Police Department
Jeff Devlin, Chief of Police

CITY OF Hollywood FLORIDA

tel: 954.967.4300

LAW ENFORCEMENT TRUST FUND (LETF)

REQUEST FOR FUNDING

The Hollywood Police Department has a long-standing commitment to the reduction of crime and the implementation of crime and drug prevention initiatives throughout the City of Hollywood. Use of LETF Funds requires approval from the City Commission, in accordance with F.S. 932.7055, upon request by the Chief of Police. The Statute requires a portion of the revenues be donated or expended for the support or operation of the following:

- *Drug treatment*
- *Drug abuse education*
- *Drug prevention*
- *Crime prevention*
- *Safe neighborhood*
- *School resource officer program*

Applications with all attachments must be received by Wednesday, May 13, 2026. Send via email to mdellolio@hollywoodfl.org. For questions, please contact Madonna Dell'Olio at mdellolio@hollywoodfl.org or 954-967-4375.

Applicant Agency Information

Applicant Agency Legal Name: H.E.R.O.E.S FOUNDATION	
Main Administrative Address: 3250 Hollywood Blvd	
City & State: Hollywood, FL	**Zip Code:** 33021
Telephone Number:(954) 347-0121	**E-mail Address:** hollywoodfop24@gmail.com
Website: www.hollywoodfop.org	
CEO/Executive Director: Andrew LaFramboise	

PROGRAM INFORMATION

Program Title:	Helping Hand Program		
Name/ Title of Program Contact:	Andrew LaFramboise		
Address:	3250 Hollywood Blvd	**Phone:**	(561) 246-8707
City • Zip Code:	Hollywood, 33021	**E-mail:**	hollywoodfop24@gmail.com
Total Program Budget:	$20,000.00		
Amount Requested:	$10,000.00		

3250 Hollywood Boulevard
P.O. Box 229045
Hollywood, Florida
33021-6967
hollywoodfl.org

Organization's Background: Please provide a concise description of the Applicant Agency, including its history, years of operation, general mission statement, and primary services provided.

The HEROES Foundation, Inc. (Helping Others through Resources, Outreach, Education & Support) was established in 2024 as the charitable arm of the Fraternal Order of Police Lodge 24. Now in its second year of operation, the Foundation was created to bridge the gap between law enforcement and the public. Our mission is to foster harmonious community relations through proactive engagement and transparency. We achieve this by providing essential resource distribution, community outreach programs, educational initiatives, and direct support services to both officers and the citizens they serve.

LETF CATEGORY (Place an "X" to the left of **one** program area for which you Intend to Apply):

☐	**1. Crime Prevention**
☐	**2. Drug Treatment or Abuse Prevention/Education**
☑	**3. Safe Neighborhood**

HOLLYWOOD POLICE'S PRIORITY AREA (Place an "X" to the left of one program area for which you Intend to Apply):

☐	**1. Diverting Youth from Criminal Justice System**
☐	**2. Reducing Gun Violence/Violent Crime**
☑	**3. Programs which assist the Homeless/Mentally Ill**

PROGRAM INFORMATION

1. **How does your proposed project address the LETF Category (see above) as well as the Hollywood Police Department's Priority Area?**

The HEROES Foundation is dedicated to collaborating with the Hollywood Police Department to provide essential support for families facing homelessness or acute financial hardship. By establishing a direct referral link, Hollywood police officers can connect vulnerable residents with our foundation's resources. We provide critical, short-term interventions; including temporary lodging and meal assistance; to ensure families receive stability and care in moments of crisis.

2. **Why is this funding needed (What community problem does it address)? What data suggests this program should be implemented with this population or in this geographical location?**

This funding addresses the urgent lack of emergency resources for families experiencing displacement in the City of Hollywood. While law enforcement frequently encounters families in desperate financial straits. There is a significant upward trend in family homelessness within our geographical area. Immediate intervention is the most effective way to prevent the physical and educational decline of children in these households. Implementing this program in Hollywood allows for a proactive, localized response to a growing regional emergency.

3. **Program Summary** (3-5 sentences)**:** Provide an overview of program services.

The HEROES Foundation provides an immediate safety net for families identified by the Hollywood Police Department as experiencing sudden homelessness. Upon contact, officers secure local, safe hotel accommodations while our foundation manages all associated lodging expenses and provides essential nutritional support. This streamlined collaboration ensures that families in crisis receive instant stability and a secure environment. This rapid intervention allows families a critical window of time to connect with long-term social services.

4. **Describe the program in detail and how it will be implemented: (Describe Who, What, Where, and When)**

Please make sure your response includes program successes or challenges if previously funded, Why the agency needs the funding and its impact on the community. All programs must address a specific population and the narrative should indicate the number of clients served, services provided etc.

The Helping Hand Program provides a critical safety net for families in Hollywood facing sudden displacement. By facilitating immediate hotel accommodations and nutritional support, we stabilize families in their moment of greatest vulnerability, preventing the trauma of street-level homelessness and allowing them the security needed to coordinate with long-term social services.

Our target population is families with children within the City of Hollywood who are identified by law enforcement as being in urgent need of shelter due to eviction, domestic crisis, or sudden financial hardship. We provide comprehensive emergency support, including the full cost of temporary hotel lodging and a supply of essential groceries and hygiene products.

Operations are localized within the City of Hollywood, utilizing a network of vetted, secure partner hotels to ensure families remain close to their existing support systems, schools, and workplaces. Services are deployed on-demand. As soon as an officer identifies a family in need, the program is activated to ensure no family spends a night without a roof over their head.

5. **Describe the Applicant Agency's experience in serving the target population and the capacity of the Applicant Agency to undertake the proposed program.**

HEROES Foundation was founded on the principle that immediate crisis intervention is the most effective way to prevent long-term housing instability. Our team possesses a deep understanding of the socioeconomic challenges facing Hollywood families, informed by years of frontline observation.

Our foundation maintains the administrative and operational infrastructure necessary to execute this program at scale. We have established relationships with local lodging providers and supply chains to ensure that services are delivered without delay. Our proven track record of fiscal responsibility and program management ensures that all funding is utilized efficiently to maximize community impact. We are fully prepared to absorb the increased demand of an expanded partnership with the Hollywood Police Department.

6. **Has your agency received funding from LETF?** (If yes, identify the source, the $ amount and provide performance data regarding your contracted outcomes for the various fiscal years your agency was funded).

Yes, in 2025, The HEROES Foundation was awarded $10,000.00.

Total Program Line Item Budget

LETF Line Item Budget	Calculation	Total Amount
Program Expenses		
Personnel Costs/Salaries	$	
Fringe Benefits		
Consultants and Professional Fees	$	
Equipment	$	
Supplies	$ Groceries for at-risk families with children	$ 3,000
Other (specify)	Lodging for at-risk families	$ 7,000
Total Program Expenses:	$	

LETF Request	$ 10,000
	$
Total :	$ 10,000

BUDGET NARRATIVE (Required for ALL applications)(Provide an explanation of what the budget will include)

The HEROES Foundation is seeking funding to sustain and expand the Helping Hand Program, a collaborative crisis-intervention initiative with the Hollywood Police Department. The budget is strategically allocated to provide immediate, short-term relief to families at imminent risk of homelessness, ensuring that financial barriers do not prevent vulnerable residents from accessing basic human necessities during a crisis.

The program operates as a rapid-response mechanism: Hollywood Police Officers identify families in acute distress and refer them to the HEROES Foundation. Our foundation then assumes the immediate financial responsibility for the family's safety and nutrition. This targeted use of funds prevents the immediate "spiral" into chronic homelessness by providing a stable environment where families can regroup.

Key Budgetary Components

1. Emergency Lodging & Temporary Housing

The largest portion of the requested budget is dedicated to Direct Shelter Assistance.

- Implementation: Funds will be used to secure temporary accommodations at vetted local hotels within the City of Hollywood.
- Impact: This ensures families remain in a safe, climate-controlled environment while they transition to more permanent housing solutions or social service programs.

2. Essential Nutrition & Basic Needs

A vital segment of the budget is allocated to Sustenance and Hygiene.

- Implementation: The foundation will provide grocery gift cards or direct procurement of food and essential supplies (via local retailers such as Publix).
- Impact: This covers the immediate nutritional needs of the family during their temporary stay, ensuring that children and parents have access to healthy meals and basic hygiene products without further financial strain.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO THE APPLICATION:

Signature

Patrick Agenor

Name (Print or Type)

Treasurer

Title (Print or Type)

4/27/2026

Date

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 27th **day of** April **, 20** 26**, by**

Patrick Agenor

(name of individual signing)

as Treasurer **(title)** **of** H.E.R.O.E.S. Foundation **(name of Applicant Agency/entity)**

known to me to be the person described herein, or who produced as identification, and who did/did not take an oath.

NOTARY PUBLIC Chystal-Lyn M Belle

My commission expires: May 22, 2028

CHYSTAL-LYN M BELLE
Notary Public - State of Florida
Commission # HH 529603
My Comm. Expires May 22, 2028

Attachments

Attachment A	Certificate of Incorporation www.Sunbiz.org
Attachment B	IRS Form 501(c)(3)
Attachment C	IRS Form W-9

ATTACHMENT A

State of Florida
Department of State

I certify from the records of this office that H.E.R.O.E.S FOUNDATION INC. is a corporation organized under the laws of the State of Florida, filed on April 14, 2023.

The document number of this corporation is N23000004500.

I further certify that said corporation has paid all fees due this office through December 31, 2026, that its most recent annual report/uniform business report was filed on February 23, 2026, 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-seventh day of April, 2026

Secretary of State

Tracking Number: 0978887653CU

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

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

ATTACHMENT B

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

HEROES FOUNDATION INC
3250 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

Date:
02/05/2024
Employer ID number:
92-3737038
Person to contact:
Name: Andrew Niemeyer
ID number: 29312
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
April 14, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053642003733

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

ATTACHMENT C

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

HEROES Foundation, Inc

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) Non-Profit Organization

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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

3250 Hollywood Blvd

6 City, state, and ZIP code

Hollywood, FL 33021

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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

9	2	–	3	7	3	7	0	3	8

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.

Sign Here **Signature of U.S. person** Patricia Agen **Date** 1/1/2026

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they