Not-for-Profit Tra	DD DEVELOPMENT FUND
pplicant/Program: Portland Memor	ial Baptist Church Camp, Inc.
xecutive Summary of Request: 7-day RESIdential can - Aug 2. 2014, transpor Bagdad, Kg, food, supp - One rental fee	y at Camp Celarmore, July 27 Nation to and from camp in lies and owords for participants
Tracking # NDF080161	4PMBCC.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-g	Yes No Yes No
5 District # Primary Sponsor Signature	$\frac{33500}{\text{Amount}} = \frac{7-7-14}{\text{Date}}$
organization, its volunteers, its employees of $\mathcal{N}\mathcal{A}$	this you your family or your legislative assistant have with this
organization, its volunteers, its employees of	ship you, your family or your legislative assistant have with this members of its board of directors.
Approved by: Appropriations Committee Chairma Clerk's Office Only: Request Amount:	Ship you, your family or your legislative assistant have with this members of its board of directors.
Approved by: Appropriations Committee Chairma Clerk's Office Only:	Ship you, your family or your legislative assistant have with this members of its board of directors.

NDF NON-PROFIT APPLICATION CHECKLIST	amp. In
Legal Name of Applicant Organization. FR Hand Memorical BapHSt Church	\$350.0
Legal Name of Applicant Organization. Portland Memorial Baptist Church Program Name: PORtland Camp, In Request Amount: \$3,500	r es/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	NA
Application Page 1: Has prior Metro funds committed/granted been disclosed?	ylo
Application Page 1: Is the application properly signed and dated by authorized signatory?	Nes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Mes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	U
Application Budget Page 6: 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?	yeo
Faith Based Organizations: Is the signed Faith Based Form signed and included?	
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	1
 Good Standing: Is the entity in good standing with: Kentucky Secretary of State – include Secretary of State website information on organization Louisville Metro Government – check OMB monthly report filed in Council Financial Reports Internal Revenue Service – most recent Form 990 included 	yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
Small Cities: 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)	NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization's current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	NO
Board Members: Is the entity's board member list (with term length/term limits) included?	400
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	UNRO
Annual Audit: Is the most recent annual audit (if required by organization) included?	NA
Rent Requests: Is a copy of signed lease included?	NA
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	VIES
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	ines
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	NA
Prepared by: Date:	

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Effective October 2013



Legal Name of An	plicant Organization:	PLICANT INFORMATION		
	6 I	1 10 - 1	1	
Main Office Stree	10,51	Bond MEM, Bapt	ist Opench Camp June	
Website:	t & Mailing Address: 3802	W. MARKet Sty	1	
Applicant Contact	· E AINIC	1 Title:	<u> </u>	
Phone:	I HYE W. WILTON		NECTON	
Financial Contact:	<u>636-0010 on 774-86</u>		AYEAWILFORDE TWC. CON	
Phone:	Charles AlexANDER		NEASINER	
Organization's Rec	(50) 584-2375 presentative who attended NDF Tra	Email:		
Program Facility Lo	OGRAPHICAL AREA(S) WHERE PRO			
Council District(s):	JING WILLAN		EdANNIALE BAGLAS KU	
A CONTRACTOR	District 5	Zip Code(s):	0212	
PROGRAM/PROJEC	TNAME: PORTIAND COM	EST & FINANCIAL INFORMA	non	
Total Request: (\$)				
	t (check all that apply):	ward (this program) in previ	ous year: (\$) - O-	
	Funds (generally cannot exceed 33			
Programm	ning/services/events for direct bene	% of agency's total operating l	oudget)	
Capital Pro	oject of the organization (equipmen	furnishing hullely or qualified i	ndividuals	
The Following are R	equired Attachments:	, runnsning, building, etc)		
IRS Exempt Status [
Current Year Project	cted Budget	Signed lease if rent costs ar	e being requested	
List of Board of Dire	ectors (include term & term limits	State of the proposed program		
Current financial st	atement	Annual audit (if required by	the proposed program	
Most recent IRS For	rm 990 or 1120-H	Faith Based Organization Ce		
Articles of Incorpor		Staff including the 3 highest	t paid staff	
apital expense	n proposed vendor if request is for	La manual and a manual and a manual		
or the current fisca	I year ending June 30, list all funds a	ppropriated and/or received		
om any departmen neet if necessary.	t or Metro Council Appropriation (N	eighborhood Development Fu	nds). Attach additional	
ource:				
ource:	-0-	Amount: (\$)	>	
burce:		Amount: (\$)		
······	to stad the DDD of	Amount: (\$)		
and abbiicant con	tacted the BBB Charity Review for p	articipation? 🗌 Yes 🕅 No		
as the annlicent mod	t the BBB Charity Review Standards?	Yes No WA		

Page 1 Effective April 2014

Applicant's Initials



Describe Agency's Vision, Mission and Services: Page 2 Effective April 2014 the rede of sub citizens, thus, reducing the 11:00 bond with perry & Abult mentions, who display 3 theory in our nessbant at camp's cisical to privile childhood to Adulthood. WE will Accomplish CONTROllED SECTION 3 - AGENCY DETAILS Our cision, mission + services ARE to Assist knuiscille Michae immen-city boys + Sints to supervised Experience for yout that P10.0% Applicant's Initials **T**/1



SECTION 4 - PROGRAM/PROJECT NARRATIVE

A: 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, with regards to specific client population die prosent designs, event permits, proposals for services/goods, etc.): This perficitly program will

D. LEARN OUR YOUNS PEOPle healthy interaction with their isse mates through the use of plut supervised Activities STEACH physical skills that REQUIRE Rules + PEER INTERACTION; 3), DEVELOP Wholesome Attitudes toward ONE'S SELF through EXPERANCE AND physical hygions teachings; 4), teach + make then throwledgebble of community RESOURCES, I.E., Louisville Metro Covenument, Pontland's 7-day RESIDENTIAL CAMP for inner-city boys + Sinls will be held July 27th thru August 2, 2014, @ CELANMORE (CEDARCREST) camp site in Bagdad, ty

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The Sunding will be used to help assist with the RENTAL SEE (CAMPINE - CEDARMORE), TRANSportation, to punchase Soud, supplies and purands to participanto C'Eantifico des four completion " will be proprided "The PARticippanto will plao be RECOMMENDED for community + youth where programs wishing the Eldenly AN NURSING HOMES + Abut Day CARE (ENTERS); stipEnds

Page 3 Effective April 2014

Applicant's Initials



C: If this request is a fundraiser, please detail how the proceeds will be spent:
NONE
÷
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:
· · · · · · · · · · · · · · · · · · ·
Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated
by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):
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 probably be incurred after the
application date, but prior to the execution of 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.
¢

Page 4 Effective April 2014 Applicant's Initials



E: 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:

Down camp affords the opportunity for byet gials to EXAmine themselves And take a look at what they want in life. LOF Always Acquaint them with PERSONS From the community who have succeeded in life + many of them have made it with the odds Against them. This is plurays allfe changing Experience for the children, 2) A self-Evolution will be Some at the beginning and at the End od camp; A Sollar-up will be CONSUCTES IN ONE YEAR REGARDING THE STATUS at their. Social And hEalth status, BRINDING INNER- city children to this camp ENVIRONMENT

where through positive ENforcement they can leave that they can accomplish their goals is a valuable timportant asset to our community.

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/project specifically.

NIA

Page 5 Effective April 2014



SECTION 5 - 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.

	Column 1	Column 2	Column (1+2)=3	
Program/Project Expenses	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 (Attach Detailed List)				
G: Professional Service Contracts				
H: Program Materials				
I: Community Events & Festivals (Attach Detail List)	3500	600 41	17 500	
J: Small Equipment	- d(-	, , , , , , , , , , , , , , , , , , , 	<u> </u>	
K: Capital Equipment				
L: Other Expenses (Attach Detail List)				
*TOTAL PROGRAM/PROJECT FUNDS	3,500	14 000	17 500	
% 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	
United Way	
Private Contributions (do not include individual donor names)	6 600
Fees Collected from Program Participants	3 200
Other (please specify) (Jund RAISEL)	4,200
Total Revenue for Columns 2 Expenses **	14'000

**Must equal or exceed total in column 2.

PORTLAND MEMORIAL BAPTIST CHURCH CAMP, Inc. APPROVED BUDGET

For year ending: December 31, 2014

REVENUE

Louisville Metro Other Income	-	\$ 3,500 _14,000
TOTAL REVENUE	-	\$17,500

EXPENSES

EXPENSES			Metro	Non-Metro
Facility rental (Cedarmore Camp site) Transportation for youth Activity fees (swimming, field trips) Food & supplies Miscellaneous	- - - -	\$12,000 1,500 705 3,000 <u>295</u>	1500 2000	12,000 705 1,000 295
TOTAL REVENUE	-	\$17,500	3,500	14,000

PROJECTED FINANCIAL COST FOR PORTLAND CAMP, INC. - 2014

Arts & Crafts	\$	425
Cedarmore (Cedarcrest) Campsite, Bagdad, Ky – rental fee (cabins, dining hall, swimming pool, life guards, chapbell, etc.)	\$1	10,782
Canteen – 2 x daily (Campers pay)	\$	600
Field Trip – adm. fee & fishing poles(transportation not included)	\$	323
Food (7 days) – 3 balanced meals daily	\$	2,000
Transportation - 2 buses		
(To & from site, plus field trip)	\$	1,100
Miscellaneous		
Cooks, paper product	\$	600
First Aid Kit	\$	225
Transportation (Rental Truck to transport		
children's luggage, supplies, etc.)	\$	110
Certificates, trophies, awards	\$	350
Official Camp T-shirts	<u></u>	<u>600</u>
TOTAL =	\$	17,115

. [.]



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

the second s	Value of Contribution	Method of Valuation
and the second and the second s		a de la composition d la composition de la c la composition de la composition de la composition de la composition de la la composition de la composition de la composition de la composition de
Total Value of In-Kind		
(<i>to match Program Budget Line Item.</i> Volunteer Contribution &Other In Kind)		
RESON PER WEEK Futing staff-yol		
oes your Agency anticipate a significant increase of	2014 to DECEN or decrease in your budget fr YES □	$52 \times 31, 2014$ om the current fiscal year to the
boes your Agency anticipate a significant increase of udget projected for next fiscal year? NO	or decrease in your budget fr	$52 \times 31, 2014$ om the current fiscal year to the
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oes your Agency anticipate a significant increase of udget projected for next fiscal year? NO	or decrease in your budget fr	om the current fiscal year to the
oes your Agency anticipate a significant increase of	or decrease in your budget fr	om the current fiscal year to the

Page 7 Effective April 2014

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Applicant's Initials



SECTION 6 - CERTIFICATIONS & ASSURANCES By signing Section 7 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

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of 1. expenditure is subject to Kentucky's open records law.
- 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 2.
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic 3. records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee). Δ.
- 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. 5.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being 6. withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal 7.
- Applicant understands they must 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 8. or request to be returned if previously disbursed.
- 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 9. 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.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the 11. approval is automatically revoked.

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities. 1.
- The Agency has a written Affirmative Action/Equal Opportunity Policy. 2.
- 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. 3.
- 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. 4.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations. 5.

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.

SECTION 7 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "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 and have initialed each page of the

application.		H K I	<i> </i> /	12.	
Signature of Legal Signatory:	Then 1	1.3/2	ya	Date:	6-20-14
Legal Signatory: (please print):	FAYE A.	6.156x	2	Title:	DINECTOR
Phone: $(5.2) (3.6 - 0010)$	Extension:		Email:	FAYEAL	DILFOR de two, am

Page 8 Effective April 2014 (Copy of Board Members)

PORTLAND MEMORIAL BAPTIST CHURCH CAMP, INC.

BOARD OF DIRECTORS

Chairman	Odessa Smith	Teacher/Member
Vice Chairman	Ronald L. Turley	Law Enforcement/Member
Secretary	Joyce White	Owner (Derby Town Electric)/Member
Treasurer	Quintin Webster	Community/Member
Other Members	DiAnna Wilburn	Community/Member
	William Green	Retired/Member
	Geraldine Wolff	Registered Nurse/Member
	Herbert Woolridge	Community/Member

* See next page for terms.

NDF summer camp application – PMMBC Camp, Inc. (Attachment)

1. List of personnel & highest paid staff salary:

There is no paid staff. All of our staff consists of individuals, who give of their talent, time and services. No one receives any type of income.

Odessa Smith	Anthony Mason	Love Jackson	Linda Cooley
Ronald Turley	Arthur Smith	Victor Mitchell	Charlene Dunlap
Joyce White	Josephine Horton	Marie Mitchell	Charkei Dunlap
Quintin Webster	Clarence Bivens	Michael Bullard	Charles Alexander, III
DiAnne Wilburn	Debra Parker	Donald Turley	Stephen Smith
William Green	Joyce Jetter	Juanita White	Cassandra Lasley
Geraldine Wolff	Charles Holley	Dorothea Gilmore	Arthur Griffith
Herbert Woolridge	Essie Potts	Audrey Cotton	Clara Fortson

- 2. Any indication that an audit has been performed: NONE
- 3. KY Secretary of State Form
- 4. Term and term limits noted for PMMBP, Inc., Board of Directors

The Board of Directors are elected annually and serve for a term of one year.

NOTE: I understand there are policies and procedures, but our organization was founded by the late, Rev. Arthur Smith, who saw a need for inner-city boys & girls to come together as one in a positive environment and learn they are beautiful gifted talented individuals, who can succeed in life (I believe ... they learn from our teachings)

All of our staff are positive role models who take time off from their jobs, enjoy working with our youth, and have been working with our organization for 15+ years.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS OR FAITH-BASED ORGANIZATIONS

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

Pap

MEmon

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible, or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

they the setter	Date: 7 - 7 - 14
1490 IVI CUITYN	Title: Director
Phone: (5-02) 636-0010 Extension:	Email: - Jaye 4 will be datue, con

Donarta	W-9 ugust 2013) nent of the Treasury Revenue Service 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) Depti st Chunch Am Business name/disregarded entity name, if different from above Business name/disregarded entity name, if different from above Check appropriate box for federal tax classification: Image: Check appropriate box for federal tax classification: Partnership Trust/es Check appropriate box for federal tax classification: Image: Check appropriate box for federal tax classification: Partnership Trust/es Individual/sole proprietor C Corporation S Corporation Partnership Trust/es Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Address (number, street, and apt. or, suite nb.) Request X Other (see instructions) Non-prof.f Request Request Y Other (so interventions) Non-prof.f Request Request List account number(s) here (optional) Hotional Request	Exemptic tate Exempt p	
to a resi enti <i>TIN</i>	art1Taxpayer Identification Number (TIN)er your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line twoid backup withholding. For individuals, this is your social security number (SSN). However, for a dent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other ities, it is your employer identification number (EIN). If you do not have a number, see How to get a t on page 3.te. If the account is in more than one name, see the chart on page 4 for guidelines on whose mber to enter.	Social security nu Employer identifi 3 1 - 1	-

Certification Part II

- 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 because you have railed to report an interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For moligage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and au, acquisition or abandonment or secured property, cancellation or dest, contributions to an individual retrement analycinent (invy), and payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the

generally, I	Suymente -				1
instruction	s on page 3.	11 1 1	\sim		1
Sign	Signature of	11/3/18/10	Date►	6/12/10	<u> </u>
Here	U.S. person Var	A. A.	withholding tax on foreign p	artners' share of effective	ely connected income, and
			withholding tax on longing	Litatore -	are used in all parting that you are

General Instructions

Section references are to the Internal Revenue Code unless other e noted. Future developments. The IRS has created a page on IRS gov for information about Form W-9, at 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 A person who is required to me an information recurr with the from the income paid to 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 abadeonment 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

Certify that FATCA code(s) entered on this form (if any) indicating that yo exempt from the FATCA reporting, is correct.

I

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 special rules for partnerships. Partnerships that conduct a trade or posities 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, such pusiness, rurner, in certain cases while a rollin we had not boar to an the the boar to an the 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.

(Example) #1

PORTLAND CAMP, INC. ***** CAMPER EVALUATION

- 1. Did you enjoy camp and why?
- 2. What did you like best?

ι. .

- 3. In what ways could camp be improved?
- 4. Did any event stand out above all the others?
- 5. What did you dislike about camp?
- 6. Evaluate your Counselor(s).
- 7. What would you like to see added to camp?
- 8. Did you feel safe at this camp: Yes _____ No _____ If no, explain why:
- 9. Did you have any peer disagreement(s): Yes _____ No _____ If yes, was it resolved to your satisfication: Yes _____ No _____

Your Name:_____ Your Age Group:_____

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

Date:

JAN 26 216

PORTLAND MEMORIAL BAPTIST CHURCH CAMP INC 3802 W MARKET ST LOUISVILLE, KY 40212-0000

Employer Identification 1 31-1494869	Number:
DLN:	
17053013733011	
Contact Person:	
MARY ELLEN MCGOVERN	ID# 31377
Contact Telephone Number:	
(877) 829-5500	
Our Letter Dated:	
May, 1997	
Addendum Applies:	
NO	

Dear Applicant :-

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

DEPARTMENT OF THE TREASURY

PORTLAND MEMORIAL BAPTIST CHURCH

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Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Steven T. Miller Director, Exempt Organizations

Letter 1050 (DO/CG)

(Copy of Articles of Incorporation)

BOOK 00503 0392

CF IVED & FILED JOHN Y. BROW SECRETAR INCHA

ARTICLES OF INCORPORATION OF PORTLAND MEMORIAL BAPTIST CHURCH CAMP,

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Kentucky Revised Statutes, Chapter 273, hereby certify as follows:

ARTICLE I

The name of the Corporation shall be Portland Memorial Baptist Church Camp, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal place of business of the Corporation is to be located at:

3802 West Market Street Louisville, Kentucky 40212

and such other places in said City or elsewhere as its Board of Directors may by resolution designate.

The name of the registered agent for service of process is:

Faye A. Wilford

and the registered office is to be located at:

3802 West Market Street Louisville, Kentucky 40212

BOOK OO 503 0393

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purposes of the Corporation shall be more specifically stated as follows:

- 1) to promote a christian camping experience for children of the community;
- 2) to promote ministries that address the needs of those in crisis, without regard to race, color, sex, religion, disability, or any other non-merit criterion;
- 3) to promote and provide direct charitable assistance to those in need of assistance to attend the camp;
- 4) to educate the community on issues of concern to it, and to educate individuals on skills that will increase their self-capacity;
- 5) to cooperate with other organizations providing assistance to the community.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporation purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 127.171 of the Kentucky Revised Statutes, except as follows and otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax law.

c) If and so long as the Corporation is a private foundation as defined in Section 501(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of selfdealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

MAILING ADDRESS

Faye A. Wilford

Reverend Arthur Smith

3802 West Market Street Louisville, Kentucky 40212

3802 West Market Street Louisville, Kentucky 40212

ARTICLE VIII

The initial Board of Directors shall consist of three (3) Directors. The names and addresses of the members of the initial Board of Directors are:

Faye A. Wilford

3802 West Market Street Louisville, Kentucky 40212

Reverend Arthur Smith

Minister Herbert Woolridge

3802 West Market Street Louisville, Kentucky 40212

3802 West Market Street Louisville, Kentucky 40212

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ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.,

STATE OF KENTUCKY

COUNTY OF JEFFERSON

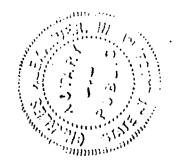
Before me, the undersigned authority, personally appeared, REVEREND ARTHUR SMITH, and being duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this <u>29</u> day of <u>December</u>, 1996.

My commission expires:

Notary Public, State at Large, KY My Commission Expires July 1, 1998

NOTARY PUBLIC STATE AT LARGE, KENTUCKY



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ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

WHEREOF, witness the signature TESTIMONY IM of the Incorporators of this Corporation on this 29 day of Dec. 1996

lfor Reverend Arthur

Smith

STATE OF KENTUCKY

COUNTY OF JEFFERSON

minimiser

Before me, the undersigned authority, personally appeared, FAYE A WILFORD, and being duly sworn, acknowledged that she was an incorporator of the aforementioned Corporation, and that she signed the foregoing Articles of Incorporation as her free act and deed.

Witness my signature and seal of office this 29 day of December ___, 1996.

Notary Public, State at Large, KY My commission expires: My Commission Expires July 1 1009

NOTARY PUBLIC STATE AT LARGE, KENTUCKY

END OF DOCUM

Document No: 1997001329 Lodged By: ALEXANDER Recorded On: Jan 03, 1997 01:15:48 P.M. Total Fees: \$15.00 County Clerk: Rebecca Jackson Deputy Clerk: GLØRIA

PORTLAND MEMORIAL BAPTIST CHURCH CAMP, INC.

General Information

Organization Number	0426232
Name	PORTLAND MEMORIAL BAPTIST CHURCH CAM 1 P, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date Organization Date Last Annual Report Principal Office Registered Agent	12/30/1996 12/30/1996 4/2/2014 3802 W MARKET ST LOUISVILLE, KY 40212 FAYE A WILFORD 3802 W MARKET ST LOUISVILLE, KY 40212
Current Officers	
President	<u>STEPHEN SMITH</u>
Vice President	<u>Herbert Wooleridge</u>
Secretary	<u>Faye A Wilford</u>
Treasurer	<u>Charles Alexander III</u>
Director	<u>Faye A Wilford</u>

Director	Geraldine Wolff
Director	<u>Charles Alexander III</u>
Director	LOVE JACKSON

Individuals / Entities listed at time of formation

Director	FAYE A WILFORD
Director	REVEREND ARTHUR SMITH
Director	MINISTER HERBERT WOOLRID
Incorporator	FAYE A WILFORD
Incorporator	REVEREND ARTHUR SMITH

Images available online

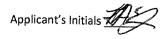
Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report Annual Report Annual Report Annual Report Annual Report Annual Report	4/2/2014 2/27/2013 2/14/2012 3/16/2011 4/6/2010 3/3/2009	1 page 1 page 1 page 1 page 1 page 1 page	<u>tiff</u> <u>tiff</u> <u>tiff</u> <u>tiff</u> <u>tiff</u>	PDF PDF PDF PDF PDF PDF
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Legal Name of Appl			۱.	1		
(as listed on: <u>http://www</u>	v.sos.ky.gov/b	usiness/records)	RTIAN	2 MEM.	Baptist Chu	nch Camp Jus
Main Office Street	& Mailing A	ddress: 380		Market	- Street	11
Website: M	SNE	20 00		·		
Applicant Contact:	FAY	e A. Wil	fored	Title:	Director	
Phone:	636-	6010 on 774	-8654	Email:	FRYEAWIL	FORD @ two. com
Financial Contact:	Chan	IES ALEXAND	III, No.	Title:	TREASURE	
Phone:	(20)) 584-23	75	Email:		
Organization's Repr	esentative	who attended ND	F Training:			
GEC	GRAPHICA	L AREA(S) WHERE	PROGRAM	ACTIVITIES A	RE (WILL BE) PROVIDE	D
Program Facility Loc	ation(s):	3802 6.1	lanket	StComp	ite: CEDANNOR	- Baolal K
Council District(s):		District	5	Zip Code(s):	40212	
)N 2 - PROGRAM	REQUEST	& FINANCIAL II		
PROGRAM/PROJECT	NAME: Y	ontland (gmas	INC		· · · ·
Total Request: (\$)	350	🔿 🛛 Total M	etro Awar	d (this program) in previous year: (\$)	-3-
Purpose of Request	(check all th	nat apply):				
🔀 Operating	Funds (gene	erally cannot exce	ed 33% of a	igency's total o	perating budget)	
🔀 Programm	ing/services	/events for direct	benefit to	community or	qualified individuals	
😡 Capital Pro	ject of the o	organization (equi	pment, fur	nishing, buildin	g, etc)	
The Following are Re	equired Atta	achments:				
IRS Exempt Status D	eterminatior	Letter	X	Signed lease if re	ent costs are being reque	sted
Current Year Projec	_		X	IRS Form W9		
List of Board of Dire		e term & term limits	s Est	Evaluation forms	s if used in the proposed	program
Current financial sta			1		equired by organization)	
Most recent IRS For Articles of Incorpora		20-H	Ø	Faith Based Orga	inization Certification Fo	rm, if required
Cost estimates from		andor if roquoct is fo		Staff including tl	he 3 highest paid staff	
capital expense	i pioposeu ve	indor in request is it				
For the current fiscal	year endin	g June 30, list all f	unds appro	priated and/or	received from Louisvi	lle Metro
Government for this	or any othe	r program or expe	nse, includ	ing funds recei	ved through Metro Fe	deral Grants.
from any department sheet if necessary.	t or Metro (Council Appropriat	ion (Neigh	oorhood Develo	opment Funds). Attach	additional
The second s		*	1			
Source:		3-		ount: (\$)		
Source:				ount: (\$)		
Source:			Loop or the second s	ount: (\$)		
Has the applicant cor			-	ipation?	es 🕅 No	
Has the applicant me	t the BBB Cl	narity Review Star	ndards?	Yes 🗌 No	NA	
					1	

Page 1 Effective April 2014





LOUISVILLE METRO COUNCIL NEIGHBORHO OPMENT FUND APPLICATION SECTION 4 PROGRAM/PROJECT NARRATIVE A: 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 the program the designs, event permits, proposals for services/goods, etc.): This performing the services and the services and the services and the services are with regards to specific client population the program will address (attach related flyers, planning minutes, Di LEARIN our young people healthy interaction with their ase mates through the use of adult supervised Activities of Teach physical skills that REQUIRE Rules + PEER INFERACTION ; 3), DEVELOP wholesome Attitudes toward ONE'S SELF through appEARANCE AND physical huarence tendo Elf through appEARANCE AND physical hygione teachings; 4), teach + make then throwlederable of community RESOURCES, NE., Louissille MEtro Coveninget, Portland's 7-day RESIDENTIAL CAMP Son INNER-city boys + Sinls will be held July 27th thay August 2, 2014, @ CELGARMORE (CELARCEEST) compite in Bagdad, ky. B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The Sunding will be used to help Assist with the RENTRI SEE (ENMPSILE - CEDARMORE), TRANSportation, to punchase Soud, supplies and purands to participanto Clartifico des fon completion " will be proprided "The PARticippanto will plao be recommended for community + youth where programs wishing the Eldenly AN NURSING HOMES + Abult Day CARE (ENTERS), stipEnds

Page 3 Effective April 2014

Applicant's Initials



E: 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:

DOWN camp Affords the opportunity for byst gials to EXAMPLINE themselves And take a look at what they persons from the community who have succeeded odds from the community who have succeeded odds populat them have made it with the Experience for the children, a block of the changing dome at the beginning and at the end of camp: A billion will be conducted in one year responding the status of their Bringing inner-city childred to this camp formation will be

BRINDING INNER-city children to this camp Environment where through positive Entenciment they can leave that the can accomplish their goals is a valuable timportant Asset to our community.

Applicant's Initials

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/project specifically.

NIA

Page 5 Effective April 2014



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 Conti	ibution	Metho	d of Valuation	
and the state of t			and a second second Second second	anta anta anta Anta anta Anta Anta	a da ang ang ang ang ang ang ang ang ang an	s .
-						~
Total Value o	f In-Kind				<u>.</u>	
(to match Program B Volunteer Contributio	n &Other In Kind)					
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Applicant's Initial