

PROGRAM INFORMATION

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

Leaders of Tomorrow is a crime prevention program for student's grade 7th -12th who will receive educational programs such as leadership, goal settings, personal and professional development, debate, etiquette and presentations on crime and prevention.

LETF CATEGORY/STATUTORY REQUIREMENT (Place an "X" to the left of one program area for which you intend to Apply):

<input 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**

Leaders of Tomorrow project will address crime prevention by assisting children in our community with positive activities, mentorship by leaders and educational programs that will divert them from the negative street life they may encounter on a daily basis. This program strives to prevent and reduce crime, assist students and their families from encountering the juvenile justice systems. The goal of this program is to create future leaders of our community.

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)**

Our program focus is to educate our youth at an early age through a comprehensive approach to reduce youth violence and crime. This 12-month program will meet monthly to address the long systematic issues plaguing our community through leadership and mentoring.

A most recent study found that violent criminal offenders in Palm Beach County (Delray Beach) were most often adolescents or young adults between the ages of 15 and 24. With the levels of social disorganization, specifically high crime, poor housing, insufficient sanitation, disease, high levels of drug and alcohol use, vagrants, out-of-school and roaming children not supervised by their working parents, and high concentrations of immigrants which is why this program is much needed in our community.

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.

Who: Student' s 7th -12th
 What: Leaders of Tomorrow Leadership Academy
 Numbers Served: up to 25
 Where: Palm Beach County (Delray Beach)
 When: Meet monthly via Zoom and Educational Sites due to Covid (Would like to keep students safe)

Program Services: Students will receive educational activities/sessions on leadership development, community speakers, goal setting, etiquette classes, crime prevention & laws tips, writing workshops and parent workshops.

Program Outcomes: Students will receive a certificate of completion, community service hours and an end of the year recognition ceremony.

This program will be held on a monthly with children and a workshop for parents to discuss the current state of the Palm Beach County (Delray Beach) and crime in the area.

PROJECT BUDGET (Project budget should ONLY include costs related to your funding request. Other match funds should not be included below.)

LETF Line Item Budget	Calculation	Total Amount
Program Expenses		
Personnel Costs/Salaries	\$ see attached budaet	see attacher
Fringe Benefits	\$ see attached budaet	see attacher
Travel	\$ see attached budaet	see attacher
Equipment	\$ see attached budaet	see attacher
Supplies	\$ see attached budaet	see attacher
Printing and Copying	\$ see attached budaet	see attacher
Other (specify)	\$ see attached budaet	see attacher
	Total LETF REQUEST:	\$ see attacher

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.)

See attached document with budget narrative.

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 **rw**t APPLICANT shall commence services as soon as practical and reasonable under the circumstances. All program activities must be completed within one (1) year of disbursement, unless said date is extended by DBPD. Any request for extension of time must be submitted no later than 30 days before the end of the performance period of the award.

REPORTS AND DELIVERABLES

Initial **rw**t 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 **rw**t APPLICANT will provide DBPD with a **quarterly program report** which shall include the current Program status by APPLICANT in completing/servicing the Program, expenditure of funds, backup documentation supporting expenses, in addition to such other pertinent information as requested by Delray Beach Police Department on the report form to DBPD no later than **fifteen (15) days** of the end of each quarter.

Initial **rw**t A **final report** of activities and expenditures documented by receipts or other financial proof of expenditure of the Program shall be submitted by APPLICANT on the report form to DBPD no later than **forty-five (45) days** of the end of the performance period. All cost and expense 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 **rw**t 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 **rw**t 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 rwt Failure to spend grant funds in accordance with the approved project budget will result in return of funds to DBPD.

Initial rwt 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 rwt Failure of the APPLICANT to comply with sub-recipient monitoring will result in immediate return of funds.

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: 4 Knowledge Is Power, Inc.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: *Rhonda Williams-Turner* Date: 10-20-21

Rhonda Williams-Turner / President / Founder

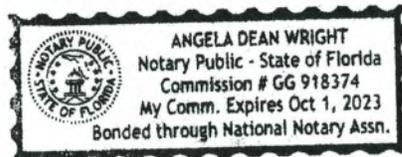
(Printed Name & Title)

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 20th day of October, 2021, by Rhonda Williams-Turner (name of person), as President (type of authority) for 4 Knowledge Is Power (name of party on behalf of whom instrument was executed).

Personally known OR Produced Identification
Type of Identification Produced _____

Angela Dean-Wright
Notary Public – State of Florida



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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

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

DEPARTMENT OF THE TREASURY

Date:

JUN 12 2014

4 KNOWLEDGE IS POWER INC
C/O RHONDA WILLIAMS-TURNER
28 NW 13 AVENUE
DELRAY BEACH, FL 33444

Employer Identification Number:
46-2228564
DLN:
17053099370033
Contact Person:
CUSTOMER SERVICE ID# 31954
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:
February 22, 2013
Contribution Deductibility:
yes
Addendum Applies:
No

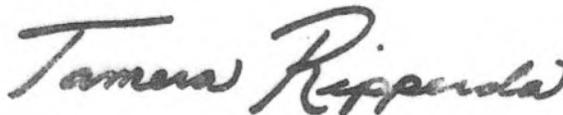
Dear Applicant:

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.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8016534536C-0	08/29/2019	08/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

4 KNOWLEDGE IS POWER INC
28 NW 13TH AVE
DELRAY BEACH FL 33444-1650

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
4 Knowledge Is Power, Inc.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

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) ▶ C

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) ▶

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.
28 NW 13th Ave

6 City, state, and ZIP code
Delray Beach FL 33444

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

4	6	-	2	2	2	8	5	6	4
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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 ▶ 10-24-21

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.