

Louisville Metro Council City Agency Request

- Neighborhood Development Fund (NDF)
- Capital Infrastructure Fund (CIF)
- Municipal Aid Program (MAP)
- Paving Fund (PAV)

Primary Sponsor: Metro Councilwoman Jessica Green District 1

Amount: \$ 1,168.00 **Date:** 07/08/2016

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Councilwoman Jessica Green is assisting the organization This is the way back Inc. with their festival that will be held on August 9th & 10th @ Russell Lee park @ 3701 Southern Ave ,Louisville,KY 40211. The festival is The Lil Africa Southwick Cotter Homes Reunion. The event will have amusement games for the kids , talent show,local step and dance teams ,live entertainment and a little league football game featuring the Louisville Vikings

City Agency: Metro Parks & Recreation
Contact Person: Mr Marty Storch
Agency Phone: 502 574 6112

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

D1		\$1,168.00	07/08/2016
District #	Council Member Signature	Amount	Date

Approved by: _____ _____
 Appropriations Committee Chairman Date

Clerk's Office & OMB Use Only:

Request Amount: _____ Amended Amount: _____

Reference #: _____ To OMB: _____

Budget Revision #: _____

Account #: _____

To Project Manager: _____ Completion Date: _____

Actual Cost: _____ Funds Returned: _____

CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Metro Parks & Recreation

Program/Project Name: Lil Africa Southwick Cotter Homes Reunion

	Yes/No/NA
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	No
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NA
Funding Source: If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.	No
Funding Source: If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.	No
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	No
Ordinance Required: Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	No
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes

Prepared by:



Date: 07/08/2016

Weathers, Charles

From: Storch, Marty
Sent: Wednesday, June 22, 2016 5:13 PM
To: Weathers, Charles
Subject: Re: Request

Yes we will accept these funds

Sent from my iPhone

On Jun 21, 2016, at 3:39 PM, Weathers, Charles <Charles.Weathers@louisvilleky.gov> wrote:

Mr. Storch , I am writing you as a point of reference asking if Metro Parks would accept funding from Councilwoman Green to pay for the park fees associated with the Lil Africa (James Dixon) event in Russell Lee park on Sept 9th & 10th ,2016 . Thank you C Weathers

Register ID: KELLEY
Cashier: KROSS
Tran Date: 4/1/2016 11:11:31 AM
Tran # 163332
Payer: JAMES DIXON

DESCRIPTION	AMT DUE	AMT PAID
LIC# 16CHA1003 Fee: CHARITABLE(CERTIFICATE OF RE GISTRATION)	\$50.00	\$50.00
CHECK #187		\$50.00

Subtotal: \$50.00
Tax: \$0.00
Total: \$50.00
Payment: \$50.00
Change: \$0.00

WAY BACK
ST
LOUISVILLE, KY 40211-

License No: 16CHA1003 Effective Date: April 05, 2016 Expiration Date: December 31, 2016

Charitable Solicitation Certificate of Registration

THIS IS THE WAY BACK, has satisfied the necessary requirements pursuant to
a/Jefferson County Codified Ordinance 117, and is registered with the Department of
to perform the functions of a charitable or civic organization within the limits of Metro
unity, Kentucky.

Administrator's Signature:



Date: April 05, 2016



BROWN & BROWN OF KENTUCKY, INC.
P.O. Box 23410
Louisville, KY 40223

amilby@bblouisville.com
Phone: (502) 241-7072 Fax: (502) 241-7843

Enclosed you will find an admitted Commercial Liability quote for James Dixon ****REVISED****. The quote number is MSE016F4142 Version 3.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Covers the events, locations, dates and corresponding classifications with exposures.
- Section III- Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV- Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Anita Milby
BROWN & BROWN OF KENTUCKY, INC.



BROWN & BROWN OF KENTUCKY, INC.
P.O. Box 23410
Louisville, KY 40223

amilby@bblouisville.com
Phone: (502) 241-7072 Fax: (502) 241-7843

MSE016F4142 Version 3

Quote is valid until 9/10/2016

To: James Dixon **REVISED**

From: Anita Milby

amilby@bblouisville.com

Please bind effective: _____

Confirm optional coverages:

Do not include any optional coverages.

Include the following optional coverages from Section IV
(Taxes & Fees may apply to optional premium if purchased)

Option 1 - Set-up and/or Take-down Coverage

Option 2 - (add: \$50) - Rain Date Coverage

Option 3 - (add: \$100) - Banner Coverage

Option 4 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - IX

GENERAL LIABILITY OCCURRENCE/AGGREGATE	GENERAL LIABILITY PREMIUM	ADDITIONAL COSTS	AMOUNT DUE
<input type="checkbox"/> \$300,000/\$300,000	\$269	\$4.84	\$273.84
<input type="checkbox"/> \$300,000/\$600,000	\$277	\$4.99	\$281.99
<input type="checkbox"/> \$500,000/\$500,000	\$315	\$5.67	\$320.67
<input type="checkbox"/> \$500,000/\$1,000,000	\$322	\$5.80	\$327.80
<input type="checkbox"/> \$1,000,000/\$1,000,000	\$368	\$6.62	\$374.62
<input checked="" type="checkbox"/> \$1,000,000/\$2,000,000	\$375	\$6.75	\$381.75

ADDITIONAL QUOTE INFORMATION

Policy Minimum Premium: \$220
Personal & Advertising Injury: Same as the Occurrence Limit
Products Aggregate: See L-535
Damages to Premises Rented: \$100,000
Medical Payments: \$1,000
Refer to Covered Events section for event dates covered

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

MSE016F4142 Version 3

Policy Period is 9/9/2016 to 9/12/2016

ADDITIONAL COSTS INCLUDE:

Kentucky KY Surcharge 1.80%

Kentucky Municipal taxes and a 15% of Municipal Tax Collection Fee may apply.

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Prior to binding, this account is subject to the following:

Special Events Requirements

- If you have not already provided the mailing address, location address and additional insured information, we will need this information in order to bind coverage.

Underwriting Notes:

- Binding order must be received prior to the start of the event or no coverage will be provided.
- Thank you for the opportunity to quote this risk.

II. COVERED EVENTS

Event #1 - Tbd, Louisville, KY 40211

Entity Type: (applicant is the host of the event)

Event Coverages: General Liability

Table with 4 columns: Event, Exposure, Start Date, End Date. Row 1: Picnic (applicant is the host of the event) (Liability), 700 Attendees, 9/9/2016, 9/10/2016

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

MSE016F4142 Version 3

III. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	L-535	(03/15) Exclusion - Products-Completed Operations Hazard Other Than Food Or Beverage Products
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2136	(03/05) Exclusion - New Entities	L-607	(02/11) Exclusion For Climbing, Rebounding And Interactive Games And Devices
CG2139	(10/93) Contractual Liability Limitation	L-608	(02/11) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
CG2144	(07/98) Limitation Of Coverage To Designated Premises Or Project	L-609	(02/11) Animal Exclusion
CG2147	(12/07) Employment-Related Practices Exclusion	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-656	(02/06) Extension Of Coverage - Committee Members
IL0017	(11/98) Common Policy Conditions	L-686	(10/12) Absolute Exclusion for Liquor and Other Related Liability
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ100	(07/06) Amendatory Endorsement
IL0263	(09/08) Kentucky Changes - Cancellation And Nonrenewal	LLQ101	(08/06) Expanded Definition Of Employee
L-206	(02/11) Fully Earned Premium Endorsement	LLQ102	(02/15) Event Vendor, Exhibitor And Contractor Exclusion
L-224	(10/10) Punitive Or Exemplary Damages Exclusion	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
L-387	(03/06) Exclusion - Mechanical Rides	ME Jacket	(09/10) The Main Event Special Event Commercial Liability Policy Jacket
L-423	(02/11) Exclusion For Structure Collapse	SPE 300	(05/09) Special Events Property Damage Amendment
L-461	(12/11) Assault Or Battery Exclusion	SPE-312	(03/15) Who Is An Insured
L-472	(07/08) Exclusion - Injury To Performers Or Entertainers	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Set-up and/or Take-down Coverage	0.100

Important Information

- If this coverage is purchased, add L-563 Set-Up and/or Take-Down Coverage for Special Events
- Set-up and take-down coverage is available. If you wish to purchase, please submit the following with your bind request: dates requested, confirm no heavy machinery used during set-up and take-down (bulldozers, backhoes, excavators and any type of industrial machinery). Note: 10% of the first day rate for each day of set-up and/or take-down will apply.

Coverage	Additional Premium
Option 2 Rain Date Coverage	\$50

Important Information

- If this coverage is purchased, add L-562 Rain Date Coverage for Special Events

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

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Coverage	Additional Premium
Option 3 Banner Coverage	\$100

Coverage	Additional Premium
Option 4 Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 5% of the total policy premium, whichever is greater. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism. If not desired attach TRIADN Disclosure Notice of Terrorism Insurance Coverage or add form NTE Notice of Terrorism Exclusion.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium show above is subject to change.
- This coverage cannot be added mid-term.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Policyholder disclosure notice of Terrorism insurance coverage

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input checked="" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

James Dixon
Applicant Name (Print)

Named Insured

James Dixon
Authorized Signature

6-1-2016
Date

BOARD MEMBERS OF THIS IS THE WAY BACK, INC. 2016

Lewis Salmon	3 year term
Hilton Hodge	3 year term
Rick Bailey	3 year term
Eric Taylor	3 year term
Mike Turner, Jr.	3 year term
Deborah Bell	3 year term
Angela Smith	3 year term
Manford Reed	3 year term
Henry Owens	3 year term
Mark Scott	3 year term
James Dixon	President and CEO

Board members terms end in October, 2018.



Exempt Organizations Select Check

Exempt O

990-N (e-Postcard) filer Information

Tax Period:

2014 (10/01/2014 - 09/30/2015)

Employer Identification Number (EIN):

Legal Name:

THIS IS THE WAY BACK INC

Mailing Address:

1434 Hazel Street
Louisville, KY 40211
United States

Doing Business As:

Gross receipts not greater than:

\$50,000

Organization has terminated:

No

Principal Officer's Name and Address:

James Dixon
1434 Hazel Street
Louisville, KY 40211
United States

Website URL:

www.neighborhoodlink.com/This_Is_The_Way_Back

Related 990-N (ePostcard) Filings:

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

[Tax Year 2009](#)

[Tax Year 2010](#)

[Tax Year 2011](#)


[Tax Year 2012](#)

[Tax Year 2013](#)

[Return to Search Results](#) [Return to Search Page](#)

Kilkelly, Lisa

From: epostcard@urban.org
Sent: Tuesday, February 09, 2016 11:38 AM
To: Kilkelly, Lisa
Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: THIS IS THE WAY BACK INC


Submission Type: Form 990-N
Year: 2014
Submission ID: 7800582016040ce26666
e-File Postmark: 2/9/2016 11:32:13 AM
Accepted Date: 2/9/2016

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support
Phone: 866-255-0654 (toll free)
email:ePostcard@urban.org

THIS IS THE WAY BACK INC
1434 Hazel Street
Louisville, KY 40211

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 (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 reduce recidivism rates of persons who are released from correctional institutions;
2. To assist persons discharged from prisons and other correctional institutions in becoming productive citizens;
3. To act as an ongoing educational and prevention program;
4. To discourage criminal behavior;
5. To support appropriate resources for ex-offenders through parole, probationary and other social service agencies to help achieve positive outcomes for ex-offenders;
6. To assist in the resolution of the community's growing felon related problems;
7. To reduce or eliminate the stigma of incarceration;
8. To provide support for family and significant others involved in an offender's life;
9. To engage in other charitable and educational activities consistent with the above purposes.

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 corporate purposes described in Article IV, the Corporation shall have all powers granted by the laws of

the Commonwealth of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as 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:

1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, 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, or corresponding provisions of any later Federal tax laws.

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

ARTICLE VII

The Corporation shall be governed by the By-Laws.

Any director may be removed by vote of the Board of Directors as further specified in the Corporation's By-Laws.

ARTICLE VIII

a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his or her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law;
or

4) resulted in an improper personal benefit to the director.

ARTICLE IX

Any director or officer or former director or officer of the Corporation may be indemnified by the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members entitled to vote.

ARTICLE X

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 (or corresponding provisions of any later Federal tax laws), or to the Federal government or to a State or local government for a public purpose 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.

ARTICLE XI

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263(2) (or corresponding provisions of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the President of the Board of Directors of this Corporation, this 8th day of July, 2008.

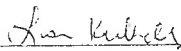


JAMES L. DIXON
PRESIDENT

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

The foregoing Amended and Restated Articles of Incorporation were acknowledged before me this 8th day of July, 2008, by James L. Dixon, President of This Is The Way Back, Inc. Witness my signature and seal of office.

My Commission Expires: January 8, 2009



NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

Lisa KilKelly

LISA KILKELLY

Attorney at Law

LEGAL AID SOCIETY, INC.

416 West Muhammad Ali Blvd. Suite 300

Louisville, Kentucky 40202

(502) 584-1254



LEGAL AID SOCIETY

PURSUING JUSTICE. RESTORING HOPE.

Lisa Kilkelly
(502) 614-3116
LKilkelly@laslou.org

March 29, 2016

VIA HAND DELIVERY

Department of Codes and Regulations
Division of Licenses & Permits
444 South Fifth Street
Louisville, KY 40202

Dear Sir or Madam:

Enclosed is a Registration Statement for Charitable Solicitation Certificate on behalf of This is the Way Back, Inc. including a copy of the organization's Articles of Incorporation. Also enclosed is a check payable to Metro Finance in the amount of \$50.

Please contact me if you need any further information. Thank you for your assistance.

Very Truly Yours,

Lisa Kilkelly
Staff Attorney

Cc: James L. Dixon



INSURANCE INFORMATION (Street Solicitation Only)

Liability Policy Number _____ Not applicable _____

Effective Date: _____ / _____ / _____ Expiration Date _____ / _____ / _____

Insurance Company Name _____

FUND RAISING METHODS

Please check each of the applicable fund raising methods to be used in the solicitation or services to be provided to the charitable organization.

Solicitation Period Beginning Date: Upon registration Ending Date 12/31/2016

Target Amount (Estimate): \$10,000

- Telephone Solicitation
- Mail Solicitation
- Special Events
- Sell Other Items
- Sell Coupons
- Sell Advertising
- Door-to-Door Solicitation
- Street Solicitation

Other (List): personal, radio/TV, email and website solicitations and grant applications

PROVIDE A DESCRIPTION OF THE SOLICITATION CAMPAIGN OR EVENT TO BE CONDUCTED. :

Use additional pages if necessary.

The organization plans to raise funds by asking for donations, selling items, grant applications and booth rentals and

Selling food at its Little Africa Southwick Community event in August..

BANK ACCOUNT INFORMATION –WHERE RECEIPTS FROM THE SOLICITATION ARE TO BE DEPOSITED:

Bank Name: Stockyards

Bank Address P.O. Box 32890

Bank City, State, Zip Louisville, KY 40232-2890

Account Number: 1702440

PROJECTED COSTS & PERCENTAGES

Wages _____ (Paid Employees, Board of Directors etc.)

Contracts _____ (Fund Raising Consultant and/or Fundraising Professional)

Expenses 2,500 (Rent, phones, office supplies etc.)

Other

Total Costs: \$2,500

Percentage to Charitable/Civic Cause 75%

Fundraiser/Consultant 0%

Other: 25%

Other Description: Event costs and other administrative costs

INDIVIDUALS AUTHORIZED TO INCUR EXPENSES RELATED TO THE SOLICITATION OR TO DISBURSE ANY PROCEEDS OF THE SOLICITATION:

Full Legal Name James Lee Dixon
Residential Address See below
City, State, Zip Code
Social Security Number See below Date of Birth See below

Full Legal Name _____
Residential Address _____
City, State, Zip Code _____
Social Security Number _____ Date of Birth _____

WHO WILL HAVE ORGANIZATIONAL RESPONSIBILITY WITH RESPECT TO THE SOLICITATION OF CONTRIBUTIONS?

Full Legal Name James Lee Dixon
Business Address 1434 Hazel Street, Louisville, Kentucky 40211
Residential Address Same as above
Business Telephone (502) 767-4472 Residential Telephone [REDACTED]
Social Security Number [REDACTED] Date of Birth [REDACTED]

List the five (5) most populous cities in which you have solicited in the past 5 years:

1. Louisville, Kentucky
2. _____
3. _____
4. _____
5. _____

In the last five (5) years has anyone, who is engaging in the solicitation of contributions been convicted of a felony or a misdemeanor involving moral turpitude?

NO YES If Yes Complete addendum _____

Full Legal Name _____
Social Security Number _____ Date of Birth _____
Nature of Offense _____
State Where Convicted _____ Year of Conviction _____

In order to be eligible to obtain and maintain a certificate of registration, a person must have a Resident Agent for purposes of receiving any notice provided for in the ordinance, furnishing information required or requested by the Administrator, or for service of any civil or criminal process. Resident agent must reside in Jefferson County, Kentucky or a Kentucky County, which borders Jefferson County, Kentucky.

Name James L. Dixon

Address including City, State and Zip 1434 Hazel Street, Louisville, KY 40211

If you are not able to provide any of the above information please explain below:

Statement

As conditions of registration, the undersigned agrees that the granting of the certificate will not be used or represented in any way as an endorsement by Metro Government or by any of its officers or employees. I further state that I have read the registration statement and that all the information contained therein is true and correct to the best of my knowledge.

I James L. Dixon, certify that I am President of the charitable or civic organization, This is the Way Back, Inc. , and that to the best of my knowledge, the statements in the above registration are true.

James L. Dixon
Affiant Signature

Subscribed and sworn to before me this 29th day of MARCH, 2014.

[Signature]
Notary Public (Signature)

My Commission Expires (list date)

Return all Registration forms to:
Department of Codes and Regulations
Division of Licenses & Permits
444 South Fifth Street
Louisville, KY 40202
Make check payable for all fees to: **"METRO FINANCE"**

ANY QUESTIONS, PLEASE CALL (502) 574-3591 OR FAX (502) 574-5245.

THIS IS THE WAY BACK, INC.**General Information**

Organization Number	0553429
Name	THIS IS THE WAY BACK, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	2/3/2003
Organization Date	2/3/2003
Last Annual Report	6/18/2015
Principal Office	1434 HAZEL ST. LOUISVILLE, KY 40211
Registered Agent	JAMES L. DIXON 1434 HAZEL LOUISVILLE, KY 40211

Current Officers

President	<u>James L. Dixon</u>
Vice President	<u>MICHAEL TURNER, JR.</u>
Secretary	<u>DEBORAH BELL</u>
Director	<u>Henry Owens</u>
Director	<u>Ricky Bailey</u>
Director	<u>BRENDA GRIFFITH</u>
Director	<u>GEORGE BEY</u>
Director	<u>ERIC TAYLOR</u>
Director	<u>HILTON HODGES</u>

Individuals / Entities listed at time of formation

Director	<u>DE'NITA WRIGHT</u>
Director	<u>JAMES DIXON</u>
Director	<u>HENRY OWENS</u>
Incorporator	<u>DE'NITA WRIGHT</u>
Incorporator	<u>JAMES DIXON</u>
Incorporator	<u>HENRY OWENS</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>	6/18/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/3/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/25/2013	1 page	<u>tiff</u>	<u>PDF</u>
	8/1/2012	1 page	<u>tiff</u>	<u>PDF</u>

Registered Agentname/address change

<u>Annual Report</u>	6/1/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	11/1/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/16/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/22/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	9/21/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/2/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	7/15/2008	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/2/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/10/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	12/6/2006	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	12/6/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/2/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/27/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	1/7/2005	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	1/7/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/9/2004	1 page	<u>PDF</u>	
<u>Articles of Incorporation</u>	2/3/2003	4 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/18/2015 3:25:53 PM	6/18/2015 3:25:53 PM	
Annual report	3/3/2014 11:12:32 AM	3/3/2014 11:12:32 AM	
Annual report	6/25/2013 8:48:48 AM	6/25/2013	
Registered agent address change	8/1/2012 11:10:28 AM	8/1/2012	
Annual report	6/1/2012 10:11:05 AM	6/1/2012	
Registered agent address change	11/1/2011 10:33:13 AM	11/1/2011	
Annual report	3/16/2011 12:26:14 PM	3/16/2011	
Annual report	6/22/2010 1:48:42 PM	6/22/2010	
Registered agent address change		9/21/2009	

	9/21/2009	
	12:17:22	
	PM	
	7/2/2009	
Annual report	11:06:50	7/2/2009
	AM	
	7/15/2008	
Amendment - Amended and restated articles / CLP	8:42:55	7/15/2008
	AM	
	7/2/2008	
Annual report	1:54:08	7/2/2008
	PM	
	7/10/2007	
Annual report	11:01:05	7/10/2007
	AM	
	12/6/2006	
Registered agent address change	10:00:10	12/6/2006
	AM	
	12/6/2006	
Principal office change	9:55:59	12/6/2006
	AM	
	12/6/2006	
Reinstatement	9:55:26	12/6/2006
	AM	
Admin Dis. A. report not in	11/2/2006	11/2/2006
	1/7/2005	
Registered agent address change	10:43:16	1/7/2005
	AM	
	1/7/2005	
Principal office change	10:41:34	1/7/2005
	AM	
	1/7/2005	
Reinstatement	10:41:07	1/7/2005
	AM	
Admin Dis. A. report not in	11/9/2004	11/8/2004
	2/3/2003	
Add	10:45:18	2/3/2003
	AM	

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	5/26/2005	1 page
Statement of Change	1/7/2005	1 page
Reinstatement	1/7/2005	3 pages
Unknown	11/9/2004	1 page
Articles of Incorporation	2/3/2003	4 pages

The following documentation is the original NDF application submitted to our office detailing the general information about the organization This is the way back Inc. And the even Lil Africa Southwick and Cotter homes reunion and is being provided for informational purposes only. District 1 is requesting that the NDF be given to Metro Parks & Recreations to pay the event fees associated with this event and this event only none of the other requested fees are being granted.

Thank you

Charles Weathers LA

June 17, 2016

ITENIRARY FOR THE LITTLE AFRICA, COTTER HOMES, SOUTHWICK REUNION

FRIDAY-September 9, 2016

AIA PRODUCTIONS

Eric Taylor and the Soul Summit Review Band, featuring the return of Harmony

Step Dancers

Local Talent-No explicit rap at all

Jumpers

SATURDAY-September 10, 2016

Poppa Stampley and the GROOVE, featuring Ric Debo and Laney Brown

Spiritual Wonders

The Echoes of Harmony

Keynote Speaker-Ms. Jessica Green at 3:00 pm

Love and Peace Heritage

Kentucky Dance and Step Teams

Louisville Vikings Little League Football Team

THANKING YOU IN ADVANCE


JAMES DIXON, PRESIDENT AND CEO

Weathers, Charles

From: Storch, Marty
Sent: Wednesday, June 22, 2016 5:13 PM
To: Weathers, Charles
Subject: Re: Request

Yes we will accept these funds

Sent from my iPhone

On Jun 21, 2016, at 3:39 PM, Weathers, Charles <Charles.Weathers@louisvilleky.gov> wrote:

Mr. Storch , I am writing you as a point of reference asking if Metro Parks would accept funding from Councilwoman Green to pay for the park fees associated with the Lil Africa (James Dixon) event in Russell Lee park on Sept 9th & 10th ,2016 . Thank you C Weathers

RECEIPT

DATE	3/9/16	No.	549834
RECEIVED FROM	Metro Events		\$ 200
	Seventy Five Special Event	00/100	DOLLARS
<input type="radio"/> FOR RENT			
<input type="radio"/> FOR			
ACCOUNT	75		
PAYMENT	75		
BAL. DUE			
<input checked="" type="radio"/> CASH			
<input type="radio"/> MONEY ORDER			
<input type="radio"/> CHECK			
<input type="radio"/> CREDIT CARD			
FROM	8/5/16	TO	8/10/16
BY	Dany Biss		
			1182



METRO Parks

Facility Rental Agreement

fax: 653-7727

Contract #: 26376
Date: 10-Mar-16

User: robynr
Status: Tentative

Louisville / Jefferson County Metro Government by and through its Metro Parks Department, 1297 Trevilian Way, Louisville, Kentucky 40213 hereby grants This is the Way Back, Inc (hereinafter called the "Licensee") represented by James Dixon, permission to use the Facilities as outlined, subject to the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of this Agreement.

- i) Purpose of Use Permit
Lil Africa Southwick Cotter Homes Reunion
- ii) Conditions of Use **Need proof of insurance. set up Aug 5, 10AM, Event to start 12 Noon. over by Aug 6, 10PM. Master Vendor Permit. 30 picnic tables, 20 trash cans, 1 patch box, City Stage.**
- iii) Date(s) and Time(s) of Use # of Bookings: 15 Starting: Fri 05 Aug 16 09:00 AM Expected: 500
Ending: Mon 08 Aug 16 12:00 AM

Facility/Equipment	Day	Start Date	Start Time	End Date	End Time	Fee	XFee	Tax	Total
Russell Lee Park - Football/Multi-purpose 2nd Tier	Fri	05-Aug-16	09:00 AM	05-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Russell Lee Park -Special Event	Fri	05-Aug-16	09:00 AM	05-Aug-16	10:00 PM	\$212.50	\$956.25	\$0.00	\$1,168.75
Russell Lee Park - Russell Lee Park Picnic Shelter	Fri	05-Aug-16	09:00 AM	05-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Softball/Baseball Field 1 2nd Tier	Fri	05-Aug-16	09:00 AM	05-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Iroquois Amphitheater - City Stage	Fri	05-Aug-16	09:00 AM	06-Aug-16	12:00 AM	\$850.00	\$0.00	\$0.00	\$850.00
Russell Lee Park - Football/Multi-purpose 2nd Tier	Sat	06-Aug-16	09:00 AM	06-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Russell Lee Park -Special Event	Sat	06-Aug-16	09:00 AM	06-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Russell Lee Park Picnic Shelter	Sat	06-Aug-16	09:00 AM	06-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Softball/Baseball Field 1 2nd Tier	Sat	06-Aug-16	09:00 AM	06-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Iroquois Amphitheater - City Stage	Sat	06-Aug-16	09:00 AM	07-Aug-16	12:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Football/Multi-purpose 2nd Tier	Sun	07-Aug-16	09:00 AM	07-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Russell Lee Park -Special Event	Sun	07-Aug-16	09:00 AM	07-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Russell Lee Park Picnic Shelter	Sun	07-Aug-16	09:00 AM	07-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Russell Lee Park - Softball/Baseball Field 1 2nd Tier	Sun	07-Aug-16	09:00 AM	07-Aug-16	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00

Facility Rental Agreement

User: robynr

Contract #: 26376
Date: 10-Mar-16

User: robynr
Status: Tentative

The undersigned holder of this permit hereby releases Louisville / Jefferson County Metro Government by and through its Metro Parks Department from any and all obligations, claims, or responsibilities arising from the use by the holder of this permit of the premises and activity covered by said permit, and further indemnifies and binds itself to hold the Louisville / Jefferson County Metro Government by and through its Metro Parks Department harmless from any obligation, claim or cause of action which might arise, be made, or brought against Louisville / Jefferson County Metro Government by and through its Metro Parks Department by any party arising from the use by the holder of this permit of the premises and activity covered by said permit.

THE HOLDER OF THIS PERMIT IS RESPONSIBLE FOR PROTECTING THE PROPERTY AGAINST DAMAGE DURING THE USE BY THE ORGANIZATION / INDIVIDUAL TO WHOM THE PERMIT IS ISSUED WILL BE BILLED FOR ALL SUCH DAMAGE.

Licensee Signature: _____

Metro Parks Representative: _____

James Dixon

This is the Way Back, Inc
1434 Hazel Street
Louisville KY 40211
USA
Home: ()
Fax: (502)384-7163

Business: (502)767-4472

Please Return to:
Metro Parks
1080 Amphitheater Road
Louisville, KY 40214
Phone (502) 368-5865
Fax (502) 368-5955

**For immediate assistance outside of regular
business hours, please call (502) 574-3506**

Licensee Initials: _____

James here is the
Price with the stage -

without the stage the
price is \$850.00 less -

for the total \$1168.75

From:

653-7727



METRO Parks
www.metro-parks.org

Louisville Metro Parks Event Application

Date: 2-18-2016

CONTACT INFORMATION

Primary Contact: James Dixon
(Person to be contacted regarding this application, the event, or in case of an emergency)

Contact Address: 1434 Hazel Street Louisville, KY 40211

Primary Phone Number: 502-767-4472 WORK CELL HOME

Secondary Phone Number: _____ WORK CELL HOME

Email: jdixon@INSIGHTBB.COM

Fax: 502-653-7727

Website: neighborhoodlink.com This is The Way Back Inc.

EVENT DESCRIPTION

Event Name: Lal Africa Southside, Coleraines Reunion Picnic
(Official name used to advertise event)

Event Sponsor: This is The Way Back Inc.
(Name of individual, group or organization organizing event)

Event Producer: James Dixon
(Name of individual, group or organization producing event or agency with whom event is contracting)

Describe Event: PAST AND PRESENT PEOPLE OF THE COMMUNITY COMING TOGETHER IN
 PEACE AS ONE

EVENT DESCRIPTION ATTACHED

Metro Park Location for Event: RUSSELL LEE PARK

Date(s) and Time(s) of Event:

Load-In Date:	<u>8/15/16</u>	Time:	<u>10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Event Start Date:	<u>8/15/16</u>	Time:	<u>12</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Event End Date:	<u>8/16/16</u>	Time:	<u>10</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Load-Out/Clean-Up Date:	<u>8/17/16</u>	Time:	<u>10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

ATTENDANCE

Total attendance expected: 500 Peak attendance expected at any one time: 700

SITE MAP REQUIREMENT

Regardless of event's location, a site map must be submitted to Metro Parks with this application showing the location of the event. All streets, alleys and rights of way affected by the event must be included, detailing specific event features and equipment. You may download park maps at metro-parks.org/parks.

VENDORS

- An event that will have food or merchandise vendors *must* apply for a Master Vendor Permit.
- A map of the location of all vendors *must* be attached.
- Event Master Vendor Permit holder is responsible for adhering to all local vending ordinances and ensuring compliance of all vendors with Louisville Metro Inspections Permits and Licenses, Health Department, Revenue Commission and the Kentucky State Department of Revenue.

PLEASE CHECK ALL FOLLOWING ITEMS WHICH APPLY TO YOUR EVENT

STREET CLOSINGS

- Event producers must notify affected businesses and residents of street closures.
- Event producers must provide and/or pay for barricades for street closings. Placement must be approved by police.
- If a State road will be closed, apply for a Street Closing Permit from the Kentucky Transportation Cabinet.

List streets to be closed for this event:

SOUTH of Southern 3RD, 3RD & 3RD STREETS

Closing: 8/5/16 Time: 12 AM PM

Reopening: 8/5/16 Time: 9 AM PM

Attach map of the event area showing street closing and event features.

PARKING - Describe or attach parking plan: _____

PARKING PLAN ATTACHED

TRAFFIC - Describe or attach traffic plan: _____

TRAFFIC PLAN ATTACHED

RENTALS FROM METRO PARKS

Picnic Tables (Set of 10) Total: 30

Bleachers 40 (Wooden) Total: _____

Trash Cans (set of 10) Total: 20

Bleachers 45 (Aluminum) Total: _____

Pop-Up Tents Total: _____

City Stage (if available) Indicate position on attached site map

ADDITIONAL REQUESTS FROM METRO PARKS: _____

ALCOHOLIC BEVERAGES

If you are serving or selling alcoholic beverages at your event you must obtain the following:

- Permission letter from Metro Parks
- Louisville Metro alcoholic beverage license (temporary or caterer's)
- Kentucky State alcoholic beverage license (temporary or caterer's)
- Proof of liquor liability insurance

Alcoholic beverage concessionaire or caterer: _____

Insurance company: _____ Office Phone: _____

EMERGENCY MEDICAL SERVICES - Describe or attach Emergency Medical Services plan: _____

EMERGENCY MEDICAL SERVICES PLAN ATTACHED

INFLATABLES/CARNIVAL RIDE VENDOR

Company name: _____

Main Contact Name: _____ Cell Phone: _____

From:

CLEAN-UP PLANS AND PROCEDURES

Event producers holding an event on Louisville Metro properties, facilities, streets or right-of-ways are responsible for clean-up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Describe or attach clean-up plan: _____

CLEAN-UP PLAN ATTACHED

ELECTRICAL SERVICES

Electrical permit(s) may be required for temporary electrical service. For generators, contact the fire district where event will be held.

Public Utilities

Patch Box(es) Total: 1

Generator(s) Total: _____

Indicate placement of patch boxes and/or generators on attached map.

RESTROOM FACILITIES

Number of permanent facilities at event location: 1

Number of portable facilities: 6

Name of supplying company: _____ Office Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

SECURITY

Event producers must provide adequate security for event management and crowd control.

Total number of security personnel or off-duty law-enforcement officers on-site: _____

Organization providing security: _____

Contact Name: _____ Phone: _____

Describe or attach security plan: _____

SECURITY PLAN ATTACHED

TENT(S)

Number of Tents: _____ Tent Sizes: _____

Enclosed tents over 200 sq. ft. require a permit. ALL tents over 400 square feet require a permit. Contact Louisville Metro Inspections Permits and Licenses, 444 South Fifth Street, Suite 101, Louisville KY 40202, 502/574-3321.

ADVERTISING

Describe (or attach) your events marketing plan and include copies of any print advertisements: _____

ADVERTISING PLAN ATTACHED

Website: _____

OTHER

Describe or attach a description of any further special features of your event, including special requests or other relevant information Metro Parks should be made aware of: _____

SPECIAL FEATURES ATTACHED

METRO PARKS SPECIAL EVENT INSURANCE REQUIREMENTS

Proof of insurance is required from an event producer and event subcontractors, at least 30 days prior to an event.

General Liability Insurance

Event producer must submit a Certificate of Insurance providing proof of a commercial general liability insurance policy, written on an occurrence basis for bodily injury, personal injury, property damage and product liability, with a minimum limit of liability of \$1,000,000 per occurrence and with a \$2,000,000 aggregate.

The event producer must list Louisville/Jefferson County Metro Government and any metro-owned venues hosting an event as additional insured and as certificate holder on all commercial general liability policies.

Liquor Legal Liability Insurance

Minimum coverage of Liability Limit is \$1,000,000 for any one Occurrence. This coverage is required from the person or company engaged in selling and/or dispensing alcoholic beverages. This coverage may be written as an endorsement on the above mentioned Commercial General Liability Policy or as a separate policy. If the event producer subcontracts this service to a vendor, only the vendor shall be required to purchase this coverage.

The event producer and alcohol server must list Louisville/Jefferson County Metro Government and any Metro-owned venues hosting an event as additional insured and as certificate holder on all commercial general liability and liquor liability policies.

Workers Compensation Insurance (if applicable)

Insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and Employers' Liability - \$100,000 Each Accident/\$500,000 Disease - Policy Limit/\$100,000 Disease - Each Employee.

The Insurance Requirements should be reviewed immediately with your insurance agent in order to comply.

HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Applicant/Event Producer shall indemnify, hold harmless and defend Louisville Metro Government, and any other metro-owned venues hosting an event, their elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Applicant/Event Producer's (or Applicant/Event Producer's subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of Louisville Metro Government, their elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Event Permit Application.

Only applicants in good standing with Louisville Metro will be considered for approval. Any misrepresentation in this application or deviation from the final approved specifications and activities described herein or failure to abide by all Federal, State and Louisville Metro Laws, ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

Sign: _____
Signature of the agent duly authorized by the Special Event Permit applicant to bind it.

By signing this application, I understand that no permit will be issued unless all proof of insurance is provided.

Name (print): JAMES DUXON Phone: 502-767-4972
Date: 2 / 19 / 2016

RETURN APPLICATION (application must be received no later than 30 days prior to event):

Louisville Metro Parks Reservations Office
1080 Amphitheater Rd
Louisville KY 40214
Phone: 502/368-5910
Fax: 502/368-5955

INSURANCE INFORMATION 2016

To host an event in any of our Metro Parks, you must have one million dollars in general liability insurance, two million aggregate, with Louisville Metro Government named the additional insured.

Please include the following wording in the Description of Operations section on the Insurance Certificate.

Description of Operations section:

“The Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as “Additional Insured” as respects operations of the Named Insured performed relative to the contract.

Certificate Holder:

Louisville/Jefferson County Metro Government
Finance Department
Risk Management Division
611 West Jefferson Street
Louisville, KY 40202



Brown & Brown, Inc.
13101 Magisterial Drive
Suite 200
Louisville, KY 40223
502/241-7072 • FAX 502/241-7843

June 1, 2016

This Is The Way Back
James Dixon
1434 Hazel
Louisville, KY 40211

Re: Binder of Insurance
Policy #: CL2697340
Company: Mount Vernon Fire Insurance Co

Dear Mr. Dixon:

Enclosed you will find a binder of insurance for those coverages you have chosen to purchase for your insurance needs. Once the renewal policy is received and reviewed for accuracy by our office, we will forward it to you for your records.

Also enclosed is an invoice in the amount of \$403.31. Please remit payment to Brown & Brown in the envelope provided.

If you have any questions, or if we can be of further assistance, please do not hesitate to contact our office. Thank you for allowing us to handle your insurance needs.

Best regards,


Anita Milby

Enclosures

Brown & Brown of KY Inc.
 P.O. Box 23410
 Louisville, KY 40223-0410
 Phone : 502-241-7072 502-241-7843

INVOICE # 57711		Page 1
ACCOUNT NO. THISIS1	OP AM	DATE 06/01/16
POLICY INFORMATION		
POLICY # CL2697340		
COMPANY Mount Vernon Fire Insurance Co		
PRODUCER Robin Gagel		
EFFECTIVE 09/09/16	EXPIRATION 09/10/16	
AMOUNT PAID	AMOUNT DUE \$ 403.31	

This Is The Way Back
 1434 Hazel
 Louisville, KY 40211

*** PLEASE RETURN TOP PORTION WITH REMITTANCE ***

INVOICE #	Due Date	Trn	Type	Description	Amount
57711	09/09/16	NEW	SEP	Special Event Policy	\$ 375.00
	09/09/16	CFE	SEP	KY Tax/Fee/Surcharge	\$ 28.31
Invoice Balance:					\$ 403.31

Please make check payable to Brown & Brown of Kentucky, Inc.



BROWN & BROWN OF KENTUCKY, INC.

P.O. Box 23410
 Louisville, KY 40223
 Phone: (502) 241-7072
 Fax: (502) 241-7843

To: James Dixon

*** BINDER ***
 06/01/2016

Renewal Of: NEW

From: Anita Milby
 amilby@bblouisville.com

Insured: **James Dixon**

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

POLICY INFORMATION

COMMERCIAL LIABILITY POLICY	
Policy Number:	CL 2697340
Policy Period:	09/09/2016 to 09/12/2016
Carrier:	Mount Vernon Fire Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - IX
COVERAGE PART	PREMIUM
Commercial Liability	\$375.00
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$1,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	See See L-535
General Aggregate Limit	\$2,000,000
POLICY PREMIUM	\$375.00
ADDITIONAL COSTS	
KY Municipal Tax	\$18.75
KY Surcharge	\$6.75
Collection Fee	\$2.81
TOTAL	\$403.31

Location of All Covered Special Event(s)

1 - Russell Lee Park, 3701 Southern Avenue, Louisville, KY 40211

APPLICABLE FORMS & ENDORSEMENTS

The following forms apply to the Commercial Liability coverage part

CG0001 12/07	Commercial General Liability Coverage Form	CG0068 05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
--------------	--	--------------	--

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

DEPARTMENT OF THE TREASURY

Date: MAR 30 2016

THIS IS THE WAY BACK INC
1434 HAZEL STREET
LOUISVILLE, KY 40211

Employer Identification Number:

DLN:

17053160352025

Contact Person:

JOAN C KISER

ID# 31217

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

September 30

Public Charity Status:

170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

February 3, 2003

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

This supersedes our letter dated July 31, 2015, which we issued with an incorrect effective date of exemption. We updated our records to show your correct effective date as listed at the top of this letter.

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

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

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

Letter 947

New Zion

BAPTIST CHURCH

A. Russell Awkard, Pastor

June 8, 2016

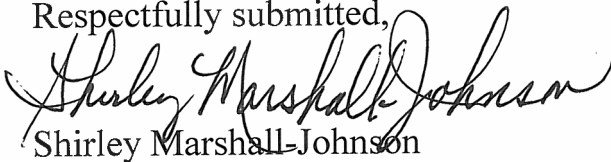
James Dixon

RE: Annual Little Africa, Southwick, Cotter Homes Festival
September 9 & 10, 2016
Russell Lee Park

This is written notification that Mr. James Dixon has been given permission to use the New Zion Baptist Church parking lot (church lot and the lot across the street) locations at 1501 Louis Coleman Jr. Drive on **Friday, September 9, 2016, 12 Noon until 10:00 p.m. and Saturday, September 10, 2016, 12:00 Noon until 10:00 p.m.**

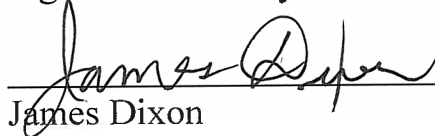
Mr. Dixon has agreed to make sure that both lots are cleaned and in the same condition prior to the event. Additionally, the New Zion Church will not be responsible/liable for any damage to vehicles or other property on the lots during the entire event.

Respectfully submitted,



Shirley Marshall-Johnson
Church Office
Rev. A. Russell Awkard, Pastor

Signed & Dated by:



James Dixon

Mailing Address

P.O. Box 11067

Louisville, KY

40251-0067

Location Address

1501 Louis Coleman Jr. Drive

(502) 778-6063

(502) 778-6002

Fax: (502) 776-7261

Email: office@nzbaptistchurch.net



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <i>THIS IS THE WAY BACK INC.</i> <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: <i>1474 HAZEL ST. LOU. KY 40211</i>			
Website:			
Applicant Contact:	<i>JAMES DIXON</i>	Title:	<i>PRES/CEO</i>
Phone:	<i>502-767-4472</i>	Email:	<i>JDIXON@INSIGHTBD.COM</i>
Financial Contact:	<i>SAME</i>	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):			
Council District(s):		Zip Code(s):	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:			
Total Request: (\$)	<i>2422.06</i>	Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply): <ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
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:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission Statement

This Is The Way Back, Inc. is a non-profit organization designed to serve the needs of individuals who have been released from adult & juvenile correctional institutions. Its purpose is to help ex-felons to successfully reenter society with a new awareness of self-identity and to put an end to the cycle of recidivism.

Services

- Ex-felon support: list of jobs that will hire persons with a criminal record
- Record expungement information
- Housing assistance
- Drug & alcohol rehabilitation
- Child care resources
- Veterans & senior citizen programs



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT 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 will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

On September 9th & 10th 2016, This Is The Way Back, Inc. will be celebrating the Little Africa, Southwick-Cotter Homes Annual Festival. There will be musical acts, talent show, food & drink. There will be vendors with important information & shopping items. All monies (vendors, food, drinks) will be proceeded to This Is The Way Back, Inc to help with daily operations of the organization

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

1 →	Rental fees	1,062.50
1 →	MASTER vending permit	212.50
1 →	PATCH BOX	106.25
30 →	PICNIC TABLES,	382.50
10 →	TRASH CANS	255.00
		<hr/>
TOTAL	COST	2,018.75
	INSURANCE	403.31
	<hr/>	<hr/>
	TOTAL COST	2,422.86



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

FOR OFFICE SUPPLIES

INK

PAPER

PENS

FOLDERS

STAPLES

STAMPS

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):

- ✓ 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 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.

J.P.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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:

This event will have activities and music, food, drink and entertainment. More importantly, this will re-enforce a much needed element of unity in the West End community of Louisville.

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.

Jed



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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.

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 (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	2,422.06	200	2,622.06
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	92 %	8 %	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)	200
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	200

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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
N/A		
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

*** 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**

Agency Fiscal Year Start Date:

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:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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. Applicant understands 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. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. 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 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.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

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.

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.

Signature of Legal Signatory:	<i>James L. Dixon</i>	Date:	5-31-2016
Legal Signatory: (please print):	JAMES L. DIXON	Title:	PRES/CEO
Phone:	6-02-767-4472	Extension:	
		Email:	JDIXON@INSIGHTBB.COM

CURRENT YEAR PROJECTED BUDGET FOR
THIS IS THE WAY BACK, INC.
JUNE 2016-DECEMBER 2016

Estimated Expenses

AT & T	975.00	
Office supplies	70.00	
Transportation	150.00	
Little Africa/Cotter Homes fund raiser	2018.75	2,622.06
Total	3213.75	<u>3,817.06</u>

Estimated Income

Donations		200
Louisville Metro Grant	2018.75	2,422.06
Little Africa/Cotter Homes fundraiser	<u>1,195</u>	(gross sales)
		<u>3,817.06</u>

CURRENT FINANCIAL STATEMENT AS OF JUNE 1, 2016

FOR THIS IS THE WAY BACK, INC.

Assets:

Cash	
Office Equipment/Supplies	4,000.00

<u>Liabilities:</u>	0.00
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Net Assets: