

MAILING ADDRESS
P. O. Box 18770
Pensacola, Florida 32523
(850) 436-9630



LOCATION
1700 W. Leonard St.
Pensacola, Florida 32501
www.escambiaso.com

ESCAMBIA COUNTY SHERIFF'S OFFICE
David Morgan, Sheriff

December 18, 2017

Commissioner Jeff Bergosh, District 1, Chairman
Escambia County Board of County Commissioners
221 Palafox Place
Pensacola, FL 32501

RE: Law Enforcement Trust Fund Requests

Dear Chairman Bergosh,

I have withheld acting on pending requests for Law Enforcement Trust Funds (LETf) proceeds based on the most recent discussions on this issue by the Board. To my knowledge, there has been no activity whatsoever to develop a new BOCC process for approval of these requests. Be advised that pursuant to Section 932.7055, Florida Statutes (2017), I must expend or donate no less than 25 percent of LETf proceeds for the support or operation of any drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood, or school resource officer program or programs. The statute further provides that I have the discretion to determine which programs will receive the designated funds.

I am forwarding the attached LETf requests with my approval to EBOCC for action. EBOCC should take timely action on the attached requests.

Sincerely,

A handwritten signature in black ink, appearing to be "David Morgan".

David Morgan, Sheriff

Copy to:
Jack Brown, County Administrator
Commissioner Doug Underhill, District 2
Commissioner Lumon May, District 3 (Vice Chairman)
Commissioner Grover Robinson, District 4
Commissioner Steven Barry, District 5



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ESCAMBIA COUNTY SHERIFF'S OFFICE

David Morgan, Sheriff

December 18, 2017

American Heart Association

Attn: Inger Alderfer

707 E. Cervantes Street, Suite B, Box 112, Pensacola, FL 32501

Re: Your Request for Funds from the Escambia Law Enforcement Trust Fund dated November 15, 2017.

Dear Inger Alderfer,

We have received your request to provide your organization with funds from the Escambia Law Enforcement Trust (LET) fund. Your request for funding for crime prevention, Safe Neighborhood or other law enforcement purposes has been reviewed and approved by the Sheriff for the amount of \$2,500. The Sheriff has submitted your request to the Escambia County Board of County Commissioner with his written certification that the funds will be used for a purpose authorized by law.

Your request for LET funding, as approved by the Sheriff, is now awaiting review by the Escambia County Board of County Commissioners. The funds cannot be provided to you until your request is approved by the Board. The Board has indicated that it may revise the procedure for approval of such requests, so we are unable to provide you with information on when you can expect the Board to act on your request.

Please contact the County Commissioner for your district for information on the status of your request.

Point of contact in this matter is Daniel Capozzolo, C.F.O. administrative assistant at 850-436-9949.

FLORIDA



ACCREDITED



ESCAMBIA CO
APP
STATE LAW ENFOR

DONATION

743

ALL Requests MUST have a justification statement (Page 2) that encourages one of the following areas: (Check the appropriate box or boxes)

☒ CRIME PREVENTION ☐ DRUG PREVENTION ☐ DRUG EDUCATION ☒ SAFE NEIGHBORHOOD

Funds will be used for: (Check the appropriate box)

☒ PROMOTIONAL/ADVERTISING ☒ EVENT

The Documents listed below MUST be attached to your request: (Check the appropriate boxes)

☒ 501c3 or c4 or ☐ NOT-FOR-PROFIT and ☒ W-9 and ☒ CERTIFICATE OF EXEMPTION

To be considered the Application MUST be Completed, Signed and ALL Documentation Attached

ORGANIZATION/AGENCY NAME:	American Heart Association	DATE	11/15/2017
POINT OF CONTACT	Inger Alderfer	PH#	(267) 994-8696
EMAIL ADDRESS:	inger.alderfer@heart.org	<input type="checkbox"/> INITIAL REQUEST	<input checked="" type="checkbox"/> PREVIOUS REQUEST
DATE FUNDS NEEDED (allow 2-3 weeks for processing)	12/15/2017	AMOUNT REQUESTED:	\$ 5,000
CHECK PAYABLE TO:	American Heart Association		
COMPLETE MAILING ADDRESS:	<input type="checkbox"/> NEW ADDRESS		
Street	707 E. Cervantes Street, Suite B, Box 112	City	Pensacola
State	FL	Zipcode	32501

CERTIFICATION STATEMENT

- As required by Florida law, the requested funds will be used for the purpose specified above, and no other purpose.
- My agency shall, as required by Florida law, maintain records of these funds and provide such reports as may be requested by the Sheriff.
- I have the appropriate authority (Board Member) on behalf of the requesting agency.
 - To submit this application and to ensure funds are used for the purposes specified herein;
 - To cause the required accounting and reporting of these funds.

All representations in this application are true to the best of my knowledge and belief IBA (initial)

NAME OF CERTIFYING OFFICIAL	TITLE OF CERTIFYING OFFICIAL
Inger B. Alderfer	Senior Regional Director
SIGNATURE (Digital)	DATE
Inger Alderfer	11/15/2017

STAFF USE ONLY

	SIGNATURE	APPROVED	DENIED	COMMENTS
LEGAL		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHIEF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CFO		<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMOUNT APPROVED
SHERIFF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$2,500.00
CFO ASSISTANT				

Date processed 12/15/17

I CERTIFY THIS REQUEST COMPLIES WITH FLORIDA STATUTE 932.7055

DAVID MORGAN, SHERIFF

ORGANIZATION/AGENCY NAME:

American Heart Association

Per Florida State Statute Florida Statutes - Chapter 932.7055(5)(c) - Such funds may be used only for school resource, PROVIDE A DESCRIPTION OF HOW YOUR AGENCY WILL BE USING THE FUNDING Crime Prevention, Drug Abuse Education, or Drug Prevention Programs or Safe Neighborhood.

JUSTIFICATION FOR SLET FUNDS

REQUIRED INFORMATION

THIS APPLICATION CANNOT BE PROCESSED WITHOUT A JUSTIFICATION STATEMENT EXPLAINING YOUR PLANNED USE FOR FUNDING:

Be as specific as possible when describing how the monies will to be used in the effort to encourage Crime Prevention; Drug Education; Drug Prevention or Safe Neighborhoods.

YOU MAY PROVIDE ADDITIONAL PAGES WITH INFORMATION AS AN ATTACHMENT.

Begin Typing Here

Dear Community Partner,

The American Heart Association Heart Ball is a nationwide event that celebrates our mission to build healthier lives free of cardiovascular diseases and stroke. For more than 18 years, the Northwest Florida Heart Ball as promoted the American Heart Association's mission on a local level, and thanks to our donors' support we've seen inspiring advances in heart and stroke related illnesses.

Diseases of the heart are the Number One killer in the United States, and while stroke has recently dropped to the Number Five killer in our country, it remains a leading cause of disability. Funds raised through the Heart Ball are directed towards lifesaving research, some of which occurs in our own backyard at Sacred Heart Hospital. They have recently begun participation in a national stroke study called MaRISS (Mild and Rapidly Improving Stroke Study) in conjunction with the American Heart Association and the University of Miami. Research funding has led to breakthroughs and treatment advances like artificial heart valves, heart transplants, and CPR techniques and guidelines.

We humbly ask for your help in making our fundraising event a success by becoming a sponsor. The Northwest Florida Heart Ball is on Friday, March 9, 2018 at the Museum of Commerce in historic downtown Pensacola. As a part of the ECSO's support of our event, the American Heart Association will provide recognition of this in the Heart Ball event program. We hope that you will come celebrate life and good health with us!

Sincerely Yours,

Inger Alderfer

SLET SPONSORSHIP

Date Received: 11/15/17

☒ 501C3

☐ Request Info

☐ Not for Profit

☐ Email

☒ W-9

☐ Phone

☒ Tax Certificate

☐ Other

☒ Justification

\$ 7500.00 10/29/15

☒ PREVIOUSLY APPROVED

ORGANIZATION/AGENCY NAME:

American Heart Association

TYPE OF EVENT
☐ BANQUET ☐ LUNCHEON ☒ GALA ☐ DINNER ☐ SPORT ☐ PERFORMANCE
TICKETS/RESERVATIONS/TABLES/GUESTS**Available to Escambia County Sheriff's Office**RSVP REQUIRED: ☒ YES ☐ NO

NUMBER OF TICKETS

8

RESPOND NO LATER THAN

02/16/2018

NUMBER OF TABLES

1

POINT OF CONTACT

Inger Alderfer

NUMBER OF GUESTS

8

PHONE NUMBER

(267) 994-8696

E-MAIL

inger.alderfer@heart.org

CONTACT INFORMATIONQuestions concerning application or
financial confirmations

JUDI FELTY 436-9949

EMAIL: SLETDonations@escambiaso.com

Questions concerning RSVP's; Reservations; Guests/Attendees;
Tickets or Confirmations

ALLISON MORGAN 554-1385

EMAIL: almorgan@escambiaso.com

APPROVED LOGO AND STATEMENT

Please read Sheriff Morgan's letter about using the approved and dated logo which includes a statement as to identify where the monies are being distributed from. The approved logo and statement MUST appear on all printed material. When the SLET Sponsorship application has been approved you will be given the artwork(.png and .pdf formats) to be used on all printed material.

SUBMIT



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248225078
Jan. 12, 2017 LTR 4168C 0
13-5613797 000000 00
00012610
BODC: TE

AMERICAN HEART ASSOCIATION INC
NATIONAL CENTER
% SUNDER JOSHI EVP CFO
7272 GREENVILLE AVE
DALLAS TX 75231-5129



106811

Employer ID Number: 13-5613797
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Jan. 03, 2017, regarding your tax-exempt status.

We issued you a determination letter in July 1949, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248225078
Jan. 12, 2017 LTR 4168C 0
13-5613797 000000 00
00012611

AMERICAN HEART ASSOCIATION INC
NATIONAL CENTER
% SUNDER JOSHI EVP CFO
7272 GREENVILLE AVE
DALLAS TX 75231-5129

Sincerely yours,

A handwritten signature in black ink, appearing to read "K. A. Billups". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kim A. Billups, Operations Manager
Accounts Management Operations 1



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

85-8012621870C-8	11/30/2013	11/30/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

AMERICAN HEART ASSOCIATION INC
7272 GREENVILLE AVE
DALLAS TX 75231-5129

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

American Heart Association, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☒ Other (see instructions) ▶

501(c)(3) exempt org

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 1

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

7272 Greenville Avenue

6 City, state, and ZIP code

Dallas, TX 75231

Requester's name and address (optional)

7 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

 - -

or

Employer identification number

1 3 - 5 6 1 3 7 9 7

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 on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶ 2/7/2017

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.