

# APPLICATION FOR PENSACOLA POLICE DEPARTMENT

LAW ENFORCEMENT TRUST FUND MONIES

## ALL INFORMATION IS REQUIRED

Agency Name: Favor House of NW Florida      Agency Address: 2001 W. Blount St.  
Point of Contact: Sue Hand      Amount Requested: \$ 3,000.00  
Phone: (850) 434-9987      Email: sue@favorhouse.org  
Type of Agency:       School       Charity       Other  
Check Payable To: FavorHouse of NW Florida      Mailing Address: 2001 W. Blount St. Pensacola, FL  
Usage:       Crime Prevention       Safe Neighborhood       Drug Abuse Education  
             School Resource Officer       Drug Prevention       Drug Treatment

## FUNDING JUSTIFICATION (REQUIRED)

*PROVIDE CERTIFICATION THAT FUNDS WILL BE USED FOR AUTHORIZED PURPOSES ONLY.*

*(ATTACH ADDITIONAL DOCUMENTATION, AS NEEDED, TO SUPPORT JUSTIFICATION)*

NOTE: BE SURE TO INCLUDE AND IDENTIFY ANY ANTICIPATED RECURRING PENSACOLA POLICE DEPARTMENT COSTS.

These funds will be used to help provide training to Pensacola Police officers and others who work in the domestic violence system. This training will increase knowledge of domestic violence investigation leading to a higher arrest and conviction rate, use of risk assessment tools, keeping victims safe and educating victims. This will help prevent crime by incarcerating suspects and helping victims from returning to offenders for future abuse. FavorHouse will use this money to help pay the speaker fee for a national level trainer who is an expert in these areas.

**\*\* APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.**

## CERTIFICATION (REQUIRED)

I AGREE TO COMPLY WITH THE REQUIREMENTS AND TO USE THE APPROVED LOGO AND STATEMENT PROVIDED WITH THIS APPLICATION.      Initial Here: \_\_\_\_\_

Name of Certifying Official:

Title of Certifying Official:

1. As required by Florida Law, Statute 932.7055 5(C), the requested funds will be used for the purpose specified above, and no other purpose.
2. My agency shall, as required by Florida Law, Statute 932.7055, provide accounting for these funds and shall provide such reports to the Pensacola Police.
3. 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.

All representations in this application are true, to the best of my knowledge and belief.

Signature: *[Handwritten Signature]* Date: 10-16-19

~~TICKETS/RESERVATIONS/TABLES/GUESTS~~

~~# of Tickets: # of Tables: # of Guests: RSVP Required Date:~~

CONTACT INFORMATION

For Tickets, Reservations, Confirmations, or Questions, please contact:

Holly Ramsey, (850) 435 – 1855, email: [letf@cityofpensacola.com](mailto:letf@cityofpensacola.com)

FOR INTERNAL USE ONLY

Chief Signature: *[Handwritten Signature]* Date: 10/16/19  Approve  Disapprove

Legal Signature: *[Handwritten Signature]* Date: 10/22/19  Approve  Disapprove

Mail to:  
P O Box 1750  
Pensacola, FL 32591-1750

Drop Off at:  
711 N. Hayne Street  
Pensacola, FL 32501

Send Signed and Scanned  
Application to:  
[letf@cityofpensacola.com](mailto:letf@cityofpensacola.com)

APPROVED LOGO AND STATEMENT

Pensacola Police Department will attach a PDF Copy of the Approved Statement and Logo.