

Received 2-17-14  
@ 9:48am

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**DATE: February 7, 2014**

**PRIMARY SPONSOR** (District to contact with any questions):  
**Councilwoman Cindi Fowler- District 14**

**Name of Applicant: Southwest Dream Team Inc.**

I/We have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below, if required.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<u>14</u> District #	<u>Cindi Fowler</u> Primary Sponsor Signature	<u>\$375.00</u> Amount	<u>2/11/14</u> Date
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**Council Office Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**

\_\_\_\_\_ Date \_\_\_\_\_  
Appropriations Committee Chairman

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK

REVIEWED  
DATE 2-17-13 TIME 10:59pm  
Doubly Ver 2/21/14

Name of Applicant/Program:

SOUTHWEST DREAM TEAM


### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>13</u> District #	<u><i>Vicki Aubrey Welch</i></u> Council Member Signature	<u>\$375.00</u> Amount	<u>2/11/14</u> Date
<u>12</u> District #	<u><i>Rud B. B. B.</i></u> Council Member Signature	<u>\$375</u> Amount	<u>2/11/14</u> Date
<u>15</u> District #	<u><i>Marianne Butler</i></u> Council Member Signature	<u>\$375.00</u> Amount	<u>2/11/14</u> Date
<u>1</u> District #	<u><i>Attica Scott</i></u> Council Member Signature	<u>\$375.00</u> Amount	<u>2/13/2014</u> Date
<u>25</u> District #	<u><i>[Signature]</i></u> Council Member Signature	<u>\$375.00</u> Amount	<u>2/13/2014</u> Date
<u>3</u> District #	<u><i>[Signature]</i></u> Council Member Signature	<u>\$375.00</u> Amount	<u>2/13/14</u> Date
<u>21</u> District #	<u><i>[Signature]</i></u> Council Member Signature	<u>\$375.00</u> Amount	<u>2/13/14</u> Date

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Southwest Dream Team Inc.		
Program Name: South Points Scenic Area Tourism Brochure	Request Amount: \$3000	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		YES
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		YES
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		YES
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		YES
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		YES
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N/A
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		YES
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		YES
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		YES
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		YES
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		YES
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		YES
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		YES
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		N/A
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		YES
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		N/A
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		N/A
<b>Rent Requests:</b> Is a copy of signed lease included?		N/A
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		YES
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		YES
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
Prepared by: 		Date: 2/13/14



# LOUISVILLE METRO COUNCIL



## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: **Southwest Dream Team Inc.**  
(as listed on: <http://www.sos.ky.gov/business/records/>)

Main Office Street & Mailing Address: **PO Box 58933, Louisville, KY, 40216**

Website: **www.southwestdreamteam.org**

Application Contact: **Vince Jarboe**

Title: **President**

Phone: **502.380.3800**

Email: **vince@jarboeagency.com**

Financial Contact: **Karen Finlinson**

Title: **Treasurer**

Phone: **502.815.1143**

Email: **karen.finlinson@parkcommunity.com**

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): **South Points Scenic Area (attractions in SW Louisville)**

Council District(s): **1, 3, 12, 13, 14, 15, 21, 25,**

Zip Code(s): **40109, 40177, 40214, 40216, 40272, 20258, 40118**

### SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: **South Points Scenic Area (SPCA) tourism brochure**

Total Request: **\$ 3,000**

Total Metro Award (this program) in previous year : **\$ 0**

The following are required attachments:

- IRS Exempt Status Determination Letter
- Current Year Projected Budget
- List of Board of Directors (include term & term limits)
- Current financial statement
- Most recent IRS Form 990 or 1120-H \*
- Articles of Incorporation
- Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if required
- Staff including the 3 highest paid staff

Agency Fiscal Yr Start Date: **January 1st 2014**

For the current fiscal year ending June 30, list all funds received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source: **n/a** Amount: **\$ n/a**

Source: Amount: **\$**

Source: Amount: **\$**

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

### SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization.

Signature of Legal Signatory: *Vince Jarboe*

Date: **2/4/14**

Legal Signatory (please print): **Vincent H. Jarboe**

Title: **President**

Phone: **502 380 3800** Extension:

Email: **vince@jarboeagency.com**

**Describe Agency's Vision, Mission and Services:**

Formed in 2008, the Southwest Dream Team is an organization consisting of business and civic leaders in Southwest Louisville. We came together to raise community expectations and promote the wonderful attributes of our community, with our goals being to:

- Attract more quality businesses and employers
- Retain the educated and skilled workers currently living in our community and encourage more to relocate to the area
- And improve the quality of life for all SW residents.

Our mission is: to lead a united Southwest Louisville to take action, to raise expectations and to energize our community. Our vision is for Southwest Louisville to be the best place to live and do business by promoting and enhancing the qualities of our community.

Currently, the Southwest Dream Team is engaged in an effort to brand south and southwest Louisville as the "South Points Scenic Area" (SPSA) and is working with our partners (Metro Parks, the Louisville Convention and Visitors Bureau, and others) to develop the signage, maps, brochures, and website necessary to promote the various attractions which constitute the South Points Scenic Area.

**A: Purpose of Request (check all that apply):**

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

**B: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc):**

This application is for funding necessary to print a full-color brochure to promote the South Points Scenic Area. It must meet the specifications of the Louisville Convention and Visitor's Bureau in order to be sized correctly for placement at the main Louisville Visitors Center downtown. It will also be made available at other locations around town (at each attraction site, area hotels, etc.)

The logo for the SPCA is attached. Design services are being provided on a pro-bono basis and this request is to cover printing costs.

We anticipate having the brochure designed by May 2014 with printing and distribution accomplished by June 2014.

**C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):**

These funds will cover printing costs of the brochure only. Funding will be spent by the Southwest Dream team and will be paid directly to the selected printing company. It will not be channeled through a subgrantee.

**D: For Expenditure Reimbursement Only** - The grant award period begins with the Metro Council Appropriation Committee approval date and ends on June 30 of the fiscal year in which the grant is approved. If any part of this funding request is for funds that will be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
  - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
  
- The funding request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with the grant agreement.
  - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
  - ✓ The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

**E: If this request is for a fundraiser, please detail how the proceeds will be spent:**

n/a

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program specifically.**

Over the past four years, the SW Dream Team has had a standing committee called the "Cultural and Natural Attractions" which is chaired by the leaders of the Jefferson Memorial Forest and Riverside: the Farnsley-Moreman Landing. The committee includes representatives of area attractions, Metro Council members representing SW Louisville, and various neighborhood leaders. Since its inception, the committee has worked to produce a brochure for the SW Dream Team, install cultural and recreational signage, development of the SPSA Branding, and more recently approval from KYTC to install highway signs for the SPSA and placement of the SPSA logo on the previously installed cultural and recreational signs.

Specifically for this project, the SWDT is working with Michael Bowman, an aide to Councilwoman Fowler who is also a talented graphic designer. Mr. Bowman is providing the design for the brochure.

**G: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Creation of this promotional brochure is a key component of the overall strategy to promote SW Louisville as a regional tourism destination focused around its many cultural and natural attractions. The SW Dream Team believes that increase tourism-related economic development in SW Louisville is a worthy and achievable goal which promotes overall improvement in the quality of life of residents in south and southwest Louisville. While the SW Dream Team does not collect data on the number of visitors to various attractions in SW Louisville. This data is collected by the various attractions themselves in most cases. The Southwest Dream Team is developing a website for the SPSA and one way to measure the success of this brochure (and the overall program of tourism development around the SPSA) is to track the annual number of visitors to this website. The SW Dream will collect this data.



**SECTION 6 - PROGRAM BUDGET SUMMARY**

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. **Enter whole-dollar amounts.**

Program Expenses	Column 1	Column 2*	Column 3
	Proposed Metro Funds	Non-Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	\$3,000		
I: Community Events & Festivals (Attach Detailed List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
<b>SUBTOTAL</b>	<b>\$3,000</b>		
% of Program Budget --	100 %	%	<b>100%</b>
Value of volunteer services and how computed:	N/A		
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. (Detail on Next Page)	N/A		
Total Program Funds	<b>\$3,000</b>		

\*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	

**PROGRAM BUDGET SUMMARY (CONTINUED)**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<b>Total Value of In-Kind</b> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

\* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week)

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?      NO       YES

If YES, please explain:

## SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.

### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 16 2009

SOUTHWEST DREAM TEAM INC  
C/O JIM BRADLEY  
5139 MARYVIEW DR  
LOUISVILLE, KY 40216

Employer Identification Number:  
35-2343023  
DLN:  
17053276343008  
Contact Person:  
ARIEANE H. BARRS ID# 52662  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
September 12, 2008  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

## SOUTHWEST DREAM TEAM, INC.

### General Information

<b>Organization Number</b>	0713492
<b>Name</b>	SOUTHWEST DREAM TEAM, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	9/12/2008
<b>Organization Date</b>	9/12/2008
<b>Last Annual Report</b>	6/20/2013
<b>Principal Office</b>	4919C DIXIE HIGHWAY LOUISVILLE, KY 40216
<b>Registered Agent</b>	ROBERT H. PRICE 4919C DIXIE HIGHWAY LOUISVILLE, KY 40216

### Current Officers

<b>Chairman</b>	<u>ROBERT PRICE</u>
<b>President</b>	<u>VINCE JARBOE</u>
<b>Vice President</b>	<u>BEN HILL</u>
<b>Treasurer</b>	<u>KAREN FINLINSON</u>
<b>Director</b>	<u>ROBERT PRICE</u>
<b>Director</b>	<u>VINCE JARBOE</u>
<b>Director</b>	<u>BEN HILL</u>

### Individuals / Entities listed at time of formation

<b>Director</b>	<u>ROBERT H. PRICE</u>
<b>Director</b>	<u>JAMES R. BRADLEY</u>
<b>Director</b>	<u>VINCE JARBOE</u>
<b>Incorporator</b>	<u>ROBERT H. PRICE</u>

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	6/20/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/29/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/8/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	10/30/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	9/12/2008	3 pages	<u>tiff</u>	<u>PDF</u>



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**Exempt Organizations Select Check**[Exempt Organizations Select Check Home](#)990-N (*e-Postcard*) filer information

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**Tax Period:**  
2012 (01/01/2012 - 12/31/2012)**Employer Identification Number (EIN):**  
35-2343023**Legal Name:**  
SOUTHWEST DREAM TEAM INC**Mailing Address:**  
PO Box 58933  
Louisville, KY 40268  
United States**Doing Business As:****Gross receipts not greater than:**  
\$50,000**Organization has terminated:**  
No**Principal Officer's Name and Address:**  
Vince Jarboe  
5101 New Cut Rd  
Louisville, KY 40214  
United States**Website URL:**  
[swdreamteam.org](http://swdreamteam.org)

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**Related 990-N (*e-Postcard*) Filings:**

If the organization has filed additional Forms 990-N (*e-Postcards*), link(s) to additional *e-Postcard* filings are displayed below. Click on the link(s) to see the information included in those filing(s).

[Tax Year 2009](#)[Return to Search Results](#) [Return to Search Page](#)

## Bowman, Michael

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**From:** Linn, Patti  
**Sent:** Wednesday, February 12, 2014 10:18 AM  
**To:** Bowman, Michael  
**Subject:** FW: Printing Quote for a Southwest Dream Team Project

**Importance:** High

Michael,

The quote for the printing is in this e-mail chain. Let me know if you need any additional material.

--Patti

---

**Patti Linn**  
**Site Manager**  
**Riverside, the Farnsley-Moremén Landing**  
7410 Moorman Road  
Louisville, KY 40272  
Phone: 502.935.6809  
[www.riverside-landing.org](http://www.riverside-landing.org)



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**From:** Scott Farley [<mailto:scott@farleyprintco.com>]  
**Sent:** Monday, January 13, 2014 2:34 PM  
**To:** Linn, Patti  
**Subject:** Fwd: Printing Quote for a Southwest Dream Team Project  
**Importance:** High

Begin forwarded message:

**From:** Bud Farley <[bud@farleyprintco.com](mailto:bud@farleyprintco.com)>  
**Date:** January 13, 2014 2:31:14 PM EST  
**To:** Scott Farley <[scott@farleyprintco.com](mailto:scott@farleyprintco.com)>  
**Subject:** Re: Printing Quote for a Southwest Dream Team Project

Scott, This not a good fit size wise for or press. The 7500 brochures (15.75x17.25) on 100# gloss text, bleeds, folded, \$1905.78

"	\$2915.94	15000	"	"	"
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On Jan 13, 2014, at 2:14 PM, Scott Farley wrote:

Begin forwarded message:

**From:** "Linn, Patti" <[Patti.Linn@louisvilleky.gov](mailto:Patti.Linn@louisvilleky.gov)>  
**Date:** January 13, 2014 1:49:41 PM EST  
**To:** "[scott@farleyprintco.com](mailto:scott@farleyprintco.com)" <[scott@farleyprintco.com](mailto:scott@farleyprintco.com)>  
**Subject:** **Printing Quote for a Southwest Dream Team Project**

Hey Scott,

I am on the Southwest Dream Team Board and we are planning to print another brochure about all of the area attractions with a map. I'd love to get a quote from you to do the project.

Here are the specs:

Size flat: 15.625 X 17.25  
Folded to 4 X 8.625 Fold in half between double gate fold  
Paper 100 # Gloss Text  
Ink – 4 color over 4 color with bleeds

Quote the following quantities:

7,500  
15,000

Let me know if you have any questions.

Thanks so much, Patti

---

**Patti Linn**  
**Site Manager**  
**Riverside, the Farnsley-Moremeyn Landing**  
7410 Moorman Road  
Louisville, KY 40272  
Phone: 502.935.6809  
[www.riverside-landing.org](http://www.riverside-landing.org)  
<image001.jpg>

**Scott Farley**  
**Farley Printing Co., Inc.**



502-523-7282  
scott@farleyprintco.com

Scott Farley  
Farley Printing Co., Inc.  
502-523-7282  
scott@farleyprintco.com

## Southwest Dream Team 2014 Budget 1/2014 to 12/2014

### Expenses:

1/15/2014 PO Box rental \$60

3/20/2014 Liability insurance \$403.31

4/30/2014 Printing costs for Dream Team Brochures  
\$3000

### Income:

4/1/2014 State Farm Good Neighbor Grant \$400

4/1/2014 Metro Louisville Grant \$3000

Current Balance: \$512.30

## Board of Directors for Southwest Dream Team 2014

Vince Jarboe President 1 year term no limit

Benjamin Hill Vice President 1 year term no limit

Karen Finlinson Treasurer 1 year term no limit

Bennett Knox Member 1 year term no limit

Patti Linn Member 1 year term no limit

Mohammad Nouri Member 1 year term no limit

Jeri Grant Member 1 year term no limit

Julie Scoskie Member 1 year term no limit

Kathy Graham Member 1 year term no limit

Nicole Nalley Member 1 year term no limit

Sharon Toms Member 1 year term no limit

## 2013 Financial Statement Southwest Dream Team

Beginning Balance: \$440.82

Deposits: \$1120.00

Total Outlays: \$1048.52

Ending Balance: \$512.30

**ARTICLES OF INCORPORATION**  
**OF**  
**SOUTHWEST DREAM TEAM, INC.**

**0713492.09**

amcray  
NAOI

Trey Grayson

Secretary of State

Received and Filed

09/12/2008 3:56:07 PM

Fee Receipt: \$8.00

1. Name. The name of the Corporation is Southwest Dream Team, Inc., hereinafter referred to as the "Corporation".

2. Purposes and Powers. The Corporation is organized for agricultural, charitable and civic purposes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended and under Chapter 273 of the Kentucky Revised Statutes. The Corporation shall provide services and information to the general public.

The Corporation may exercise any and all powers possessed by nonstock, nonprofit corporations formed under Chapter 273 of the Kentucky Revised Statutes, but the Corporation shall not engage in activities which are impermissible for a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. To amplify but not to limit the foregoing, no substantial part of the activities of the Corporation shall consist of engaging in propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate or intervene in any political campaign on behalf of any candidate for public office. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any director, officer or employee of the Corporation or any other individual, except that reasonable compensation may be paid for services rendered to or for the Corporation in connection with one or more of its purposes.

3. Registered Office and Agent. The registered office of the Corporation shall be 4919C Dixie Highway, Louisville, Kentucky 40216, and the name of its registered agent at that address is Robert H. Price.

4. Principal Office. The principal office of the corporation shall be 4919C Dixie Highway, Louisville, Kentucky 40216.

5. Board of Directors. The initial Board of Directors shall consist of three members, whose names and business addresses appear below. Thereafter, the Board of Directors shall consist of not less than three members, but otherwise as specified in the Bylaws of the Corporation. The members of the initial Board of Directors are:

Robert H. Price	James R. Bradley	Vince Jarboe
4919C Dixie Highway	4919C Dixie Highway	4409 Mt. Vernon Road
Louisville, KY 40216	Louisville, KY 40216	Louisville, KY 40220

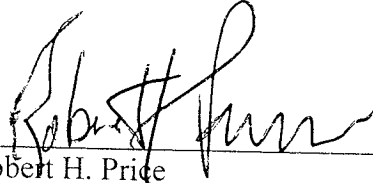
The duly elected directors of the Corporation shall conduct the affairs of the Corporation, and the Corporation shall have no members. No current or former director, officer, employee or agent (an "Indemnified Party") of the Corporation shall be liable, and the Corporation shall indemnify and Indemnified Party against expenses actually and reasonably incurred by such Indemnified Party, including attorney's fees, in connection with the defense of any action, suit or proceeding, civil or criminal, in which the Indemnified Party is made a party by reason of being or having been such director, officer, agent or employee, except in relation to such matters as to which the Indemnified Party shall be adjudged liable in such action, suit or proceeding for gross negligence or willful misconduct in the performance of duties to the Corporation.

The Board of Directors may adopt Bylaws not inconsistent with the provisions of these Articles of Incorporation or with the laws of the Commonwealth of Kentucky. Adoption of Bylaws and subsequent amendments thereof or hereof shall be effective upon the affirmative vote of a majority of the members of the Board of Directors of the Corporation at a meeting duly called for that purpose.

6. Dissolution. Upon the dissolution of the Corporation, any remaining net assets of the Corporation shall be conveyed to such organization(s) as shall be selected by the affirmative

vote of the Board of Directors of the Corporation entitled to vote in respect thereof; provided, however, that any such recipient organization shall qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

7. **Incorporator.** The name and mailing address of the incorporator are: Robert H., Price, 4919C Dixie Highway, Louisville, KY 40216.



Robert H. Price

ADDRESS OF INCORPORATOR:  
4919C Dixie Highway  
Louisville, Kentucky 40216

## 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.	Name (as shown on your income tax return) <i>Southwest Dream Team Inc</i>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input checked="" type="checkbox"/> Other (see instructions) ▶ <i>501 c 3</i>	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <i>PO Box 58933</i>  City, state, and ZIP code <i>Louisville KY 40248-0933</i>	Requester's name and address (optional)
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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number								
3	5	-	2	3	4	3	0	2

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>[Handwritten Signature]</i>	Date ▶ <i>1/31/14</i>
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### General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



## Bowman, Michael

---

**From:** Scott, Attica W  
**Sent:** Thursday, February 13, 2014 11:09 AM  
**To:** Meyer, Marty; Bowman, Michael; Woolridge, Mary; Blackwell, Rick; Welch, Vicki A; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David  
**Cc:** Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S  
**Subject:** RE: Southwest Dream Team NDF Request

District 1 is in for \$375.



### Councilwoman Scott

District 1  
(502) 574-1101  
(502) 574-4201 (fax)  
LIKE us on [facebook](#)  
FOLLOW us on [twitter](#)  
[sign up for our District 1 e-news](#)

---

**From:** Meyer, Marty  
**Sent:** Tuesday, February 11, 2014 5:23 PM  
**To:** Bowman, Michael; Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Welch, Vicki A; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David  
**Cc:** Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S  
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**Cc:** Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S; Meyer, Marty  
**Subject:** Southwest Dream Team NDF Request

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The request is for \$3000 to go towards the printing costs.

Since this program helps identify tourism opportunities in all of your districts, Councilwoman Fowler is requesting that you each consider contributing \$375 to the request to meet the full amount.

Please let me know as soon as possible if you would like to contribute and I will collect signatures (and relationship disclosures if applicable) Thursday at caucus.

If you have any questions or concerns, please don't hesitate to contact our office.

Thank you!



**Michael Bowman** | Legislative Assistant  
Office of Councilwoman Cindi Fowler  
Louisville Metro Council | District 14

p: 502.574.1114

e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

**City Hall**

601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202

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**Sent:** Tuesday, February 11, 2014 5:23 PM  
**To:** Bowman, Michael; Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Welch, Vicki A; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David  
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**Michael Bowman** | Legislative Assistant  
Office of Councilwoman Cindi Fowler  
Louisville Metro Council | District 14

p: 502.574.1114

e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

**City Hall**

601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202

Bowman, Michael

---

**From:** Butler, Marianne  
**Sent:** Tuesday, February 11, 2014 3:06 PM  
**To:** Bowman, Michael  
**Cc:** Hughes, Susan  
**Subject:** RE: Southwest Dream Team NDF Request

D-15 is in

Susan -- can you please sign this allocation?

Thanks! Marianne

---

**From:** Bowman, Michael  
**Sent:** Tuesday, February 11, 2014 12:09 PM  
**To:** Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Welch, Vicki A; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David  
**Cc:** Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S; Meyer, Marty  
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Thank you!



**Michael Bowman** | Legislative Assistant  
Office of Councilwoman Cindi Fowler  
Louisville Metro Council | District 14

p: 502.574.1114  
e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

**City Hall**  
601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202

## **Bowman, Michael**

---

**From:** Welch, Vicki A  
**Sent:** Tuesday, February 11, 2014 12:13 PM  
**To:** Bowman, Michael  
**Cc:** Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David; Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S; Meyer, Marty  
**Subject:** Re: Southwest Dream Team NDF Request

District 13 will sign on for \$375. I will be in and can sign NDF this afternoon.

Vicki Aubrey Welch  
Councilwoman District 13  
574-1113  
[www.louisvilleky.gov/district13](http://www.louisvilleky.gov/district13)  
Sent from iPhone

On Feb 11, 2014, at 12:09 PM, "Bowman, Michael" <[Michael.Bowman@louisvilleky.gov](mailto:Michael.Bowman@louisvilleky.gov)> wrote:

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Thank you!

---  
**Michael Bowman** | Legislative Assistant  
Office of Councilwoman Cindi Fowler  
Louisville Metro Council | District 14

p: 502.574.1114  
e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

**City Hall**  
601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202

## **Bowman, Michael**

---

**From:** Blackwell, Rick  
**Sent:** Tuesday, February 11, 2014 12:23 PM  
**To:** Bowman, Michael  
**Cc:** Scott, Attica W; Woolridge, Mary; Welch, Vicki A; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David; Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S; Meyer, Marty  
**Subject:** Re: Southwest Dream Team NDF Request

We are in

Sent from my iPhone

On Feb 11, 2014, at 12:09 PM, "Bowman, Michael" <[Michael.Bowman@louisvilleky.gov](mailto:Michael.Bowman@louisvilleky.gov)> wrote:

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Thank you!

Michael Bowman | Legislative Assistant  
Office of Councilwoman Cindi Fowler  
Louisville Metro Council | District 14

p: 502.574.1114  
e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

**City Hall**  
601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202

## Bowman, Michael

---

**From:** Morgan, Briana S  
**Sent:** Thursday, February 13, 2014 11:22 AM  
**To:** Fowler, Cindi; Welch, Vicki A; Bowman, Michael  
**Cc:** Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Butler, Marianne; Johnson, Dan D; Yates, David; Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Meyer, Marty  
**Subject:** RE: Southwest Dream Team NDF Request

Good morning,

Councilman Johnson will sign for \$375 this afternoon!

Thanks,



**Briana Morgan** | Legislative Assistant  
Office of Councilman Dan Johnson  
Louisville Metro Council | District 21

p: 502.574.1121

e: [briana.morgan@louisvilleky.gov](mailto:briana.morgan@louisvilleky.gov)

**City Hall**

601 West Jefferson Street, Ste. 315  
Louisville, Kentucky 40202

---

**From:** Fowler, Cindi  
**Sent:** Thursday, February 13, 2014 11:19 AM  
**To:** Welch, Vicki A; Bowman, Michael  
**Cc:** Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Butler, Marianne; Johnson, Dan D; Yates, David; Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S; Meyer, Marty  
**Subject:** RE: Southwest Dream Team NDF Request

Thank you, Vicki!



*Cindi Fowler*  
Councilwoman | District 14  
Louisville Metro Council

p: 502.574.1114

**City Hall**

e: [cindi.fowler@louisvilleky.gov](mailto:cindi.fowler@louisvilleky.gov)

601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202

NOTE: Please copy Michael Bowman, Legislative Assistant to District 14, on all communications to my office.  
His email address is [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)  
Thank You!

---

**From:** Welch, Vicki A

**Sent:** Tuesday, February 11, 2014 12:13 PM

**To:** Bowman, Michael

**Cc:** Scott, Attica W; Woolridge, Mary; Blackwell, Rick; Fowler, Cindi; Butler, Marianne; Johnson, Dan D; Yates, David; Sanders, Donna; Brown, Sharron; Kennedy, Liz; Triplett, Kevin D; Hughes, Susan; Morgan, Briana S; Meyer, Marty

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**Michael Bowman** | Legislative Assistant  
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Louisville Metro Council | District 14

p: 502.574.1114  
e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

**City Hall**  
601 West Jefferson Street, Ste. 307  
Louisville, Kentucky 40202



**Hughes, Susan**

*Signed  
Feb. 11.  
OK  
375*

**From:** Butler, Marianne  
**Sent:** Tuesday, February 11, 2014 3:06 PM  
**To:** Bowman, Michael  
**Cc:** Hughes, Susan  
**Subject:** RE: Southwest Dream Team NDF Request

D-15 is in

Susan -- can you please sign this allocation?

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**Sent:** Tuesday, February 11, 2014 12:09 PM  
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**Michael Bowman** | Legislative Assistant  
Office of Councilwoman Cindi Fowler  
Louisville Metro Council | District 14

p: 502.574.1114  
e: [michael.bowman@louisvilleky.gov](mailto:michael.bowman@louisvilleky.gov)

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