



PENSACOLA POLICE DEPARTMENT LAW ENFORCEMENT TRUST FUND (“LETF”) APPLICATION

The Pensacola Police Department (PPD) is pleased that we are able to benefit our community with the use of asset forfeiture funds by providing financial assistance to local nonprofit organizations that make a difference in our community. These funds are the result of civil forfeitures of assets (including cash) that have been seized as contraband linked to certain felony crimes. There are strict standards and statutory requirements that must be met by the seizing law enforcement agency. The seized money is maintained in a Law Enforcement Trust Fund (LETF) and can only be used in accordance with the rules set forth in Florida Statutes, Section 932.701 - 932.707, called the “Florida Contraband Forfeiture Act (FCFA).” The provisions of the FCFA allows law enforcement agencies, such as PPD, to support projects and programs that strive to improve neighborhood safety, prevent crime, and provide drug abuse education and prevention within our Pensacola community.

Applications for funding may be a request to fund an entire project or may be a request to fund a particular piece of a larger project or program if that project or program meets the eligibility criteria set forth in the statutes described below.

Funding requests must be approved by the Chief of Police, as well as the City Council, and are limited to the LETF funds available.

ELIGIBILITY:

To be considered for funding, the following 3 steps must be met:

1. The project/program must meet the statutory criteria as to the use of LETF money and must fall into at least one of the following categories:
 - Crime Prevention
 - Drug Abuse and Prevention Program
 - Safe Neighborhoods
2. The following documents **MUST** be attached to the application at the time of submission in order to be considered for funding:
 - Part 1 of this application
 - Part 2 of this application (including line-item budget)
 - Sunbiz Certification of Status
 - IRS Form 501(c)(3)
 - IRS Form W-9
3. If the application is approved and money for the project is awarded, applicants will have 90 days to complete Part 3 and return it to PPD. Part 3 provides statutorily required audit information of how the funds received were utilized along with a description of the outcomes of the project/program for which the funds were granted. This must include receipts where applicable, as well as documentation of expenses that account for exactly how the money was spent for the program or project for which it was requested. Part 3 must be completed and returned within 90 days following the performance period of the project/program for which the LETF money was awarded. Failure to submit Part 3 in a timely manner may result in a demand for the funds granted to be returned and will result in a failure of the agency to be considered as a recipient for future LETF money.

PART 1

The person completing this application must have legal authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds.

Initial

_____ Applicant will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by PPD.

_____ I understand that a final report of activities and expenditures documented by receipts or other financial proof of expenditure of the Program must be submitted by Applicant on the report form (Part 3) to the PPD no later than 90 days of the end of the performance period.

_____ I understand that failure to comply with the reporting requirements in Part 3 may result in Applicant having to return LETF monies and will remove the applicant agency from future consideration to receive LETF monies.

_____ If Applicant's agency fails to use the funds in the manner described in this application, or if the project or program does not occur or is not completed in the same manner and in the performance period as described in the application, or is determined later to not be qualified to receive LETF monies; or if there was an untruthful statement made by Applicant within application; or fails to provide the necessary reporting documents to the PPD, then all LETF monies disbursed to the Applicant must be returned to the PPD within ten (10) business days of the PPD's written demand for the same and Applicant will be ineligible for any further LETF disbursements.

_____ I understand that false statements or claims made in connection with this LETF application may result in fines, imprisonment, and/or any other remedy available by law.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

Applicant Agency Name: _____

Printed Name of Person Authorized to Complete this Application

Title

Signature

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification.

(Notary Seal)

NOTARY PUBLIC

Signature of Notary
State of Florida at Large
My Commission Expires: _____

PART 2

SECTION 1

APPLICANT INFORMATION

Name of Agency:			
Project/Program Title:			
Contact, including title, for Program:			
Street Address:		Phone:	
City, Zip:		Fax:	
Dates of Project/Program:		E-mail:	
Total Program Budget:		Amount of LETF Funds Requested:	

The program or project is a particular program or project run by the requesting agency, not the agency as a whole.

(EX: ABC Agency has many different programs, but they are asking for LETF funds to cover a portion of an after-school program where they bring in positive communication, anger management, and drug education counselors. This would be an example of criteria that would meet all three of the possible categories required for funding (Crime Prevention, Drug Abuse Education and Prevention, and Safe Neighborhoods).

SECTION 2

LETF CATEGORY/STATUTORY REQUIREMENT

(Place an "X" to the left of the following program area(s) for which you intend to apply):

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

CHIEF'S PRIORITY AREAS (optional)

(Place an additional "X" to the left of one of the following programs, if applicable):

1. Diverting Youth from Criminal Justice System
2. Reducing Gun Violence/Violent Crime

SECTION 3

PROPOSED PROGRAM INFORMATION

a. What is the mission statement of your agency as a whole?

b. What is the specific time frame of dates that this program or project will occur?
(EX: August 2023 through May 2024, from 3:30-5:00pm on Mondays and Fridays)

c. How does the particular project or program of your agency for which you are seeking funding address the required LETF Category(ies) selected in Part 2, section 2 of this application? Please list specifically what the program does in relation to the category selected.

(EX: The anger management and drug education counselor will be providing education and skills that will help kids learn better communication with others and learn how to avoid substance abuse which supports all 3 of the possible LETF categories by helping prevent violent crime, helping support and build safe neighborhoods, and preventing drug and substance abuse.)

d. Describe in detail how the **LETF funds** being requested will be used. A specific breakdown is required and must add up to the total being requested.

(EX: 2 anger management and drug abuse prevention counselors at \$20/hour, 3 hours a week, for 4 weeks = \$480)

Total Program Line-Item Budget

ITEMS	TOTAL PROGRAM EXPENSES	LETF RELATED EXPENSES
Personnel Costs/Salaries	\$	
Consultants and Professional Fees	\$	
Supplies	\$	
Other (specify)	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL PROGRAM COST:	\$	
	TOTAL LETF REQUEST:	\$

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

_____ Title

Signature

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification.

(Notary Seal)

NOTARY PUBLIC

Signature of Notary
State of Florida at Large
My Commission Expires: _____

PART 3

POST PROJECT/PROGRAM EVALUATION

This evaluation is due no later than 90 days after the funding award.

1. Describe how the project/program met each of its goals.

2. Describe how the project/program impacted crime prevention, neighborhood safety, drug abuse education, and/or drug prevention.

3. How many participants did the project/program serve? Please describe.

4. Provide a detailed accounting of how the award was spent referencing the Line-Item Budget submitted in Part 2 of the application:

Description	Amount
Total	

CERTIFICATION

I possess the authority to certify that the funds awarded were used for purposes described in this evaluation. I understand that the Pensacola Police Department may require additional information including but not limited to receipts, program data, lesson plans, staff salary information, or any other supporting documentation to meet their obligations that the funds were spent appropriately.

Printed Name

Title

Signature

Date

Printed Name of Witness

Signature of Witness