer

Dr. Suzanne Spencer, Ed.D.