

2025

TPD C.A.R.E.S.

**TAMPA POLICE DEPARTMENT
COMMUNITY AND RESOURCES
ENHANCING SUCCESS (CARES)**



PURPOSE

The Tampa Police Department is pleased to announce its 2025 Community and Resources Enhancing Success (CARES) grant program. The purpose of this grant funding program is to provide assistance to community partners who are engaged in projects and programs benefiting the citizens of Tampa by using Law Enforcement Trust Funds (LETf). These funds are the result of civil forfeitures of assets that have been seized as contraband linked to certain felony crimes. The seized money is maintained in a LETf fund and can only be used in accordance with the rules set forth in FL Statutes, Section 932.701-932.707, called the "Florida Contraband Forfeiture Act (FCFA)." Community members interested in applying for C.A.R.E.S. funding must support the spirit of the Tampa Police Department's mission to reduce crime and enhance the quality of life through a cooperative partnership with all citizens. Applications for 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.

Eligibility

The Community and Resources Enhancing Success (CARES) grant program is open to community groups, associations, agencies, or non-profit organizations with 501(c)(3) or 501(c)(4) designations, providing services to residents within the city of Tampa's municipal boundaries. The program must meet eligibility criteria, including serving youth or adult programs focused on crime prevention and community engagement, social development, mentorship, drug or domestic abuse prevention and treatment, and mental health.

Award Amount

A total of **\$45,000** is available for the 2025 funding awards.

The funding amount will be determined by the selection committee's application evaluation. Projects will be rated using the selection criteria and grants will be awarded in the following tiers:

Tier 1: \$15,000 Tier 2: \$10,000 Tier 3: \$5,000 Tier 4: \$2,000 Tier 5: \$1,000

Award Period

The award period will be a twelve-month timeframe between June 1, 2025, and June 30, 2026, wherein all services must be completed.

Allowable and Unallowable Costs

Grant proposals should not include requests for funding for anything outside of the LETF categories.

The grant does **not** cover certain expenditures such as personnel salaries, overtime, general operating expenses, training, travel, food, gifts, infrastructure, video surveillance systems, publications, or other communication media not related to this project.

Award Submission

The 2025 Community and Resources Enhancing Success (CARES) grant program application enrollment period starts on March 10, 2025, and must be submitted by midnight on April 4, 2025. Grant applications must be typed or written, accompanied by supporting documents, and received within the specified period. All questions in the grant application (**Appendix A**) must be answered in full to be considered.

Online Submission: TPD-Grants@tampagov.net

Mailing Address or Hand Delivery:

Tampa Police Department
Office of the Chief of Police
411 N. Franklin Street
Tampa, FL 33602

March 10, 2025	C.A.R.E.S Solicitation released to the community for local organizations to apply
April 4, 2025	Grant applications due to Tampa Police Department (see above for instructions on how to apply)
April 11 – April 24, 2025	Review and evaluation of applications and submission of funding recommendations to City Council
May 19, 2025	Final announcement of grantees and awarded amounts

Organization Applicant and Certification:

The applicant must be an authorized user with the organization. Applicants must provide a federal tax identification number via a W9 and submit a signed certification form with the application (**Appendix C**).

Supporting Document(s)

To be considered for funding, the application **must** include the organization's name and federal employer identification number in the upper right-hand corner on each document, along with the following supporting documents, as per the guidelines.

- Itemized Budget (Must use attached form and return with application) (Appendix B)
- Applicant Certification (Appendix C)
- Latest copy of your Florida Division of Corporations status from Sunbiz.com. (We will verify)
- IRS 501(C)(3) determination letter
- IRS Form W9 (blank copy attached)
- One letter of Support from a previous funder or organization that has partnered with your organization.

Disqualifiers

All applications must meet the minimum eligibility. However, some circumstances will require instant disqualification.

- Any organization which owes monies to the City of Tampa will not receive award funds until those other obligations are satisfied.
- Incomplete application and/or missing supporting documents.
- Project description that is vague in nature will be classified as incomplete.
- Any organization which previously failed to account for all expenditures completely and accurately in past Community and Resources Enhancing Success awards will not be eligible to receive additional funding.
- If the Applicant 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 TPD, then all LETF monies disbursed to the Applicant must be returned to the TPD within ten (10) business days of the TPD's written demand for the same and Applicant will be ineligible for any further LETF disbursements.

Reporting Requirements

The applicant is required to submit a Bi-Annual program report (**Attachment I**) to the Tampa Police Department (TPD) detailing their program status, expenditure, and supporting expenses. The report must be submitted by January 15th of each year and must include all necessary information. The final report of activities and expenditures must be submitted by 90 days at the end of the program performance period. The applicant must bear all costs and expenses in generating and delivering the documentation and must provide it in a format acceptable to TPD. Failure to submit (**Appendix C**) timely may result in a demand for the funds granted to be returned and a failure for the agency to be considered a recipient for future LETF money.

2025 APPLICATION COVERSHEET

The following documents MUST be attached to this cover page at time of submission in order to be considered for funding. Any documents not submitted may automatically disqualify the applicant.

- ☐ Application (Appendix A)
- ☐ Itemized Budget (*Blank copy attached for your convenience*) (Appendix B)
- ☐ Applicant Certification (Appendix C)
- ☐ Florida Division of Corporations Proof of Filing
- ☐ IRS 501(C)(3) Determination Letter
- ☐ IRS Form W9
- ☐ One letter of Support from a previous funder or organization that has partnered with your organization.

Appendix A: Application

APPLICATE AGENCY INFORMATION

Agency Legal Name: <i>(As listed on Sunbiz.org)</i>					
Main Administrative Address:					
City:		State:		Zip Code:	
Contact Name:					
Contact Number:					
Contact Email:					
Organization Website:					
CEO/ Executive Director:					

PROGRAM/ PROJECT INFORMATION

Program Title					
Address:					
City:		State:		Zip:	
Contact Name:					
Contact Number:					
Contact Email:					

The program or project is a specific initiative or initiative managed by the requesting agency, not the entire agency. Example of project/ program specific initiative: ABC Agency is seeking LETF funds to fund an after-school program that includes positive communication, anger management, and drug education counselors. This program meets all three funding categories: Crime Prevention, Drug Abuse Education and Prevention, and Safe Neighborhoods, ensuring a comprehensive approach to crime prevention.

ORGANIZATION'S BACKGROUND: Provide a concise description of the applicant agency, including its history, years of operation, general mission statement, and primary services provided.

LEFT CATEGORY/ STATUTORY REQUIREMENT:

SELECT THE BOX (es) OF THE PROGRAM AREA THAT YOUR PROGRAM/ PROJECT APPLIES TO:

- | | |
|--|---|
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Safe Neighborhood |
| <input type="checkbox"/> Drug Abuse Education | <input type="checkbox"/> Drug Prevention |
| <input type="checkbox"/> School Resource Officer Programs | <input type="checkbox"/> Drug Treatment |

How will your proposed project address the LEFT Category(es) (selected above)?

Example: The counselor will provide anger management and drug education to children, focusing on improving communication and preventing substance abuse, thereby preventing violent crime, building safe neighborhoods and supporting LETF categories.

PROGRAM INFORMATION: Provide a program summary or overview of program services to be funded with no less than three (3) bullet points.

PROGRAM IMPLEMENTATION: The program's implementation plan should outline the program's goal(s), including Who, What, Where, and When. Listing each goal individually.

Example: Goal 1: ABC Agency will conduct # of trainings on Crime Prevention to the Community at a minimum of 1 per month during the funding period of June 2025- July 2026.

Goal 1:

Goal 2:

Goal 3:

Goal 4:

Describe Applicant's organization's experience in serving a specific population and its capacity to implement the proposed program are discussed.

Has the organization applied for C.A.R.E.S previously? Choose an item.	
If yes, Which year(s) applied?	Click or tap here to enter text.
Which year(s) awarded?	Click or tap here to enter text.
Amount Awarded?	Click or tap here to enter text.

Appendix B: Budget

Project/Program Budget:

ITEMIZED BUDGET: 2025 Tampa Police Department C.A.R.E.S. Funding Application				
Organization Name:		EIN:		
BUDGET ITEM	QTY	Cost per Unit	Total Expense Cost	Total LETF Requested Expenses
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Program Expenses:			\$	
			Total LETF Request:	\$

Appendix C: Certification

CERTIFICATION BY APPLICANT

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.

I HEREBY CERTIFY:

All information included in this application is accurate.

1. The applicant is in compliance with Federal Civil Rights laws.
2. Your organization is not and has never been under investigation or found to be in violation of any federal, state, or local civil rights laws.
3. No shared benefits will be used for political or personal purposes.
4. No shared benefits will be used for any purpose that would constitute improper or illegal use under the laws, rules, regulations, or orders of the state or local jurisdiction where the applicant is located or operates.
5. The Applicant Organization currently possesses a 501(c)(3) or 501(c)(4) designation.
6. No officer, director, trustee, or fiduciary of the applicant has been:
 - a. Convicted of a felony offense under federal or state law, or
 - b. Convicted of any drug offense.

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: _____

Printed Name of Person Authorized to Complete this Application

Title

Signature

CERTIFICATION OF REQUIRED REPORTING: (Please initial each) By initialing and signing this funding application, the applicant agrees to comply with the following terms and conditions if awarded LETF Funding.

PERIOD OF PERFORMANCE

_____ APPLICANT shall commence services as soon as practical and reasonable under the circumstances. All program activities must be completed within one (1) year of disbursement unless said date is extended by TPD in writing. Any request for an extension of time must be submitted in writing no later than 30 days before the end of the performance period of the award.

REPORTS AND DELIVERABLES

_____ APPLICANT will keep clear and accurate records throughout the Program period so that the TPD may readily evaluate the progress of the services rendered at mutually agreed upon times.

_____ APPLICANT will provide TPD with a **Bi-Annual program report (Attachment I)** which will include the current Program status by APPLICANT in completing/servicing the program, expenditure of funds, backup documentation supporting expenses, in addition to such other pertinent information as requested by Tampa Police Department on the report form to **no later than January 15th** each year funded.

_____ APPLICANT will submit a **final report (Attachment III)** of activities and expenditures documented by receipts or other financial proof of Program expenditures on the report form to TPD **no later than ninety (90) days** at the end of the Program performance period. The APPLICANT shall burden all costs and expenses in generating and delivering such documentation, and the documents shall be provided in a format acceptable to TPD. Failure to comply with the reporting requirements shall result in the APPLICANT having to return LETF.

RETURN OF FUNDS

_____ If the APPLICANT fails to perform; or is determined later not to be qualified to receive LETF, or if the APPLICANT made untruthful statements within its Request for Funding Application; or fails to provide the necessary reporting documents to TPD, then all LETF disbursed to the APPLICANT shall be returned to TPD within ten (10) business days of TPD's written demand for the same, and APPLICANT may be ineligible for any future LETF disbursements.

SPECIAL PROVISIONS

_____ APPLICANT will not qualify for subsequent year funding from TPD and will not be able to receive subsequent year funding until a complete report, approved by TPD, has been obtained for prior year activities that LETF funded. Notwithstanding the foregoing, TPD shall not be obligated to award any subsequent funding unless and until the APPLICANT reapplies for the same and is approved for disbursements at the discretion of TPD.

_____ Failure to spend grant funds in accordance with the approved budget will result in the return of funds to TPD.

_____ Failure of the APPLICANT to submit a complete report with backup documentation to TPD, at no cost to TPD, will result in the immediate return of funds to TPD.

_____ Failure of the APPLICANT to comply with sub-recipient monitoring will result in the immediate return of funds.

Attachment I: Bi-Annual Performance Reporting

Post Project/ Program Evaluation: This reporting form is due to TPD **no later than January 15th** for each year funded.

1. Describe how the project/ program met each of its goals explained in Project Implementation in the initial application. List each goal separately. (Ex: Goal 1: provide explanation; Goal 2, etc.)

2. Describe how the project/ program impacted crime prevention, neighborhood safety, drug abuse education, and/ or drug prevention.

3. How many participants did the project/ program serve? Please describe.

Attachment II: Bi-Annual Budget Reporting

Provide a detailed accounting of how the award was spent referencing the line-item Budgeting submitted with initial application:

Reporting Period: June 1 – December 30

Due no later than 15 days after

ORGANIZATION NAME: Click or tap here to enter text.

PROGRAM: Click or tap here to enter text.

BUDGET YEAR: 2025

FINANCIAL STATUS REPORT

BUDGET CATEGORIES	EXPENDITURES
	Amount Spent \$
TOTAL EXPENDITURES	
LESS: AWARDED BUDGET:	
REMAINING BALANCE:	

The individual signing is authorized to verify that the awarded funds were utilized for the evaluation purposes but acknowledges that the Tampa Police Department may require additional documentation such as receipts, program data, lesson plans, and staff salary information.

Authorized Signature

Title

Date _____

Attachment III: Annual Performance Reporting

Post Project/ Program Evaluation: This reporting form is due to TPD **no later than ninety (90) days** at the end of the Program performance period.

1. Describe how the project/ program met each of its goals explained in Project Implementation in the initial application. List each goal separately. (Ex: Goal 1: provide explanation; Goal 2, etc.)

2. Describe how the project/ program impacted crime prevention, neighborhood safety, drug abuse education, and/ or drug prevention.

3. How many participants did the project/ program serve? Please describe.

Attachment IV: Annual Budget Reporting

Provide a detailed accounting of how the award was spent referencing the line-item Budgeting submitted with initial application:

Reporting Period: January 1 – June 30
Due no later than 90 days after closeout of funding period

ORGANIZATION NAME: Click or tap here to enter text.
PROGRAM: Click or tap here to enter text.
REPORTING PERIOD: Click or tap here to enter text.

FINANCIAL STATUS REPORT

BUDGET CATEGORIES	TOTAL APPROVED BUDGET	EXPENDITURES		REMAINING BALANCE \$
		Amount Utilized \$	Amount Unused \$	
TOTAL				

The individual signing is authorized to verify that the awarded funds were utilized for the evaluation purposes but acknowledges that the Tampa Police Department may require additional documentation such as receipts, program data, lesson plans, and staff salary information.

_____	_____	_____
Authorized Signature	Title	Date