



## DELRAY BEACH POLICE DEPARTMENT LAW ENFORCEMENT TRUST FUND (LETf) REQUEST FOR FUNDING FORM

Chief Javaro Sims

*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):** The Delta Cultural Educational and Service Foundation, Inc.  
In partnership with South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

<b>Program Title:</b>	Mentorship and Scholarship for South County African American Middle & High School Students	
<b>Main Administrative Address:</b>	6093 Strawberry Fields Way	<b>Mailing Address:</b> P.O. Box 243825
<b>City &amp; State, Zip Code:</b>	Lake Worth, FL 33463	Boynton Beach, FL 33424
<b>Telephone Number:</b>	561 - 370-4832	561 - 312 - 0539
<b>Website:</b>	<a href="https://tinyurl.com/DCESFoundation">https://tinyurl.com/DCESFoundation</a>	<a href="https://sopalmbeachdst.com/">https://sopalmbeachdst.com/</a>
<b>CEO/Executive Director:</b>	Shelia Ross, Chair, The Delta Cultural Educational and Service Foundation, Inc.	
<b>Office Phone Number:</b> 561 - 370-4832	<b>E-mail Address:</b> dcesf01@gmail.com	
<b>Name/ Title of Program Contact:</b>	Rhonda M. Rogers, President & CEO, SPBCAC of Delta Sigma Theta Sorority, Inc.	
<b>Cell Phone:</b> 561 - 312 - 0539	<b>Email:</b>	
<b>Primary Program Activity Location:</b>	Program activities are being conducted virtually at the time of application submission.	
<b>City, State, Zip Code:</b>	Delray Beach, FL 33444	
<b>Program Performance Period (Date):</b>	<b>From:</b> April 15, 2021	<b>To:</b> April 15, 2022

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

The Delta Cultural, Educational and Service Foundation Inc., is a non-profit 501(c)3 tax exempt public service and community corporation whose purpose is exclusively educational, charitable and community service. The corporation also secures funds from individuals, corporations, and foundations to distribute to recipients of scholarship awards and community service programs. ***The Foundation is also a resource to help strengthen and support the programs of the South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.***

Established on March 9, 1984, as the Delray Beach Alumnae Chapter, the South Palm Beach County Alumnae Chapter (SPBCAC) has been serving the Lake Worth, Boynton Beach, Delray Beach, and Boca Raton communities for over 35 years with signature programs that reach a variety of age groups that they serve. Senior Citizens luncheon; Go-Red for

Heart Disease; Cookies and Condoms for AIDS Awareness; and Partnership with the Urban League for housing assistance and education are just a few of the programs that keep the chapter busy implementing the Five-Point Programmatic Thrust of the sorority. Under the Educational Development Thrust, the chapter has experience implementing projects designed to address the community's concerns about the excellence in education. The chapter recognizes middle and high school students that have excelled academically, as well as, provides scholarships to graduating seniors. Annually, the chapter hosts a Senior Girls Breakfast, honoring and educating senior girls on college life, and EMBODI (Empowering Males to Build Opportunities for Developing Independence), a mentoring program for middle and high school aged males with a primary focus on those that identify as black.

Delta Sigma Theta Sorority, Incorporated is comprised of college-educated women committed to the constructive development of its members and to public service with a primary focus on the black community. The South Palm Beach County Alumnae Chapter has been awarded many awards at the regional level for the excellent local programming that is being conducted. Sisterhood, scholarship and service continues to be at the forefront of the work being done by the South Palm Beach County Alumnae Chapter as they Shift from Good to Great.

## PROGRAM INFORMATION

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

The SPBCAC intends to utilize the funds from the LETF to support an on-going youth mentoring program, as well as, provide scholarships to deserving students to continue their education beyond high school. African-American middle and high school aged males and females that reside or attend school in Delray Beach is the target demographic. The funding would help us create the change that we want to see in our youth and in our community. By mentoring our youth, we are giving them an opportunity to do something positive with their time and help them plan for their future. Keeping our youth engaged with help keep our neighborhoods free from violence and crime and a safe place to live.

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

	1. Crime Prevention
X	2. Safe Neighborhood
	3. Drug Abuse Education and Prevention

### 2. How do you feel your proposed project addresses the LETF Criteria

The mentoring program is designed to create community around and pride in black culture and identity. Focusing on the well-being of the body, mind, and spirit, the adolescent participants will be nurtured socially, emotionally, and academically with the goal of cultivating a positive self-image within each mentee and creating a healthy sense of belonging within the community as a whole. In turn, we hope to see a decrease in crime and drug utilization among youth resulting in safer neighborhoods.

## 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)

According to Neighborhood Scout (<https://www.neighborhoodscout.com/fl/delray-beach/crime>)...With a crime rate of 40 per one thousand residents, Delray Beach has one of the highest crime rates in America compared to all communities of all sizes - from the smallest towns to the very largest cities. One's chance of becoming a victim of either violent or property crime here is one in 25. Within Florida, more than 87% of the communities have a lower crime rate than Delray Beach. Importantly, when you compare Delray Beach to other communities of similar population, then Delray Beach crime rate (violent and property crimes combined) is quite a bit higher than average. Regardless of how Delray Beach does relative to all communities in America of all sizes, when NeighborhoodScout compared it to communities of similar population size, its crime rate per thousand residents stands out as higher than most.



## 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 SL 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 SL 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 SL 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 SL 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 SL 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 SL 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 SL Failure to spend grant funds in accordance with the approved project budget will result in return of funds to DBPD.

Initial SL 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 SL 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: The Delta Cultural Educational + Service Foundation, Inc

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: [Signature] Date: 3/5/21

Shelia Ross 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 5 day of March, 2021, by Shelia Ross (name of person), as President (type of authority) for The Delta Cultural Educational + Service Foundation, Inc (name of party on behalf of whom instrument was executed).

Personally known ☒ OR Produced Identification  
Type of Identification Produced N/A

[Signature]  
Notary Public – State of Florida Tunika S. Hall



## **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

Attachment E – Vendor Application



**City of Delray Beach**  
**Purchasing Department**  
**100 N.W. 1<sup>st</sup> Avenue**  
**Delray Beach, Florida 33444**  
**Phone: (561) 243-7161**  
**E-mail: [purchasing@mydelraybeach.com](mailto:purchasing@mydelraybeach.com)**



### VENDOR APPLICATION

<b>Taxpayer Identification Number</b>	<b>Business Name</b>	<b>Phone Number</b>
311561734	The Delta Cultural Educational and Service Foundation, Inc.	561-370-4832
<b>Remittance Street Address</b>	<b>Business Street Address</b>	<b>E-mail address</b>
6093 Strawberry Fields Way	PO 243825	dcesf01@gmail.com
<b>Remittance City, State and Zip</b>	<b>Business City, State and Zip</b>	<b>Fax Number</b>
Lake Worth, FL 33463	Boynton Beach, FL 33424	N/A

Using the Commodity Code List as a reference, please select up to 10 Commodity Codes that identify the goods and/or services which your firm can supply. These codes will be used by the Purchasing Department when alerting vendors regarding new opportunities to do business. Only the 10 unique codes specified on this application will be accepted, any additional codes submitted will not be honored. The Category Code List may be found at:

<http://mydelraybeach.com/finance/purchasing/vendor-resources>

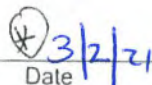
Type of Business				Commodity Codes	
Corporation		Public Company			
Partnership		State Incorporated			
Sole Proprietorship					
Non-Profit Organization	X				
Limited Liability					

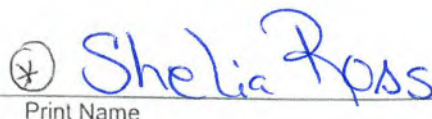
  

Disclosure of Employment Employees of the City of Delray Beach			
All bidders, proposers, vendors and contractors are required to disclose the names of any of their employees who serve as agents, principals, subcontractors, employees or consultants and are currently employed or have been employed by the City of Delray Beach within the last two (2) years.			
Name		Position in your Company	
Name		Position in your Company	

I certify that the information supplied herein is correct to the best of my knowledge.

  
 Signature

  
 Date

  
 Print Name

Purchasing Use Only

Vendor Number	Entered by:
	Date:

## Attachment D -- Program Location Letter



On March 9, 1984 with the support and leadership of the director of the Southern Region, Verdell Bellamy, 15 determined Delta women chartered the **Delray Beach Alumnae Chapter**. The chapter was chartered and based in Delray Beach with a service area encompassing Lake Worth, Boynton Beach, Delray Beach and Boca Raton. It 1988, the chapter underwent an official name change to South Palm Beach County Alumnae Chapter with the service area of Lake Worth, Boynton Beach, Delray Beach and Boca Raton remaining the same.



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8016285435C-3	09/23/2018	09/30/2023	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE DELTA CULTURAL EDUCATIONAL AND  
SERVICE FOUNDATION INC  
6209 JAIPUR CT  
BOYNTON BEACH FL 33437-3227

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.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The Delta Cultural Educational and Service Foundation, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) <b>6093 Strawberry Fields Way</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Lake Worth, FL 33463</b>	
7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
3	1	-	1	5	6	1	7	3	4


**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 on page 3.

**Sign Here** Signature of U.S. person 

**Date**  **3/2/21**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003045

**Entity Name:** THE DELTA CULTURAL, EDUCATIONAL, AND SERVICE  
FOUNDATION, INC.

**Current Principal Place of Business:**

6093 STRAWBERRY FIELDS WAY  
LAKE WORTH, FL 33463

**Current Mailing Address:**

P.O BOX 243825  
BOYNTON BEACH, FL 33424 US

**FEI Number:** 31-1561734

**Certificate of Status Desired:** Yes

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

SHELIA, ROSS  
6093 STRAWBERRY FIELDS WAY  
LAKE WORTH, FL 33463 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 PD  
Name ROSS, SHELIA  
Address 6093 STRAWBERRY FIELDS WAY  
City-State-Zip: LAKE WORTH FL 33463

Title VPD  
Name WALLACE, LENA  
Address P O BOX 243825  
City-State-Zip: BOYNTON BEACH FL 33437

Title TD  
Name POWELL, ROSLYNNE  
Address 7652 TRENTON DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title SD  
Name ADAMS, STEPHANIE E  
Address 7316 73RD WAY  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** ROSLYNNE J . POWELL

**TREASURER**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date