



## *Lauderhill Police Department*

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**To:** Officer of Management and Budget  
**Via:** Constance Stanley, Chief of Police  
**From:** Allen Siegel, Deputy Chief of Police  
**Date:** May 6, 2024  
**Subject:** Release of State Law Enforcement Trust Funds

The police department is requesting the use of State Law Enforcement Trust Funds. Funds for a donation to Women in Distress and Broward Victim's Rights Coalition. Funds can be found in the Law Enforcement Trust Fund, account number 1206839935. The donation is for \$1,000 to each organization not expected to exceed \$2,000.

This memorandum is to request that the Office of Management and Budget place the transfer of these funds on the same Commission Agenda as the requested items. This will eliminate any delays if approved by Commission.

Your consideration in this matter is greatly appreciated.



## *Lauderhill Police Department*

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**To:** Constance Stanley, Chief of Police  
**From:** Allen Siegel, Deputy Chief of Police  
**Date:** May 6, 2024  
**Subject:** Use of State Law Enforcement Trust Funds

Over the past several years, the Police Department has been working closely with several entities to address Domestic Violence. Two of the agencies we work very close with is Women in Distress and the Broward Victim's Rights Coalition. Both of these non-profit agencies support programs and victims from the City of Lauderhill. As not for profit, 501c3 organizations each rely on donations to assist them with programming. I am requesting that we utilize the State Law Enforcement Trust Fund to donate \$1,000 to each organization. Utilizing a total of \$2,000, which can be found in the State Law Enforcement Trust Fund account 1206839935.



## **BROWARD VICTIM'S RIGHTS COALITION**

**YOU HAVE THE RIGHT TO BE INFORMED, PRESENT & HEARD**

### **OFFICERS**

#### **President**

Sandra Vazquez, MS  
Human Services Manager  
Nancy J. Cotterman Center  
400 N.E. 4<sup>th</sup> Street  
Fort Lauderdale, FL 33301  
954.357.5775 ext. 5761

#### **Vice President**

Kerry Clarke, MSW  
Victim Advocate  
Sunrise Police Department  
10440 W. Oakland Park Boulevard  
Sunrise, FL 33351  
954.746.3536

#### **Recording Secretary**

Ashley Conon  
Victim Advocate  
Margate Police Department  
5790 Margate Boulevard  
Margate, FL 33063  
954.972.7111

#### **Corresponding Secretary**

Jenifer Mejia Coronell  
Victim Advocate  
Office of the State Attorney  
16 Southeast 6<sup>th</sup> Street  
Ft. Lauderdale, FL 33301  
954-765-4133

#### **Treasurer**

Debbie Geller, MSW, LCSW  
Victim Advocate  
Plantation Police Department  
451 N.W. 70<sup>th</sup> Terrace  
Plantation, FL 33317  
954.797.2172

#### **Membership Chair**

Tara Arena  
Victim Advocate  
Coconut Creek Police Department  
4800 West Copans Road  
Coconut Creek, FL 33063  
954.973.6700

#### **Immediate Past President**

Bridget Tuttle, PhD  
Professor  
Florida International University  
11200 S.W. 8<sup>th</sup> Street  
Miami, FL 33199  
954.

February 2, 2024

Constance Stanley  
Chief of Police  
Lauderhill Police Department  
6279 West Oakland Park Boulevard  
Lauderhill, FL 33313

Chief Stanley,

Broward Victim's Rights Coalition, a 501c3 charitable organization, is requesting a donation from the City of Lauderhill Law Enforcement Trust Fund (LETf). Broward Victim's Rights Coalition understands and acknowledges that these LETf monies are governed by Florida State Statute 932.7055 and can only be expended on very specific and identifiable items or services and include crime prevention, safe neighborhood initiatives, drug abuse education and drug prevention programs.

By requesting these LETf monies, we are hereby acknowledging that our organization will expend said monies only on the programs/initiatives outlined in Florida State Statute 932.7055. Broward Victim's Rights Coalition further recognizes the need to maintain proper accountability and transparency when expending LETf monies and therefore agrees to submit any requested documentation attesting to the expenditure of these funds on the item/services as outlined in Florida State Statute 932.7055 by the agency providing these funds.

Thank you for your consideration and Broward Victim's Rights Coalition looks forward to working closely with the Lauderhill Police Department in the future.

Sincerely,

Sandra Vazquez, President  
Broward Victim's Rights Coalition  
501c3# 85-8012740441C-0

# 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**BROWARD VICTIM'S RIGHTS COALITION, INC.**

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

3 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.

☐ 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: 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.

☒ Other (see instructions) ►

**501 (C)3**

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) **A**

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

5 Address (number, street, and apt. or suite no.) See instructions.  
**PO BOX 421**

6 City, state, and ZIP code

**FT. LAUDERDALE, FL 33302-0421**

7 List account number(s) here (optional)

Requester's name and address (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.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

6 5 - 0 6 5 3 8 7 9

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign  
Here

Signature of  
U.S. person ►

Date ►

**2/09/2024**

## 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.

### Executive Committee

Sean Riley, Chair  
Amanda Pires, Vice Chair  
Angela Kelsey, 2<sup>nd</sup> Vice Chair  
Drew Saito, Treasurer  
Carla Lowry, Secretary  
Billie Grieb, Past Chair  
Phyllis Thomas  
Linda L. Parker, Ph.D.,  
President & CEO

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Marilyn Camerota  
Michelle Claverol  
Stephanie Coker  
Maria Guttuso  
Paul Leikert  
Julissa Merette  
Beatriz "BJ" Prillaman  
Marla Schaefer  
Jill Wallace-Ross

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Emily Jaffe  
Karen Sylvester  
Judith Thiel  
Josette Van Putten  
Lindsay Malpica

February 8, 2024

Michael J. Calderin, MA, CAP, CMHP, CA  
Public Safety Operations Manager/Chaplain  
City of Lauderdale Police/Fire  
1980 NW 56 Avenue  
Lauderhill, FL 33313

Dear Mr. Calderin:

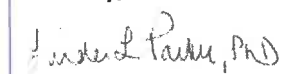
Women In Distress of Broward County (WID), a 501(c)(3) charitable organization, is respectfully requesting a donation from the City of Lauderdale Police Department's Law Enforcement Trust Fund (LETf) in the amount of \$1,000. Funding will help ensure Women In Distress maintains a seamless continuation of emergency shelter and support services to Lauderdale residents who are victims/survivors of domestic violence (DV) during the 2023-2024 fiscal year.

For the past 50 years, Women In Distress has worked in partnership with our public and private sector partners to advance our mission *to stop domestic violence abuse for everyone through intervention, education and advocacy*. WID accomplishes its mission by providing free and confidential, life-saving programs including: a 24-hour crisis hotline; 136-bed emergency shelter; onsite pet shelter and childcare; advocacy and counseling; safety planning; information and referral; therapy for adults and children (newborn-17); legal services to file for an injunction for protection; and violence prevention education to teens, professionals, and members of the community.

WID is the only nationally accredited, State certified domestic violence center serving Broward County, FL. All services are provided free of charge regardless of a person's age, gender identity, race, sexual orientation, religion, mental or physical disability, veteran or military status, immigration status, language spoken, or socioeconomic status. **WID served 2,494 victims/survivors and set an organizational record last fiscal year by providing 46,865 nights of safe shelter.**

Thank you for your commitment to ensuring City of Lauderdale residents who are affected by domestic violence continue to have access to safe shelter and support services. Should you have any questions, please contact Susan Evans, grants manager at [grants@womenindistress.org](mailto:grants@womenindistress.org) or 954-760-9800 X 1256.

Sincerely,



Linda L. Parker, Ph.D.  
President/CEO



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► 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.

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

**Women In Distress of Broward County, Inc.**

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

3 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.

☐ 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:** 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.

☐ Other (see instructions) ►

4 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) \_\_\_\_\_

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

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

**PO Box 50187**

6 City, state, and ZIP code

**Lighthouse Point, FL 33074**

7 List account number(s) here (optional)

Requester's name and address (optional)

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or

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5 9 - 1 5 9 2 5 2 4

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- I am a U.S. citizen or other U.S. person (defined below); and
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Sign  
Here

Signature of  
U.S. person ►

Date ► 5/25/2023

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- Form 1099-K (merchant card and third party network transactions)
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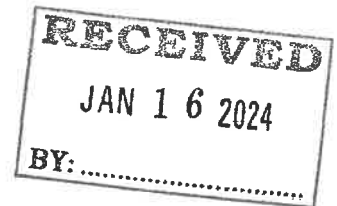


Department of the Treasury  
Internal Revenue Service

Kansas City Service Center  
Kansas City MO 64999

In reply refer to: 0256432380  
Jan. 16, 2024 LTR 4168C 0  
59-1592524 000000 00  
00014218  
BODC: TE

WOMEN IN DISTRESS OF BROWARD COUNTY  
INC  
% LINDA L PARKER PHD  
PO BOX 50187  
LIGHTHOUSE PT FL 33074



14067

Employer ID number: 59-1592524  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Jan. 08, 2024, about your tax-exempt status.

We issued you a determination letter in December 1977, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show 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 you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

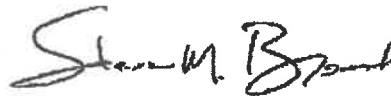
0256432380  
Jan. 16, 2024 LTR 4168C 0  
59-1592524 000000 00  
00014219

WOMEN IN DISTRESS OF BROWARD COUNTY  
INC  
% LINDA L PARKER PHD  
PO BOX 50187  
LIGHTHOUSE PT FL 33074

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager  
Operations 3-CIN





Department of the Treasury  
Internal Revenue Service  
Kansas City Service Center  
Kansas City MO 64999

014067.554350.26980.13388 1 AB 0.537 532



WOMEN IN DISTRESS OF BROWARD COUNTY  
INC  
% LINDA L PARKER PHD  
PO BOX 50187  
LIGHTHOUSE PT FL 33074

14067

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.  
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,  
EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0256432380

BODCD-

Use for inquiries only

Letter Number: LTR4168C  
Letter Date : 2024-01-16  
Tax Period : 000000



\*\*\*\*\*2524

INTERNAL REVENUE SERVICE  
Kansas City Service Center  
Kansas City MO 64999



WOMEN IN DISTRESS OF BROWARD COUNTY  
INC  
% LINDA L PARKER PHD  
PO BOX 50187  
LIGHTHOUSE PT FL 33074

591592524 WJ WOME 00 2 000000 670 000000000000

The IRS address must appear in the window.

0256432380

BODCD-

Use for payments

Letter Number: LTR4168C  
Letter Date : 2024-01-16  
Tax Period : 000000



\*\*\*\*\*2524

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0102



WOMEN IN DISTRESS OF BROWARD COUNTY  
INC  
% LINDA L PARKER PHD  
PO BOX 50187  
LIGHTHOUSE PT FL 33074

591592524 WJ WOME 00 2 000000 670 000000000000