



Chris O'Brien
Chief of Police



LAW ENFORCEMENT TRUST FUND (LETF) REQUEST FOR FUNDING

The Hollywood Police Department has a long standing commitment to the reduction of crime and the implementation of crime and drug prevention initiatives throughout the City of Hollywood. Use of LETF Funds requires approval from the City Commission, in accordance with F.S. 932.7055, upon request by the Chief of Police. The Statute requires 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 program(s) in accordance with F.S. 932.7055.

***All applications must be mailed no later than April 9, 2021 to the attention of
Micheline Vitale, Fiscal Affairs Manager, Hollywood Police Department,
3250 Hollywood Boulevard, Hollywood, FL 33021***

Applicant Agency Information

Applicant Agency Legal Name:	
Main Administrative Address:	
City & State:	Zip Code:
Telephone Number:	Fax Number:
Website:	
CEO/Executive Director:	
Office Phone Number:	E-mail Address:

PROGRAM INFORMATION

Program Title:			
Name/ Title of Program Contact:			
Address:		Phone:	
City • Zip Code:		Fax:	
Total Program Budget:		E-mail:	
Amount Requested:			

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

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

<input type="checkbox"/>	1. Crime Prevention
<input type="checkbox"/>	2. Drug Abuse Prevention/Education
<input type="checkbox"/>	3. Safe Neighborhood

HOLLYWOOD POLICE'S PRIORITY AREA (Place an "X" to the left of one program area for which you intend to Apply):

<input type="checkbox"/>	1. Diverting Youth from Criminal Justice System
<input type="checkbox"/>	2. Reducing Gun Violence/Violent Crime
<input type="checkbox"/>	3. Programs which assist the Homeless/Mentally Ill

PROGRAM INFORMATION

1. How does your proposed project address the LETF Category (see above) as well as the Hollywood Police Department's Priority Area?

2. Why is this funding needed (What community problem does it address)? What data suggests this program should be implemented with this population or in this geographical location?

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

4. Describe the program in detail and how it will be implemented: (Describe Who, What, Where, and When)

Please make sure your response includes program successes or challenges if previously funded, Why the agency needs the funding and its impact on the community. All programs must address a specific population and the narrative should indicate the number of clients served, services provided etc.

5. Describe the Applicant Agency's experience in serving the target population and the capacity of the Applicant Agency to undertake the proposed program.

6. Has your agency received funding from LETF? (If yes, identify the source, the \$ amount and provide performance data regarding your contracted outcomes for the various fiscal years your agency was funded).

Total Program Line Item Budget

LETF Line Item Budget	Calculation	Total Amount
Program Expenses		
Personnel Costs/Salaries	\$	
Fringe Benefits		
Consultants and Professional Fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and Copying	\$	
Other (specify)		
Total Program Expenses:	\$	
	LETF Request	\$
		\$
	Total :	\$

BUDGET NARRATIVE (Required for ALL applications)(Provide an explanation of what the budget will include)

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO THE APPLICATION:

Signature

Name (Print or Type)

Title (Print or Type)

Date

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me this day of , 20 , by

(name of individual signing)

as of
(title) (name of Applicant Agency/entity)

known to me to be the person described herein, or who produced as identification, and who did/did not take an oath.

NOTARY PUBLIC
My commission expires:

Attachments

- | | |
|--------------|---|
| Attachment A | Certificate of Incorporation www.Sunbiz.org |
| Attachment B | IRS Form 501(c)(3) |
| Attachment C | IRS Form W-9 |