



**CLAY COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT TRUST FUND (LETF)
REQUEST FOR FUNDING**

Sheriff D.R. Daniels
www.claysheriff.com

The Clay County Sheriff's Office has a long standing commitment to the reduction of crime and the implementation of crime and drug prevention initiatives throughout the county. Use of LETF funds requires approval from the Board of County Commissioners, in accordance with F.S. 932.7055, upon request by the Sheriff. 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 F.S. 932.7055. The agency has the discretion to determine which program(s) will receive the designated funds.

Please the application required **007**

PROGRAM INFORMATION

Program Title:					
Name/Title of Program Contact:					
Address:				Phone:	
City:	Zip Code:		Fax:		
Total Program Budget:				Email:	
Program is:	New	Renewal	Amount Requested:		
If renewal, check number of years this program has been funded thru LETF?			1	2	3
			4	or more	
Population to be served:					

Applicant Agency Information

Applicant Agency Legal Name:	
Program Name:	
Main Administrative Address:	
City & State:	Zip Code:
Telephone Number:	Fax Number:
Website:	
CEO/Executive Director:	
Office Phone Number:	E-mail address:
Federal Identification Number	
Applicant Agency Fiscal Year: Beginning (mm/dd):	Ending (mm/dd):

LET F CATEGORY (Place an “✓” to the left of one program area for which you intend to apply):

1. Crime Prevention
2. Drug Abuse Prevention/Education
3. Safe Communities
4. Other Law Enforcement Purpose

SHERIFF’S PRIORITY AREA (Place an “✓” to the left of one program area for which you intend to apply):

1. Diverting Youth from Criminal Justice System
2. Reducing Gun Violence/Violent Crime
3. Programs that assist the Homeless/Mentally ill
4. Other Crime Prevention Purposes

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

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

3. Program Purpose (1-3 sentences): Please identify the services, target population and how many will be served while completing the following statement.

The purpose of this program is...

4. Has your agency received funding from LETF within the last three (3) years? (If yes, identify the source, the dollar amount and provide performance data regarding your contracted outcomes with for the various fiscal years that your agency was funded).

OFFICIAL AUTHORIZED TO SIGN
AND BIND APPLICANT AGENCY
TO APPLICATION:

WITNESS SIGNATURES:

Signature

Signature

Name (Print or Type)

Name (Print or Type)

Title (Print or Type)

Date

Date

Signature

Name (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: _____

REQUIRED ATTACHMENTS TO COMPLETE APPLICATION

Attachment "A"
CERTIFICATE OF CORPORATION
(sunbiz.org)

Attachment "B"
IRS FORM 501(c)(3)