

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: South Louisville Community Ministries <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 415 1/2 West Ashland Avenue Louisville, Kentucky 40214			
Website: www.slcm.org			
Applicant Contact:	Yvette Livers	Title:	Executive Director
Phone:	(502) 361-7763	Email:	yvettelivers@slcm.org
Financial Contact:	Joyce Whalin	Title:	Fund Development Chair
Phone:	(502) 361-7763	Email:	funddevelopment@slcm.org
Organization's Representative who attended NDF Training: Yvette Livers, Kate Husk and Joyce Whalin			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	South Louisville Community Ministries		
Council District(s):	6,12,13,15,21,25	Zip Code(s):	part of 40208,40209,40214,40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Changing Lives in Crisis			
Total Request: (\$)	11,400	Total Metro Award (this program) in previous year: (\$)	9000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter - <i>Addendum A</i>		Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current year projected budget - <i>Addendum B</i>		<input checked="" type="checkbox"/> IRS Form W9 - <i>Addendum F</i>	
<input checked="" type="checkbox"/> Current financial statement - <i>Addendum C</i>		Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H - <i>Addendum D</i>		<input checked="" type="checkbox"/> Annual audit (if required by organization) - <i>Addendum G</i>	
<input checked="" type="checkbox"/> Articles of Incorporation (current & signed) - <i>Addendum E</i> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable - <i>Addendum H</i>	
For the current fiscal year ending June 30, list all funds appropriated and/or 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:	Metro Council-City Budget	Amount: (\$)	172,100
Source:	NDF Taste of South Louisville	Amount: (\$)	11,000
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials *[Signature]*

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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	3,000	47,000	50,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	8,400		8,400
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$11,400	47,000	58,400
% of Program Budget	20 %	80 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$11,000 Metro Formula
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	\$36,000 Church donations
Total Revenue for Columns 2 Expenses **	\$47,000

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Community Events	8,400		8,400
(SEE ATTACHMENT WITH BREAKDOWN)			
Client Assistance-Payments for Rent, Water or LG&E for 25 to 30 clients -\$3,000 (continue-next line)	3,000	47,000*	50,000
*Metro Formula \$11,000 and \$36,000 in contributions from (continue-next line)			
about 30 churches -Emergency Assistance for 200-300 clients			
Total	11,400		58,400

Applicant's Initials 



Budget

Food for Families Helping Families Dinner and Reception	\$ 3,300
Event Decorations (table clothes, Centerpieces, etc...)	\$ 300
Video	\$ 900
Awards and Recognition Items	\$ 200
Promotion Materials for Events (Tickets, Invitations, Posters, Banners, Golf Signs, Printed Items)	\$ 2,500
Golf Event Day (Meals and Snack)	\$ 800
Postage	\$ 400
Client Assistance (For rent, water or LG&E payments for approximately 25 to 30 clients)	\$3,000
Total	\$11,400