The Law Enforcement Trust Fund (LETF) contains funds awarded to the Agency as a result of successful forfeiture litigation in State court and participation in the Federal Asset Sharing Programs.
LAW ENFORCEMENT trust fund source

The Statute requires that no less than 25% of the last fiscal year’s 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 F.S. 932.7055(5)(a).

HISTORICAL LETF FUNDING LEVELS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF AGENCIES FUNDED</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>73</td>
<td>$921,142</td>
</tr>
<tr>
<td>17-18</td>
<td>88</td>
<td>$979,214</td>
</tr>
<tr>
<td>18-19</td>
<td>51</td>
<td>$635,851</td>
</tr>
<tr>
<td>19-20</td>
<td>71</td>
<td>$833,406</td>
</tr>
</tbody>
</table>
COMPLETING THE LETF APPLICATION

• Electronic copies of the application can be found at https://www.sheriff.org/CS/Pages/LETF.aspx
• The application is in MS Word
• Your written application may not exceed 10 pages. Any attachment other than what is requested will not be reviewed/rated.
• The boxes will expand as you type in them
• Please use the most current version of the form
• Do not alter the application form or develop your own form

Applicant Agency Information

• Agency Name should be legal registered name as in SunBiz (not DBA)
• Phone numbers should be direct lines or provide extension #
• Program Contact should not be the CEO (alternative contact)
• The Location of Proposed LETF Program must include a physical address
• Provide when your program will start / end. (i.e. summer, school-year, or all 12 months)
COMPLETING THE LETF APPLICATION

ORGANIZATIONAL BACKGROUND

Provide a brief and concise description of the Applicant Agency including its history, years of operation, general mission statement, and primary services provided.

LETF APPLICATION QUESTION #1

Program Summary
(Maximum of 5 sentences)

• Provide an overview of proposed program services
• Sentences must be complete and provide a clear understanding of program services
MEETING THE STATUTORY DEFINITION

Must Choose **ONE** Category:

- Crime Prevention
- Safe Neighborhood
- Drug Abuse Prevention and Education

The Statutory Definition must be substantiated with DATA or RESEARCH that supports what you are proposing. It is essential that you connect the link as BUZZ words will not be sufficient.

CRIME PREVENTION

- Risk reduction behaviors - less likely to engage in risky behaviors
- Teaching life skills
- Structured activities during unsupervised hours for youth
- Keeping kids off the streets
- Deterring youth from negative lifestyle choices
- Diverts at-risk youth from the criminal justice system
- Prevent youth involvement in crime and violence
- Domestic Violence
SAFE NEIGHBORHOODS

- Leadership development
- Academic/social success
- Productive civically
- Healthy lifestyle choices
- Reduce unemployment
- Increase Graduation Rate
- Teenage pregnancy rate reduction
- Reduction in SIDS-related deaths
- At-risk / Delinquency
- Anti-Bullying
- Better nutrition and improved health outcomes (i.e. reduce rates of HIV/STDs)

DRUG ABUSE EDUCATION AND PREVENTION

- Youth-focused / school-based prevention initiatives
- Prescription medication disposal
- Family-based prevention
- Linking behavioral health issues to addiction
- Community-wide awareness programs
- DUI prevention
**SHERIFF’S PRIORITY AREA**

Choose **ONE** Category:

- Diverting Youth from the Criminal Justice System
- Reducing Gun Violence/Violent Crime
- Programs that Assist the Homeless/ Mentally Ill

Provide DATA or RESEARCH how your proposed project addresses the selected Sheriff’s Priority Area.

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**LETF APPLICATION QUESTION #2**

How does your proposed project address the LETF Criteria and the Sheriff’s Priority Area?

- Make the Case
- Ensure it’s supported by the Narrative and Data
LETF APPLICATION QUESTION #3

Why is this funding needed (what community problem/gap in services does it address)?

What data suggests that this program should be implemented with this population or in this geographical location? (Use recent & relevant data)

LETF APPLICATION QUESTION #4

Describe the program in detail and how your program will be implemented/enhanced: (Describe Who, What, Where, and When)

– Should be your longest response
– Include target population(s) and prior experience
– “A day in the life” of your program
– Be very detailed and provide # of clients to be served
LETF APPLICATION QUESTION #5

Provide 2 to 3 Performance Measures (to gauge success of your LETF program)

• Ensure each Performance Measure is Specific, Measurable, Attainable, Realistic, & Timely

LETF APPLICATION PROJECT BUDGET

• The budget must indicate what the LETF dollars are paying for
• The budget must total to the requested amount
• Only direct program costs are allowable. (No indirect or overhead costs)
• Costs must be reasonable AND have a connection to the program narrative
• Use whole numbers (not cents).
### Sample LETF Project Budget

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Costs/Salaries</td>
<td>10.00/hr x 30 hrs/week x 10 weeks x 2 staff</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$6000 * 15%</td>
<td>$900.00</td>
</tr>
<tr>
<td>Travel</td>
<td>1,000 miles at .50/mile</td>
<td>$500.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>300 workbooks @ 1.50/each</td>
<td>$450.00</td>
</tr>
<tr>
<td>Printing and Copying</td>
<td>$50 training manuals x 10.00 each</td>
<td>$500.00</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$snacks for field trip</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Field Trips</strong></td>
<td>$10 (avg. cost) x 80 youth x 2 field trips</td>
<td>$1,600.00</td>
</tr>
<tr>
<td><strong>Total LETF REQUEST:</strong></td>
<td></td>
<td>$10,000</td>
</tr>
</tbody>
</table>

### PERSONNEL COSTS/FRINGE BENEFITS

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Costs/Salaries</td>
<td>$10.00/hr x 30 hrs/week x 10 weeks x 2 staff</td>
<td>$6000.00</td>
</tr>
<tr>
<td>Personnel Costs/Salaries</td>
<td>$50,000/yr x 10% of time</td>
<td>$5000.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$8000 * 15%</td>
<td>$1200.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$5000 * 15%</td>
<td>$750.00</td>
</tr>
</tbody>
</table>

**Budget Narrative**

Two counselors will be conducting the group activities with youth enrolled in the program. A licensed therapist meets with clients needing such services, and we estimate that 10% of her time will be dedicated solely to the proposed project.

The fringe benefits represent the portion of employer-paid benefits which include FICA, unemployment, 401(k), and health benefits.
## TRAVEL

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>1,000 miles at .50/mile</td>
<td>$500.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$250.00/night x 2 nights x 2 staff</td>
<td>$1000.00</td>
</tr>
</tbody>
</table>

**Budget Narrative**

Case Managers conduct home visits with clients. Mileage is calculated at the current agency/state/IRS reimbursement rate per mile.

Staff will be attending a conference in Orlando and the hotel rates are reflective of that area.

## EQUIPMENT

(Unit item must cost over $1,000)

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>Dell Vostra 7510 Laptop</td>
<td>$1,249</td>
</tr>
</tbody>
</table>

**Budget Narrative**

The laptop will be utilized to assist with tutoring sessions with youth. Quote based on current pricing on Dell website.
SUPPLIES

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>500 workbooks @$1.50/each</td>
<td>$750.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>100 T-shirts @$5.00/each</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

Budget Narrative
Each participant will receive a workbook while in the program. The costs are current at the time of this application.
In order to be able to easily identify campers on field trips, each child will receive two t-shirts.

PRINTING AND COPYING

Must be for outside printing jobs not internal copying

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing Binding</td>
<td>50 training manuals x $10.00 each</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

Budget Narrative
The Train-the-Trainer session has a need for reproduction of training materials in a bound manual. The cost is based on quotes from local vendors.
### OTHER

<table>
<thead>
<tr>
<th>LETF Line Item Budget</th>
<th>Calculation</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Trips</td>
<td>$20 (avg. cost) x 50 youth x 4 field trips</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Snacks</td>
<td>$2.00/day x 50 youth x 10 days</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Facility Rental</td>
<td>$500 (avg. cost) x 4 days</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Uniforms</td>
<td>$50 (avg. cost) x 50 youth</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

**Budget Narrative**

- Quarterly educational field trips (average of admission fees to the proposed venues).
- Each day, the youth will be provided with a healthy snack such as fresh fruit and juice or milk.
- The facility fee is to utilize gym space at ACME Park. At the time of application, this fee was the current published rate. Youth participating in the program are required to have a complete uniform which includes: fatigues, dress polo, t-shirt, gym shorts, and boots.

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### LETF APPLICATION BUDGET NARRATIVE

- Required for **all** applications
- Must provide an explanation of what the budget will include and how the amounts were determined.
- Every budget line item must be described and justified in the budget narrative
**LETF APPLICATION SIGNATURE/CERTIFICATIONS**

SIGNED by President / Chief Executive Director

- Must be signed in blue ink
- Must be notarized by an active Notary Agent
- Must have a current date

**LETF APPLICATION CERTIFICATION AND ASSURANCES**

- Initial next to each certification/assurance.

- By initialing and signing this application for funding, the applicant agrees to comply with the following terms and conditions if awarded LETF Funding:
LETF APPLICATION CERTIFICATION AND ASSURANCES

Period of Performance

• Agencies will have one year to complete the LETF funded project
• Requests for extension must be made in writing no later than 30 days before the end of the performance period.

Report and Deliverables

• Must provide BSO with a quarterly financial report no later than fifteen (15) days of the end of each quarter. Reports must include: backup supporting documentation of expenses and a narrative of the Program’s activities during that period.
• A final report of activities and expenditures of the Program is due no later than forty five (45) days of the end of the performance period.
LETTF APPLICATION CERTIFICATION AND ASSURANCES

Special Provisions

• All services should be provided exclusively to Broward County residents.
• Agencies will not be able to receive subsequent year funding until a complete report, approved by BSO, has been obtained for prior year activities.
• Failure to spend grant funds in accordance with the approved project budget or to comply with reporting requirements will result in the return of funds to BSO.
• False statements or claims made in connection with this LETTF Funding Application may result in fines, imprisonment, and/or any other remedy available by law.

ATTACHMENT A - SUNBIZ CERTIFICATE OF STATUS

State of Florida
Department of State

I certify that this is a true and correct copy of the records of the office of the Department of State

[ signatures and official mark ]

Secretary of State
ATTACHMENT B - IRS FORM 501(c)(3) LETTER

ATTACHMENT C - IRS FORM W-9
**ATTACHMENT D - PROGRAM LOCATION LETTER**

*Required if program activities will not take place on your agency’s property.*

— Letter of Support must be on that agency’s letterhead

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**LETF APPLICATION REVIEW PROCESS**

<table>
<thead>
<tr>
<th>Step One - Preliminary Review</th>
<th>Step Two - Objective Review</th>
<th>Step Three - Legal Review</th>
<th>Step Four - Commission Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications are screened to ensure all Minimum Criteria requirements are met. Applications that have met criteria will move on in the review process.</td>
<td>Objective panel reviewers score the applications. Each application is reviewed by at least TWO raters and ranked by score.</td>
<td>Applications are reviewed by Legal to determine if project meets the LETF statutory requirement. Legal conducts an independent verification of an organization through public records and may potentially include a site visit.</td>
<td>The Broward County Commission reviews BSO’s recommended funding applications and has the independent authority to approve or deny the Sheriff’s recommendations.</td>
</tr>
</tbody>
</table>
LETF APPLICATION-MINIMUM CRITERIA
(to move forward for application rating)

- Attended LETF Funding Workshop
- Registered 501(c)(3) non-profit corporation
- Florida Corporation in “Active” Status
- No prior history of non-compliance with LETF award requirements
- Application Submitted Prior to Submission Deadline
- Application signed by CEO/President, dated, and notarized
- Includes all applicable attachments
  A. Sunbiz Certificate of Status
  B. IRS Form 501(c)(3)
  C. IRS Form W9–Signed
  D. Program location letter of support (if applicable)

Application Does Not Contain Four (4) or More of the Following Errors:

- Did not use the current/correct application form
- Did not put agency name in email subject line
- Did not scan application into one (1) PDF document
- Did not respond to every item/question in the application
- All Certifications/Assurances were not initialed
- Application exceeded 10 page limit
- Applicant did not identify a statutory purpose
- Budget line items were not calculated correctly
- Budget Narrative was not provided
- Request exceeded $10,000 maximum threshold
LETF APPLICATION-OBJECTIVE REVIEW

Applications can score up to 75 points

Organizational Background (4 Points)
Includes mission statement, history, and experience

Program Information (50 Points)
Clearly describes proposed service(s), addresses statutory requirement, meets gaps/needs in Broward County

Budget (9 Points)
The budget is accurate, reasonable, aligns with proposed program activities, and all expenses are justified.

Overall (12 Points)
Application is consistent between problem identification, program description, and the budget. The project evidences the potential to impact our community.

SUBMITTING YOUR LETF APPLICATION

- Scan all attachments into one PDF and email to LETF@sheriff.org by the deadline: 11:59PM on Wednesday, June 8, 2022. It is strongly encouraged not to wait to submit at the time of deadline.
- Mail, Fax, or Hand-Delivered applications will not be accepted.
- All emails must have the applicant agency name in the subject line.
- Applications must be submitted by the deadline to be considered.

Please visit www.sheriff.org/CS/Pages/LET.aspx for more information
## LETF TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LETF Application Period Opens</td>
<td>May 25, 2022</td>
</tr>
<tr>
<td>LETF Application Workshop</td>
<td>May 25th and 27th, 2022</td>
</tr>
<tr>
<td>Application Deadline</td>
<td>June 8, 2022 by 11:59PM</td>
</tr>
<tr>
<td>Application Review</td>
<td>June-July 2022</td>
</tr>
<tr>
<td>Recommendations forwarded to County Commission</td>
<td>July 2022*</td>
</tr>
<tr>
<td>County Commission Hearings on LETF Recommendations</td>
<td>August 2022*</td>
</tr>
<tr>
<td>Execution of Disbursement Agreements</td>
<td>August-September 2022*</td>
</tr>
</tbody>
</table>

*ESTIMATED TIMELINE

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## QUESTIONS AND ANSWERS
Post – Application Deadline

Important: BSO staff will not be able to answer questions or provide any other guidance after the application deadline of June 8th.

Cone of Silence

CONTACT INFORMATION

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Joann Smith
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