



**Sarasota Police Department
Law Enforcement Trust Fund (LETF)
Fiscal Year 2024 Request for Funding
Due: August 9, 2024**

The Sarasota Police Department (SPD) is pleased to be 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 that have been seized as contraband linked to certain felony crimes and that meet the strict standards and statutory requirements of the seizing law enforcement agency. Once the civil forfeiture process is complete, 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 [F.S. 932.7055](#), called the “Florida Contraband Forfeiture Act (FCFA).” The provisions of the FCFA allow law enforcement agencies, such as SPD, to support projects and programs that strive to improve neighborhood safety, prevent crime, provide drug treatment or abuse education, drug prevention, and school resource officer programs within the City of Sarasota. Applications requesting 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.

All applications must be emailed to SPDFiscal@sarasotafl.gov or mailed to:

**Sarasota Police Department
Attn: Fiscal
2099 Adams Lane
Sarasota, FL 34237**

Applicant Agency Legal Name (as listed in Sunbiz)	
Program Title	
Administrative Street Address	
City, State, Zip Code	
Administrative Contact Phone Number	
Administrative Email Address	
Website	
CEO/Executive Director	
CEO/Executive Director Contact Phone Number	
CEO/Executive Email Address	
Name/Title of Program Contact	
Program Contact Phone Number	
Program Contact Email Address	
Primary Activity Street Address	
Primary Activity City, State, Zip Code	
Program Fiscal Year	

Please select all applicable program areas below for which the organization is applying.

- Crime Prevention
- Drug Treatment or Abuse Education
- Drug Prevention
- Safe Neighborhood
- School Resource Officer Programs

Attach additional pages with the following information:

1. **Program Area:** Please provide a detailed narrative specifying the LETF problem/focus area(s) you selected that you would address with these potentially awarded funds, an overview of proposed program services, and your approach to the problem(s) (at least 1,000 characters).
2. **Organization’s Background:** Please provide a detailed narrative specifying the Applicant agency/organization, including its history, years of operation, mission, goals, and provided services (at least 500 characters).
3. **Program Implementation:** Please provide a detailed narrative specifying how the program will be implemented. All programs must address a specific population, and the narrative should indicate the number of clients served, services provided, program mission, goals, etc. Be specific with who, what, where, when, why, and how (at least 1,000 characters).
4. **Organization Partnerships:** If the applicant organization will be partnering with one or more other non-profit organizations to implement the program, please list other organizations’ names and how each will contribute money, property, labor, or skill, and share in the awarded funds. (at least 1,000 characters)
5. **Budget Narrative:** In addition to completing the below *Line-Item Budget*, please provide a detailed narrative about your proposed budget, specifying its relevance to the organization’s proposed program area(s) and implementation. Be specific with who, what, where, when, why, and how (at least 1,000 characters).

LETF Line-Item Budget	LETF Line-Item Amount Requested
<i>Receipts and proof of payment required</i>	
Personnel Salaries (<i>organization employee salaries only, no taxes</i>)	
Travel (<i>transportation, fuel, hotel, parking</i>)	
Equipment (<i>tangible long-term asset</i>)	
Supplies (<i>basic tangible needs for daily operation</i>)	
Printing and Copying (<i>printed material</i>)	
Outside Services (<i>paid independent contractors</i>)	
Other (Specify)	
TOTAL REQUESTED	
\$ 0.00	

Certification and Assurances

By initialing and signing this LETF funding application in the presence of a notary, the person completing it must have legal authority on behalf of the requesting agency to submit it and ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds.

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

APPLICANT will submit and keep clear and accurate records including but not limited to receipts and proof of payments throughout the program period so that the progress of the services rendered may be readily evaluated by SPD at mutually agreed upon times.

APPLICANT is agreeing that no LETF funds are being awarded upfront. To receive reimbursement, the applicant must submit legible receipts and/or paystubs showing an itemized description, date, and total. Proof of payment is also required in the form of a canceled check or bank statement.

If the **APPLICANT** fails to perform; or is later determined not to be qualified to receive LETF funds; or if there was an untruthful statement made by the **APPLICANT** within its request for funding application; or fails to provide necessary reporting documents to SPD, then all LETF funds dispersed to the **APPLICANT** shall be returned to SPD within (10) business days of SPD's written demand and **APPLICANT** may be ineligible for any future LETF disbursements.

APPLICANT is required to request budget modifications in writing with justifications.

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.

Signature: _____ **Date:** _____

Printed Name/Title: _____

STATE OF FLORIDA COUNTY OF: _____

Sworn to (or affirmed and subscribed before me this _____ day of _____, 2024,

By: _____

(Printed Name of Person Making statement)

(NOTARY SEAL)

Signature of Notary Public-State of Florida
_____ Personally Known _____ Produced Identification
Type/Number of Identification Produced: _____

Printed Name of Notary Public

Attachments

The following attachments are required with the application submittal:

1. Florida Division of Corporations Certificate of Status (Sunbiz)
 2. IRS Form 501(c)(3) Recognition of Exemption
 3. IRS Form W-9 Request for Taxpayer Identification Number
 4. Program Location and Objective Letter
 5. Additional pages providing the Program Area, Organization's Background, Program Implementation, and Budget Narrative.
- Submitted applications after the due date and/or without the above attachments will not be considered.