



# PENSACOLA POLICE

COURTESY • INTEGRITY • PROFESSIONALISM

## 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 and that meet the strict standards and statutory requirements by 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 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 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 set forth in the statutes described below.

Funding requests are subject to approval by the Chief of the Pensacola Police Department and the City Council, as well as funding availability.

### **Eligibility:**

To be considered for funding:

1. The project/program must meet the statutory criteria as to the use of LETF money and must fall into one of the following categories:

- Crime Prevention
- Drug Abuse and Prevention Program
- Safe Neighborhoods
- School Resource Officer
- Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a).

2. In order to be considered for submission, the following documents **MUST** be attached to the application at the time of submission.

- 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 to the 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 or 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 / event 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.**



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## 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 UMJ 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.

Initial UMJ 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.

Initial UMJ 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.

Initial UMJ 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.

Initial UMJ 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: FavorHouse of Northwest Florida, Inc.

Marsha Travis

Printed Name of Person Authorized to Complete this Application

Acting Executive Director

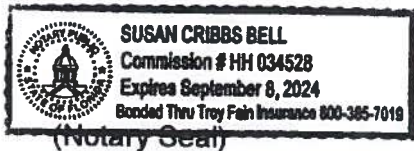
Title

Marsha Travis

Signature

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this 12th day of October, 2021, by (name of person making statement) who is personally known to me or has produced \_\_\_\_\_ as identification.



NOTARY PUBLIC

Susan Cribbs Bell

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

**PART 2**

**Section 1**

**APPLICANT INFORMATION**

<b>Name of Agency:</b>	FavorHouse of Northwest Florida, Inc.		
<b>Name of Program to receive funding from LETF:</b>	FavorHouse Domestic Violence Shelter Program		
<b>Amount of LETF Funds Requested:</b>	\$5,000		
<b>Name/ Title of Contact:</b>	Marsha Travis, Executive Director		
<b>Address:</b>	2001 W. Blount St.	<b>Phone:</b>	850-434-1177 x103
<b>City • Zip Code:</b>	Pensacola FL. 32501	<b>Fax:</b>	850-434-9987
<b>Total Program Budget:</b>	\$451,094.15	<b>E-mail:</b>	marsha@favorhouse.org
<b>Dates of Project/Program:</b>	7-1-21 - 6-30-22		

**Section 2**

**LETF CATEGORY**

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

<input type="checkbox"/>	<b>1. Crime Prevention</b>
<input type="checkbox"/>	<b>2. Drug Abuse Education and Prevention Programs</b>
<input checked="" type="checkbox"/>	<b>3. Safe Neighborhood</b>
<input type="checkbox"/>	<b>4. School Resource Officer</b>
<input type="checkbox"/>	<b>5. Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a)</b>

**Section 3**

**PROPOSED PROGRAM INFORMATION**

a. What is the mission statement of your agency?

With a commitment to excellence in our services to victims of domestic violence and sexual assault, we actively work toward every intimate relationship to be free from violence.

b. How does your proposed project or program address the statutorily applicable LETF Category as marked in Part 2 , section 2 of this application?

Safe Neighborhoods are created by safe families. Domestic Violence is a major disrupter in our community. During 2019 (2020 statistics not available) Pensacola reported 298 domestic violence arrests and Escambia County reported 1410 for a total of 1,708 arrests for domestic violence in our community. The need to provide counseling for domestic violence survivors who leave shelter and return to live in their neighborhoods is critical to enhance the safety of the homes. Survivors need counseling to learn how to survive and recover from the trauma of violence in their homes and in the presence of their children. The survivor needs the counseling to overcome the events that have traumatized her and her children. Counseling promotes healing, recovery and stabilizes the home and teaches the survivor how to live independently from the abusive partner.

c. Why is this funding needed (what community program does it address)? What data or information suggests this program will be beneficial to the residents of Pensacola?

The funding is needed to support the counseling program while the survivor and her children stay in our safe shelter for a minimum of 6 weeks; longer if needed. Counseling is provided daily for each survivor. Last year during the 2020 pandemic 2,719 hours of counseling was provided. FavorHouse did not close its shelter program. We are considered essential and were given permission by the governor to operate our shelters 24 hours a day 7 days a week. We continue to operate 24/7 as our numbers of survivors and their children seeking safe shelter continues to increase. Domestic violence crime has increased.

d. What is the specific time frame of dates that this program or project will be performed?

Since the shelter is a 24/7 program, many opportunities for counseling are available. Week days, week nights and weekends. Our current grant year is July 1, 2021 - June 30, 2022. The shelter program is staffed 24 hours a day by staff who are awake. We do not sleep on the premises. Each day our staff includes a licensed mental health counselor, MSW staff, MSW interns, Crisis Intake Counselors all are core competency trained in domestic violence and trauma informed care. When a survivor wakes up at 2 AM from a nightmare, she has a counselor available to talk with her and counsel her.

- e. Describe in detail the program or project for which you are seeking LETF funds and specifically how the funds requested will be used. A specific breakdown of the funds must be included on the attached line item budget

To provide survivors the hope, healing, recovery and health they are seeking specialized counseling must be available when needed. Survivors in shelter rarely have health insurance and rarely have funds to pay for medical needs or for counseling. The requested \$5,000 will provide 71.5 hours of counseling at \$70.00 per hour. Since FavorHouse has a mandate not to charge for any services we provide, the survivor will receive the necessary counseling on site at no cost to her. The funds will allow survivors faster access to counselors where the wait time in the community is four weeks or longer. Crisis stabilization Units only see those who are contemplating self-harm or harming others. Research shows the average person will receive 15 to 20 sessions for 50% of the client recovery. The funding will allow not only faster access but multiple sessions and longer sessions during their stay with FavorHouse.

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:

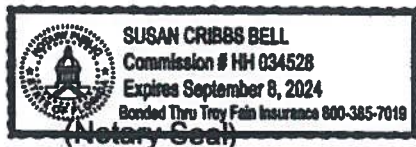
Signature: Marsha Travis

Print: Marsha Travis

Title: Acting Executive Director

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this 12th day of October, 2021, by (name of person making statement) who is personally known to me or has produced \_\_\_\_\_ as identification.



NOTARY PUBLIC  
Susan Cribbs Bell  
Signature of Notary  
State of Florida at Large  
My Commission Expires:



## Total Program Line Item Budget

LETF LINE ITEM BUDGET	CALCULATION	TOTAL AMOUNT
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**Program Expenses**

Personnel Costs/Salaries	\$ 362,022.45	362,022.45
Consultants and Professional Fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$ 33,500.00	33,500.00
Printing and Copying	\$ 1,950.00	
Other (specify)	\$ 32,021.70 ( Insurance & Utilities)	32,021.70
	6,000.00 (Program Participants)	6,000.00
	15,600.00 (Communication)	15,600.00
<b>Total Program Expenses</b>	<b>\$ 451,094.15</b>	<b>451,094.15</b>
	<b>LETF Request</b>	<b>\$ 5,000.00 (71.5 hours counseling at \$70 per hour)</b>
	<b>Total:</b>	<b>\$</b>

# *State of Florida*

## *Department of State*

I certify from the records of this office that FAVORHOUSE OF NORTHWEST FLORIDA,INC. is a corporation organized under the laws of the State of Florida, filed on November 24, 1980.

The document number of this corporation is 755255.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 28, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-eighth day of January,  
2021*



*Randy R. Lee*  
**Secretary of State**

Tracking Number: 8818337868CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Internal Revenue Service  
District Director

Department of the Treasury

Date: APR 20 1983

Our Letter Dated:  
May 22, 1981  
Person to Contact:  
J. Butcher/ch  
Contact Telephone Number:  
404-221-4516

File Folder Number: 580012551

Employer Identification Number:  
59-2075120

▷ FavorHouse of Northwest Florida, Inc.  
2001 W. Blount St.  
Pensacola, FL 32501

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

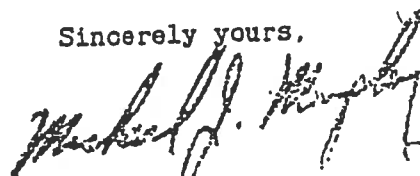
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section \_\_\_\_\*. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section \_\_\_\_\* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section \_\_\_\_\* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

\* 509(a)(1) & 170(b)(1)(A)(vi)

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>FavorHouse of Northwest Florida, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> <b>C Corporation</b> <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>2001 W. Blount St.</b>	Requester's name and address (optional) <b>Pensacola Police Department</b>
<b>6</b> City, state, and ZIP code <b>Pensacola, FL 32501</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
5	9		-	2	0	7	5	1	2	0

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>U. Marshala Jrain</i>	Date ▶ <i>10-13-21</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## Detail by Entity Name

Florida Not For Profit Corporation

FAVORHOUSE OF NORTHWEST FLORIDA, INC.

### Filing Information

<b>Document Number</b>	755255
<b>FEI/EIN Number</b>	59-2075120
<b>Date Filed</b>	11/24/1980
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	11/03/1992
<b>Event Effective Date</b>	NONE

### Principal Address

2001 W BLOUNT ST  
PENSACOLA, FL 32501

Changed: 02/07/1994

### Mailing Address

2001 W BLOUNT ST  
PENSACOLA, FL 32501

Changed: 02/07/1994

### Registered Agent Name & Address

DeBlander, Kate  
5 Seashore Dr  
Pensacola Beach, FL 32561

Name Changed: 02/18/2019

Address Changed: 02/18/2019

### Officer/Director Detail

#### **Name & Address**

Title SD

Rodgerson, Pamela  
4060 Powrie Dr  
Pensacola, FL 32504

Title VP

Steve, Griffin  
501 Commendencia St  
PENSACOLA, FL 32501

Title TD

Rhodes, DeeDee  
1415 E Desoto St  
Pensacola, FL 32501

Title PD

DeBlander, Kate  
5 Seashore Dr.  
PENSACOLA Beach, FL 32561

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2019	02/18/2019
2020	01/14/2020
2021	01/28/2021

**Document Images**

<a href="#">01/28/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/18/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/26/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/14/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">06/25/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/08/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/16/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/05/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>