2017
ST. PETERSBURG POLICE DEPARTMENT
FORFEITURE GRANT PROGRAM
APPLICATION PACKAGE
ALL APPLICANTS ARE STRONGLY ENCOURAGED TO ATTEND THIS MEETING PRIOR TO COMPLETING THE APPLICATION FORM.

DATE: Friday, August 11, 2017

TIME: 6:00 PM

LOCATION: City Council Chambers, City Hall
175 – 5th Street North
St. Petersburg, Florida

PURPOSE: To provide applicants with information about the grant program and the application form and procedure followed by a question and answer period. Any questions that remain after the meeting may be directed to Elizabeth “Lisa” Ledbetter at (727) 892-5427 or via e-mail at Elizabeth.Ledbetter@StPete.org.
WHAT IS THIS PROGRAM?

The St. Petersburg Police Department is pleased to announce the 25th Annual Florida Contraband Forfeiture Grant Program. The purpose of this grant program is to provide support to neighborhood groups, associations, agencies and/or non-profit organizations holding a 501c3 or 501c4 designation which are engaged in projects or programs that address the following areas of concern:

- Neighborhood safety,
- Crime prevention,
- Drug abuse education,
- Drug abuse prevention, and/or
- School resource officer programs.

The Police Department’s support comes in the form of funding without a matching fund requirement. There are no restrictions on the amount of funding requested or the scope of the project for which support is requested. The amount distributed to successful applicants is within the sole discretion of the Chief of Police based, in part, on the amount of funding available.

Only one application per program will be accepted. Organizations which offer multiple programs may submit one application for each program. Proposals may range from requests for funding of entire projects or components of a larger project. Proposals may be for any new project, ongoing program or regularly held event, provided that the project, program, or event meets the eligibility criteria set forth above.

WHO MAY APPLY?

This program will provide funds to community groups, associations, agencies, or non-profit organizations holding a 501c3 or 501c4 designation which provides services to residents within the municipal boundaries of the City of St. Petersburg. Services being offered must fall within the eligibility criteria set forth above.

Applicants will be required to provide a federal tax identification number or social security number.

To assist in determining whether your group or organization should apply for funds, you may want to consider the amount of funding available the past five years and the average amount of monies awarded.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount Awarded</th>
<th>Programs Funded</th>
<th>Average Award</th>
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<tbody>
<tr>
<td>2013</td>
<td>$50,731.00</td>
<td>32</td>
<td>$1,585.00</td>
</tr>
<tr>
<td>2014</td>
<td>$29,550.00</td>
<td>17</td>
<td>$1,738.00</td>
</tr>
<tr>
<td>2015</td>
<td>$100,000.00</td>
<td>34</td>
<td>$2,940.00</td>
</tr>
<tr>
<td>2016</td>
<td>$85,700.00</td>
<td>42</td>
<td>$2,040.00</td>
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WHAT ARE THE MINIMUM APPLICATION ELIGIBILITY CRITERIA?

Florida law permits funding of programs or projects that involve:
   a. Crime prevention,
   b. Neighborhood safety,
   c. Drug abuse education,
   d. Drug prevention, or
   e. School Resource Officer Program(s).

To be considered for funding a project must:

1. Fall within the statutory criteria, a. through e. above.
2. Include an itemized budget for funds requested.
3. Include a statement of accounting detailing how expenditures will be tracked.
4. **Funds will NOT be awarded for salaries, food, travel expenses, video surveillance systems, newsletters, advertising, or other communication media.**
5. Any organization which owes monies to the City of St. Petersburg will not receive award funds until those other obligations are satisfied.
6. Any organization which previously failed to completely and accurately account for all expenditures in past forfeiture award programs will not be eligible to receive additional funding.

All applicants approved for funding will be required to enter into a contract with the City setting forth the terms and conditions under which funds may be expended and outlining all accounting requirements.

HOW MAY MY AGENCY OR ORGANIZATION APPLY?

Agencies or organizations wishing to receive these funds shall apply to the St. Petersburg Police Department Chief of Police for an appropriation.

Applications may be mailed to:  St. Petersburg Police Department, Legal Division
   Attn: Elizabeth Ledbetter
   1300 First Avenue North
   St. Petersburg, FL 33705

or, hand-delivered to the Information Desk in the lobby of the St. Petersburg Police Headquarters, 1300 First Avenue North, St. Petersburg, which is open from 6:00 a.m. until midnight, every day. Postmarks will not be considered when determining the timeliness of an application.
All applications must be **RECEIVED** by the Police Department **NO LATER than 5:00 p.m., Friday, September 29, 2017.** Applications received after 5:00 PM will **not** be considered for funding. Applications must be completed in full and properly executed. The original application must be received with four (4) additional copies for a total of five (5) applications to be considered for funding. Only the application portion of the package should be copied and returned. Do not make copies of the instructional portion of this package.

**HOW WILL THE POLICE DEPARTMENT DECIDE WHICH PROJECTS ARE FUNDED?**

All applications that meet the minimum eligibility criteria will be reviewed by the Funding Approval Committee which is comprised of the Chief of Police and his three Assistant Chiefs. Upon reviewing the applications, the Chief of Police will make the final determination of awards. **The decision of the Chief of Police will be final.**

**SELECTION CRITERIA**

The following criteria will be used to evaluate requests for funding which meet the eligibility criteria. Projects will be rated using the criteria listed below.

1. TIMELINESS. The application must be received at the police department prior to the deadline date and time. Applications received after the deadline date and time will not be considered.

2. PREPARATION. The applicant has produced an Application that contains all necessary documentation, a complete budget with supporting estimates, proper signatures, adequate number of copies, and has complied with all other requests outlined in the application package.

3. PARTICIPATION. The applicant has a commitment of participation and support of affected neighborhood residents and/or businesses, and the directions of the agency or organization the applicant represents.

4. NEIGHBORHOOD IMPACT. The project addresses a concern of and identifies specific benefits of significance to the residents of the neighborhood(s) affected.

5. INDIVIDUAL IMPACT. The project will affect change or assistance in as great a number of people as possible. Projects of all sizes are welcome to apply for funding, however, the committee would like the Grants to make as much impact as possible in residents’ lives.

6. PROJECT QUALITY. The applicant has developed a project that is well planned, adequately budgeted and is ready for implementation or is a part of a broader ongoing effort, and includes a well-defined method for demonstrating that the funds are expended appropriately.
7. ORIGINALITY. The applicant has proposed a project that is original and addresses a problem that is not already being addressed by other entities within that neighborhood. Creative thinking is welcome and encouraged.

8. QUALIFICATIONS. The applicant must demonstrate, via clearly stated qualifications, an ability to implement the proposed project and/or provide the necessary services.

9. PAST PERFORMANCE. Any applicant who has received grant funds in the past will be required to have fully conformed to the accounting requirements for that grant period before being considered for additional funding. Failure to complete accounting from a prior grant period will eliminate any group from future additional funding.

WHEN WILL MY AGENCY OR ORGANIZATION RECEIVE FUNDING IF OUR APPLICATION IS APPROVED?

**TIME LINE**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Forfeiture Fund Award</td>
<td>Friday, August 11, 2017 - 6:00 P.M.</td>
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<tr>
<td>Instructional Meeting</td>
<td>City Council Chambers, City Hall</td>
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<td>175 5th Street North, St. Petersburg, Florida</td>
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<tr>
<td>Application due:</td>
<td>By 5:00 PM, Friday, September 29, 2017</td>
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<tr>
<td>Application review:</td>
<td>On or before October 31, 2017</td>
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<td>Notifications made:</td>
<td>On or before November 10, 2017</td>
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<td>Agreements mailed to successful applicants:</td>
<td>On or before November 22, 2017</td>
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<td>Deadline to return Agreement:</td>
<td>On or before December 15, 2017</td>
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<td>Disbursement Ceremony:</td>
<td>Funds will be disbursed by the Chief of Police at a time and place yet to be determined. Additional information will be provided to all successful applicants.</td>
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WHO CAN I CONTACT IF I HAVE ANY QUESTIONS?

If any applicant has a question or concern that is not addressed in this information package, then they can direct any and all questions to the Forfeiture Grant Administrator Elizabeth “Lisa” Ledbetter. She can be reached by calling (727) 892-5427 or by e-mail to: Elizabeth.Ledbetter@stpete.org.
APPLICATION FOR
ST. PETERSBURG POLICE DEPARTMENT FORFEITURE GRANT
SECTION I

PROJECT/PROGRAM NAME: __________________________________________________________

Has this project/program received forfeiture grant funds in the past? YES _____ NO _____

NAME: __________________________________________________________

(Applicant - Agency, Organization, or Corporation)

CORPORATION? YES ___ NO ___ (If yes, attach a copy of the Corporation’s latest Annual Report - Must be an active Florida corporation.)

FEDERAL TAX IDENTIFICATION NUMBER (if incorporated): _________________________________

OR

SOCIAL SECURITY NUMBER (of Authorized Representative): ______________________________

AUTHORIZED APPLICANT REPRESENTATIVE:

Print Name __________________________________________________________

Street Address __________________________________________________________

City, State, Zip Code _________________________________________________________

Business phone: ___________________________ Cell phone: ___________________________

E-Mail Address (required): ______________________________________________________

All notifications will be made via e-mail communication.

The undersigned agrees that funds awarded will be used only for the purpose authorized by the selection committee and acknowledges that if applicant is selected for funding, applicant will be required to enter into an agreement with the City setting forth the terms and conditions under which funds may be expended and accounting requirements. The undersigned further acknowledges that failure to comply with the terms of the agreement will result in a demand for return of the funds and may preclude the applicant from future consideration. A sample agreement will be made available on request.

Signature ________________________________________________________________

(Name of organization or individual to whom check is to be made payable)

7
Describe the relationship, if any, between the applicant and the City of St. Petersburg:

Please provide the names and position of all persons who are officers or directors with your agency, organization or corporation. (Use additional page if necessary)

Name: ........................................ Position/Title: ........................................

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SECTION II

1. Give a brief description of your project/program:

2. Is this project/program new or ongoing? NEW _____ ONGOING _____

3. Which of these statutorily-required criteria will your project/program address? [Check all that apply]
   - Crime Prevention ______
   - Neighborhood Safety ______
   - Drug Abuse Education ______
   - Drug Prevention ______
   - School Resource Officer Program(s) ______

4. Describe exactly how your project/program will impact one of the statutorily-required criteria listed above.

5. Describe what public benefit your project/program will provide.

6. What neighborhood(s) or area(s) within the municipal boundaries of the City of St. Petersburg will receive the most benefit from your project/program?
7. Does your program include non St. Petersburg residents?

YES _____
NO _____

8. If answer to #7 is YES, what percentage of your participants are non St. Petersburg residents? _____

9. If the applicant is NOT a neighborhood association, has the neighborhood association been contacted and will it support the project/program? (If so, attach a letter of support.)

YES _____
NO _____

10. If answer to #9 is NO, explain why the neighborhood association has not been contacted or why it will not support the project/program?

11. What specific group(s) or population(s) will benefit from and participate in the project/program? (Check all that apply.)

Youth (less than 5 years) _____
(5 - 12 years) _____
(13 - 18 years) _____
Young Adult (19 – 24 years) _____
Adult (24+ years) _____
Seniors (65+ years) _____
Other (specify) ________________________________

12. How will the proposed participants/population be notified and participation encouraged? (Check all that apply and identify the publication and/or location of the advertisement.)

Flyers
Newspapers
Association Newsletters
Faith institution bulletins
Schools
Recreation Centers
Websites (please identify) ________________________________
Other (please specify) ________________________________
13. Project/Program goals:

<table>
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<tr>
<th>Task/Objective(s)</th>
<th>Time Line</th>
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14. How will you account for expenditures, including the use of award dollars for only St. Petersburg residents?

15. Are there other sources of funding for your program/project?

- YES  _____
- NO   _____

16. If the answer to #15 is YES, what are the other sources of funding? (Check all that apply.)

- Current operating  _____
- City grants  _____
- County grants  _____
- Federal grants  _____
- Private Foundations  _____
- Registration fees  _____
- Donations  _____
- Other (specify)  ______________________

17. Will you be able to conduct your program/project without full funding of this request?

- YES  _____
- NO   _____
18. If the answer to #17 is NO, then will you be able to conduct a portion of the program/project with partial funding?

YES  ____
NO   ____

19. If the answer to #18 is YES, please explain which part of the program/project will be affected by limited funding.
## SECTION III
PROPOSED PROJECT/PROGRAM BUDGET

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<th>MATERIALS*</th>
<th>VENDOR</th>
<th>DOLLAR AMOUNT</th>
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SERVICES (salaries are not allowed)

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OTHER

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<th>VENDOR</th>
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TOTAL PROJECT COST  $______________
AMOUNT REQUESTED  $______________

* Include specific name item/service, quantity, etc. Attach estimates or written documentation for the costs of materials.