

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

Applicant/Program: Foxboro Estates Residents Association Inc./ Sidewalk Safety Improvements
Applicant Requested Amount: 1,655.00
Appropriation Request Amount: 1,655.00

Executive Summary of Request

These funds will be used to repair sidewalks in Foxboro Estates categorized as the worst tripping hazards of 3/4" to 2".

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

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

18 District # Marilyn Parker Primary Sponsor Signature 1,655 Amount 10/23/17 Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Foxboro Estates Sidewalk Safety Improvements

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Foxboro Estates Sidewalk Safety Improvements

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____


District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Foxboro Estates Residents Association Inc.	
Program Name and Request Amount Sidewalk Safety Improvements \$1,655	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Prepared by: Chris Lewis 	Date: 10-23-17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization: Foxboro Estates Residents' Association, Inc. AKA OldDorseyPlace (OI <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: P.O.Box 43966, Louisville KY 40253-0966			
Website: https://nextdoor.com/neighborhood/olddorseyplace-louisville-ky/			
Applicant Contact:	Ralph Walz	Title:	ODP Board Member
Phone:	502-762-8181	Email:	walzralph@gmail.com
Financial Contact:	Susan Drake	Title:	ODP Treasurer
Phone:	502-552-6084	Email:	odphoa@gmail.com
Organization's Representative who attended NDF Training: Ralph Walz (online)			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	OldDorseyPlace, Louisville KY		
Council District(s):	Louisville District 18	Zip Code(s):	40223
PROGRAM/PROJECT NAME: ODP Sidewalk Safety Improvements			
Total Request: (\$)	\$1,655	Total Metro Award (this program) in previous year: (\$)	\$0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
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:	None this FY	Amount: (\$)	\$0
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Foxboro Estates Residents' Association, Inc. AKA Old Dorsey Place (ODP) is a homeowners association that promotes an improved quality of life for its' residents by providing enforcement of deed restrictions, sidewalk repairs, street lights, landscape maintenance at 7 locations (cul de sacs and entrances) and social activities.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
President, Brett Garvey	30 June 2018
Vice President, Colleen Balderson	30 June 2018
Secretary, Michelle Morris	30 June 2018
Treasurer, Susan Drake	30 June 2018
Area 1 Representative, Jaarad Taylor	30 June 2018
Area 2 Representative, Jeff Gapen	30 June 2018
Area 3 Representative, Ralph Walz	30 June 2018
Area 4A Representative, Matt Wilkinson	30 June 2018
Area 4B Representative, Stephen Tweed	30 June 2018

Describe the Board term limit policy:
 Board members are elected annually by the membership. Board members receive no compensation for their services, but they may, if hired by the HOA for professional services rendered.

Three Highest Paid Staff Names	Annual Salary
Board members receive no compensation.	N/A

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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.):

Sidewalk Trip Hazard Mitigation: This project will repair uneven sidewalks throughout the Old Dorsey Place neighborhood by shaving tripping hazards to a 1:12 ratio slope. 140 tripping hazards were identified: 74 @ 1/4" to 1/2", 30 @ 1/2' to 3/4" and 36 @ 3/4" to 2". The ODP HOA would like to repair the 66 hazards that are 1/2" to 2" at a cost of \$5,305. The ODP HOA is prepared to fund \$3,650 toward this project if Metro Louisville could fund \$1,655. The Metro funding would be directed to the most dangerous tripping hazards in the 3/4" to 2" range. Please see the proposal from Precision Concrete Cutting found at the following dropbox link: <https://www.dropbox.com/s/p7tz8p3yhzf949b/Old%20Dorsey%20Place%20Homeowner%27s%20Association.pdf?dl=0>. A hardcopy of the proposal is also attached.

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

A contract has not been signed for this project. Once a decision has been made by Metro Louisville for the requested \$1,655 funding, ODP HOA will enter into a contract with Precision Concrete Cutting for repair of the 66 specific tripping hazards. Metro funding will be directed toward the most dangerous tripping hazards. Please note that Precision Concrete Cutting (contractor) was recommended to us by Metro Louisville Public Works.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This request is not part of a fundraiser.

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:

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.

A contract has not been signed for this project. Once a decision has been made by Metro Louisville for the requested \$1,655 funding, ODP HOA will enter into a contract with Precision Concrete Cutting for repair of the 66 specific tripping hazards. Metro funding will be directed toward the most dangerous tripping hazards. Please note that Precision Concrete Cutting (contractor) was recommended to us by Metro Louisville Public Works.

Reimbursements should not be made before application date 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.

A contract has not been signed for this project. Once a decision has been made by Metro Louisville for the requested \$1,655 funding, ODP HOA will enter into a contract with Precision Concrete Cutting for repair of the 66 specific tripping hazards. Metro funding will be directed toward the most dangerous tripping hazards. Please note that Precision Concrete Cutting (contractor) was recommended to us by Metro Louisville Public Works.

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: Many members of ODP's 290 households are frequent users of our sidewalks for pleasure, exercise and to access public transportation. We consider vertical displacement of 1/2" or greater to be a serious tripping hazard endangering the safety of our residents. We have received numerous comments and complaints over the years about the condition of our sidewalks, especially during early morning and evenings when visibility is poor.

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.

N/A

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	\$1,655	\$3,650	\$5,305
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
	31 %	69 %	100%

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

Other State, Federal or Local Government	None
United Way	None
Private Contributions (do not include individual donor names)	None
Fees Collected from Program Participants	None
Other (please specify)	\$3,650 annual assessments

**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 for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
See Section 6			
Total			

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		
<p align="center"><i>(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i></p>		

*** 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 7 – 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 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 and the funds will not be disbursed to our organization.
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 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.

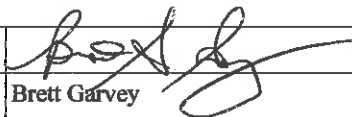
Standard Certifications

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 8 – 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:		Date:	10-6-2017
Legal Signatory: (please print):	Brett Garvey	Title:	ODP President
Phone:	502-417-5432	Extension:	
Email:	bt4garvey@bellsouth.net		

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) FOXBORO ESTATES RESIDENTS ASSOCIATION	
	Business name, if different from above (A.K.A. OLD DORSEY PLACE H.O. ASSOCIATION)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) P. O. BOX 43966	Requester's name and address (optional)
	City, state, and ZIP code LOUISVILLE, KY 40253-0966	List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

0188622.04 mstratton
ADD
Trey Grayson
Secretary of State
Received and Filed
10/25/2005 1:53:03 PM
Fee Receipt: \$20.00

**COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE**



CERTIFICATE OF ASSUMED NAME

This certifies that the assumed name of

Old Dorsey Place Homeowners Association

[Name under which the business will be conducted]

has been adopted by Foxboro Estates Residents Association, Inc.

[Real name - KRS 365.015(1)]

which is the "real name" of (YOU MUST CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Registered Limited Liability Partnership | <input type="checkbox"/> a Foreign Registered Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input checked="" type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |
| <input type="checkbox"/> a Joint Venture | |

organized and existing in the state or country of Kentucky, and whose address is

9506 Tamarisk Parkway Louisville, KY 40223-2856

Street address, if any

City

State

Zip Code

The certificate of assumed name is executed by

Richard L. Kline
Signature
Richard L. Kline, President
Print or type name and title
10-20-05
Date

Donald S. Battcher
Signature
Donald S. Battcher, Secretary
Print or type name and title
10/20/05
Date



**Commonwealth of Kentucky
Office of the Secretary of State**

Suite 156, State Capitol
Frankfort, KY 40601

Alison Lundergan Grimes
Secretary of State

Fax (502) 564-4075
Corporate Filings (502) 564-3490
Corporate Records (502) 564-3490

Records Request Receipt

SUSAN DRAKE
FOXBORO ESTATES RESIDENTS ASSOCIATION DBA OLD
DORSEY PLACE HOMEOWNERS ASSOCIATION
9414 TAMARISK PKWY
LOUISVILLE KY 40223

Records Request ID: 94663
Customer ID: 49410
Date: Thursday, November 9, 2017
Total Amount: \$10.00
Total Amount Paid (to Records): \$10.00
Corporate Records Balance: \$0.00

Payments Received:
Amount: \$10.00, Method: Credit card

All charges have been paid in full. The documents requested are listed below.

FOXBORO ESTATES RESIDENTS ASSOCIATION, INC. (0188622.09.99999)		
Document	Pages/Quantity	Cost
Regular Copies (minimum \$5.00, \$0.50 per page after 5 pages)	4 pages	\$5.00
EMAIL (\$5.0000)	1	\$5.00

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

DREXELL R. DAVIS
Secretary



FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION OF NON STOCK, NON-PROFIT CORPORATION

I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky, certify that there has been delivered to my office articles of incorporation of Foxboro Estates Resident's Association, Inc.

The name and address of the registered agent of this corporation is

Douglas Sharp

NAME

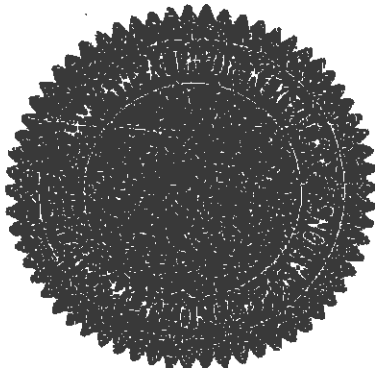
601 West Main Street

STREET ADDRESS

Louisville, Kentucky

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, DREXELL R. DAVIS, Secretary of State, issue this Certificate of Incorporation.



Issued this 11th day of April, 19 84,
at Frankfort, Kentucky.

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY,
FRANKFORT, KENTUCKY

APR 11 1984

ACT
D. J. R. Davis

ARTICLES OF INCORPORATION

OF

FOXBORO ESTATES RESIDENT'S ASSOCIATION, INC.

SECRETARY OF STATE
RECEIVED

APR 11 1984

CR 4.00

Commonwealth of Kentucky

341357

SECRETARY OF STATE WHEREAS, deeds of restrictions have been put to record in the office of the County Clerk of Jefferson County, Kentucky, in Deed Book 5024, Page 426, and at Deed Book 5217, Page 821, which established a "Residents Association" for Foxboro Estates Subdivision, Section I and II respectively, and

WHEREAS, the residents thereof desire to assume the rights created thereunder and all such other rights as may be permitted by law.

NOW, THEREFORE, by these presents the residents of Foxboro Estates, Section I and II incorporate themselves in accordance with the provisions of KRS 273.247:

1. The name of the corporation shall be Foxboro Estates Resident's Association, Inc.
2. The corporation shall be perpetual.
3. The purpose of the corporation is to act in accordance with the aforementioned restrictions and assume all rights created thereunder.
4. The internal affairs of the corporation shall be governed as set forth in its By-Laws, with each member having a right to vote. In the event of dissolution or liquidation the assets shall be distributed equally among all lots which are current in payments of assessments.

MORGAN AND POTTINGER
ATTORNEYS

601 WEST MAIN STREET
LOUISVILLE, KENTUCKY 40202

(502) 589-2760

INDIANA OFFICE
411 STATE STREET
NEW ALBANY, IN 47150
(812) 948-0008

ELMER F. WIRSHAN
DAVID C. POTTINGER
PATRICK E. MORGAN
JOHN T. McSARVELY
DAVID T. SIDBERS
M. DEANE STEWART
L. TYLER SPRES*
MICHAEL R. TILLEY
DOUGLAS GENE SHARP*
TANDY C. PATRICK
SIBORAH S. SIMON
BRUCE D. AYERTON
JOHN A. MAJORS
ROBERT O. HAMILTON**
MICHAEL W. TROUTMAN

*ADMITTED KENTUCKY & INDIANA
**ADMITTED INDIANA ONLY

April 10, 1984

Mrs. Frances Jones Mills
Secretary of State
Commonwealth of Kentucky
State Capitol
Frankfort, Kentucky 40601

APR 11 1984

Commonwealth of Kentucky

Dear Mrs. Mills:

Enclosed please find four (4) original executed Articles of Incorporation of Foxboro Estates Resident's Association, Inc. as well as my check in the sum of \$4.00 for a filing fee thereof. Please have the same filed and a Certificate of Incorporation issued.

Thanking you for your courtesy, I remain,

Sincerely yours,

Douglas Gene Sharp
Douglas Gene Sharp

DGS/arv
AV12

Enclosures

**U.S. Income Tax Return
for Homeowners Associations**

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

For calendar year 2016 or tax year beginning July 1, 2016, and ending June 30, 20 17

TYPE OR PRINT	Name Foxboro Estate Resident's Assoc AKA Old Dorsey Place Homeowner's Assoc	Employer identification number [REDACTED]
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 43966	Date association formed
	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40253-0966	4-11-1984

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association		
B Total exempt function income. Must meet 60% gross income test. See instructions	B	46940 97
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C	34982 75
D Association's total expenditures for the tax year. See instructions	D	34982 76
E Tax-exempt interest received or accrued during the tax year	E	0 00

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	13 11
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7 Other income (excluding exempt function income) (attach statement)	7	
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	13 11

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach statement)	15	
16 Total deductions. Add lines 9 through 15	16	
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	
18 Specific deduction of \$100	18	\$100 00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-86 89
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0 00
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0 00
23 a 2016 overpayment credited to 2016 23a [] [] [] []		
b 2016 estimated tax payments 23b [] [] [] []		
c Total ▶ 23c [] [] [] []		0 00
d Tax deposited with Form 7004 23d [] [] [] []		
e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e [] [] [] []		
f Credit for federal tax paid on fuels (attach Form 4136) 23f [] [] [] []		
g Add lines 23c through 23f 23g [] [] [] []		0 00
24 Amount owed. Subtract line 23g from line 22. See instructions	24	0 00
25 Overpayment. Subtract line 22 from line 23g	25	0 00
26 Enter amount of line 25 you want: Credited to 2017 estimated tax ▶ 26 [] [] [] []		
Refunded ▶ [] [] [] []		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Susan Drake 19/8/17 Treasurer

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

720

41A720

Department of Revenue



A 146750

Kentucky Corporation/LLET Account Number

> See instructions.

Taxable period beginning July 1, 2016, and ending June 30, 2017.

KENTUCKY CORPORATION INCOME TAX AND LLET RETURN 2016

Form header section containing taxpayer information: B Check applicable box(es), C Income Tax Return, D Federal Identification Number, E Name of Common Parent, F Check if applicable, G Check if applicable, Taxable Year Ending 06/17, Name of Corporation FOXBORO ESTATES RESIDENT ASSOCIATION, City LOUISVILLE KY, ZIP Code 40253, Telephone Number 5025526084, State and Date of Incorporation KY 4-11-1984, Principal Business Activity in KY Homeowner Association.

Table with two main columns: PART I - LLET COMPUTATION and PART II - INCOME TAX COMPUTATION. Rows 1-22 detailing tax credits, liabilities, and payments. Includes sub-totals for LLET due, interest, penalty, and amount to be refunded.

TAX PAYMENT SUMMARY (Round to nearest dollar) and OFFICIAL USE ONLY section. Includes sub-totals for LLET, INCOME, and TOTAL PAYMENT.



SCHEDULE Q—KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4—15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. Failure to do so may result in a request for a delinquent return.

1. Indicate whether: (a) new business; (b) successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other _____
If successor to previously existing business, give name, address and federal I.D. number of the previous business organization. _____

2. List the following *Kentucky* account numbers. Enter N/A for any number not applicable.
Employer Withholding _____
Sales and Use Tax Permit _____
Consumer Use Tax _____
Unemployment Insurance _____
Coal Severance and/or Processing Tax _____

3. If a foreign corporation, enter the date qualified to do business in Kentucky. ___ / ___ / ___

4. The corporation's books are in care of: (name and address)
SUSAN DRAKE
9414 TAMARISK DRIVE
LOUISVILLE KY 40223

5. Are disregarded entities included in this return?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

6. (a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, list name and federal I.D. number of the pass-through entity(ies). _____

6. (b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7. Are related party costs as defined in KRS 141.205(1)(l) included in this return? Yes No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6.

8. Did the corporation at any time during the taxable year do business in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

9. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? Yes No. If yes, list name, address and federal I.D. number of each entity. _____

10. The federal tax return attached to this Kentucky tax return is:
 a pro forma federal tax return a copy of the federal tax return filed with the Internal Revenue Service

11. Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative association's name, address and federal I.D. number included in the return: _____

12. Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No
If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust?
 Yes No
If yes, for each series within a statutory trust, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

13. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

14. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2017? Yes No
If yes, list name and federal I.D. number of entity(ies) filing return(s): _____

15. Is the corporation currently under audit by the Internal Revenue Service? Yes No
If yes, enter years under audit _____
If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here and file an amended return. See 2016 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.

Form 1120-H - 2015

Tax ID



Statement 1

Exempt Function Income	
HOA Membership Dues	\$ 46,120.00
HOA Late Payment fees	\$ 807.86
Taxable Interest	<u>\$ 13.11</u>
	\$ 46,940.97

Statement 2

Expenditures described in 90% Test	
Compensation of Officers	\$ -
Pension, etc	\$ -
Utilities	\$ 15,745.26
Landscape maintenance, etc	\$ 16,620.90
General maintenance & repairs	\$ -
Administration fees - billing, legal	<u>\$ 2,616.59</u>
Common Maintenance & Utilities	\$ 34,982.75

Statement 3

Interest Income	
Chase Bank	\$ 13.11

Susan Draly
TREASORER
9-8-17

Form 720

Foxboro Estates Residents Association, Inc

Tax ID: [REDACTED]

Statement 1

Officer Information

PRESIDENT

Brett Garvey

814 Foxfire Drive

Louisville, KY 40223

VICE PRESIDENT

Colleen Balderson

9806 Tamarisk Pkwy

Louisville, KY 40223

SECRETARY

Michelle Morris

603 Scioto Drive

Louisville, KY 40223

TREASURER

Susan Drake

9414 Tamarik Pkwy

Louisville, KY 40223

Old Dorsey Place
Homeowners Association
PO Box 43986
LOUISVILLE KY 40253



Dept of the Treasury
Internal Revenue Service Center
Cincinnati OH 45999-0012

Old Dorsey Place
Homeowners Association
PO Box 43986
LOUISVILLE KY 40253



KY Dept of Revenue
PO Box 856905
Louisville KY 40285-6905

Old Dorsey Place Homeowners Association Cash Flow Statement

10/2/2017

	\$100 dues	\$100 dues	2017-2018		
	2015 - 2016	2016 - 2017	Current YTD	Project Full Year	Presented at MAY annual meeting
Balance in bank accounts, July 1	26,459.75	23,486.09	35,444.31	35,444.31	32,302.00
Cash In:					
Dues, etc	32,493.56	46,477.86	45,979.49	47,420.00	46,400.00
Directory	25.00	250.00	50.00	150.00	
Bank Interest / Fees	13.73	13.11	2.19	12.00	
Other Misc.	-126.00	200.00	0.00		
Total Collected	32,406.29	46,940.97	46,031.68	47,582.00	46,400.00
Cash Out:					
Utilities	15,330.35	15,745.26	5,729.04	16,527.45	16,525.00
Billing	332.00	0.00	0.00	0.00	0.00
Collection Fees	43.00	0.00	0.00	0.00	0.00
Office Exp	748.65	286.70	300.25	1,712.25	1,750.00
Meeting Exp	814.76	0.00	67.48	767.48	750.00
Neighborhood Events	0.00	227.35	0.00	0.00	0.00
Ins, Tax, Licenses	1,964.92	2,102.54	0.00	2,500.00	2,500.00
Snow Removal	1,674.50	313.75	0.00	2,500.00	2,500.00
Landscape	7,670.50	15,035.20	1,245.00	14,645.00	14,700.00
Irrigation	2,305.87	1,271.95	0.00	1,350.00	1,300.00
Repairs	2,100.40	0.00	0.00	2,000.00	2,000.00
Storage	395.00	0.00	0.00	0.00	0.00
Legal - Internal	0.00	0.00	0.00	4,000.00	0.00
Legal - External	2,000.00	0.00	0.00	0.00	4,000.00
	35,379.95	34,982.75	7,341.77	46,002.18	46,025.00
Bal in bank accounts, end of period	23,486.09	35,444.31	74,134.22	37,024.13	32,677.00

5 households owe late fee only
9 households owe this year + late fee

Organization ID # 0188622
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Amended 2016 Annual Report

ARA

Exact organization name and principal office address

**FOXBORO ESTATES RESIDENT'S ASSOCIATION, INC.
814 FOXFIRE DRIVE
LOUISVILLE KY 40223**

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

SUSAN DRAKE
9414 TAMARISK PARKWAY
LOUISVILLE, KY 40223

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	<u>BRETT GARVEY</u>	_____
Secretary	<u>MICHELLE MORRIS</u>	_____
Vice President	<u>COLLEEN BALDERSON</u>	_____
Treasurer	<u>SUSAN DRAKE</u>	_____

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

<u>RALPH WALZ</u>	_____	_____
<u>MATTHEW WILKINSON</u>	_____	_____
<u>STEPHEN TWEED</u>	_____	_____
<u>KAREN GARNER</u>	_____	_____
<u>JAARAD TAYLOR</u>	_____	_____

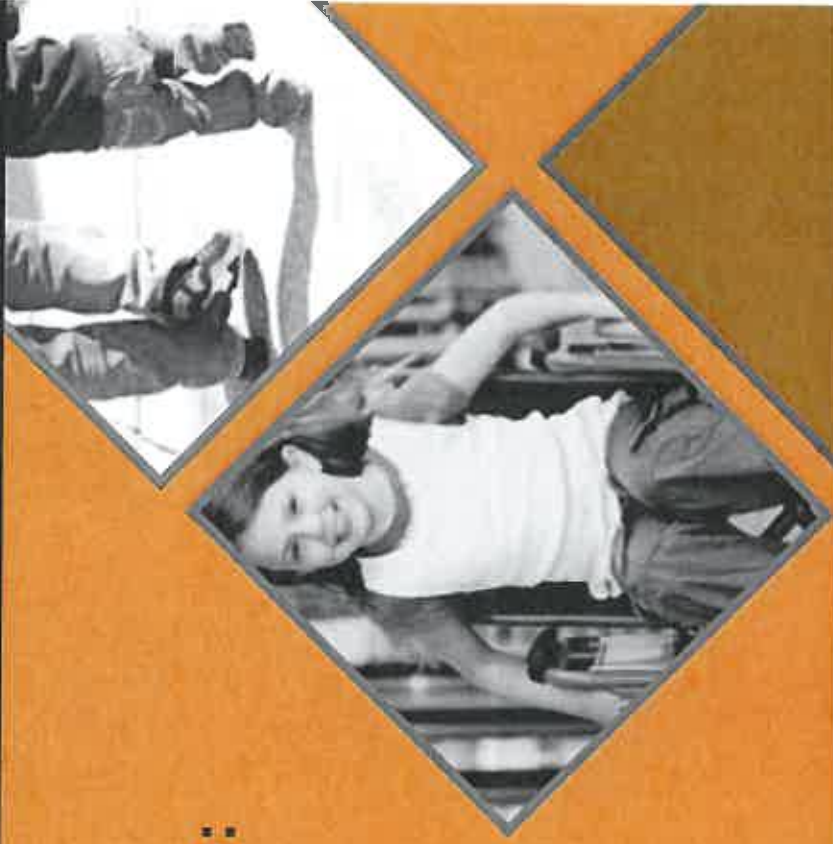
X _____
Signature of officer or chairman of the board (Required) Title (Required) Date (Required)



Contact: Gary Dalton
Office: 844.668.7477 ext. 1
Mobile: 731.333.8330

SIDEWALK TRIP HAZARD REPAIR PROPOSAL (PHASE I):

Old Dorsey Place Homeowner's Association



Presented to: Ralph Walz
June 2017

The information in this proposal is confidential, and is to be used only by the intended recipient and Precision Concrete Cutting in evaluating the project. Any copying or unauthorized disclosure of this information is prohibited.



COMMITMENT SUMMARY

COST SAVINGS

We'll repair your sidewalks for 50-90% less than sidewalk replacement, meaning you can do more for your residents for less.

A.D.A. COMPLIANCE

Patented technology that helps bring sidewalks into ADA compliance.

CLEAN

Our patented containment system captures dust and debris to bring you the cleanest process available.

SAFE

Decrease liability on your pedestrian walkways.

DETAILED REPORTING

We track our jobs with honesty and integrity. Invoices show measurements, locations and cost for each hazard.

LOW IMPACT

Efficient systems with an average removal time of 20 minutes, no sidewalk closures.

FULL SERVICE CONTRACTOR

Complete GIS integration, mapping, etc.



ENVIRONMENTAL IMPACT EXAMPLE: As a member of the U.S. Green Building Council (USGBC) we are proud of the fact that we reduce the impact to landfills and the environment as a result of our service.

Removing and replacing 100 panels would result in approximately 118,500 pounds or 59 tons of concrete being removed (average panel weight of 1185 pounds).

Using Precision Concrete Cutting for 100 trip hazards results in 0.3 tons of concrete removed and recycled, approximately 141 gallons of gasoline saved, and a reduction of 1.3 metric tons of Co2.

OVERALL PHASE I PROJECT FOOTPRINT



This proposal depicts the repairing of uneven sidewalks, through PCC methods, for this part of Old Dorsey Place Homeowner's Association neighborhood. The footprint area is highlighted in RED.

PROJECT GOALS

- Extend the usable life of the Old Dorsey Place neighborhood's concrete assets & walkways.
- Construct a complete sidewalk inventory of hazards within designated footprint.
- Eliminate trip hazards within high foot-traffic areas and sidewalks.
- Identify and classify all panels in need of demolish and replace within designated footprint.

PROJECT STATISTICS

- 145 hazards total identified (140 hazards identified that are repairable through PCC methods).
- 550.00 linear feet of trip hazards identified that are repairable through PCC methods.
- Overall Footprint Average Max Hazard Height: 0.535 inches.

The map in this proposal shows the project footprint for trip hazard repair in this part of the Old Dorsey Place neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.



NE CORNER OF OLD DORSEY PLACE HOME OWNERS ASSOCIATION

Hazards Surveyed: **48**
 Repairable Hazards: **47**



	Cracking		Overgrown		3/4" to 3/8"
	Spalling		Multiple		1/2" to 3/8"
	Utility		Missing		3/4" to 2"
			Heaving		
			Tree Damage		

The map in this project proposal shows the resolution area for trip hazards in this part of the neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.



EAST SECTION OF OLD DORSEY PLACE HOME OWNERS ASSOCIATION

Hazards Surveyed: **48**
 Repairable Hazards: **47**



	Cracking		Overgrown		1/4" to 3/8"
	Spalling		Multiple		1/2" to 3/4"
	Utility				3/4" to 2"
	Missing				
	Heaving				
	Tree Damage				

The map in this project proposal shows the resolution area for trip hazards in this part of the neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.



SE CORNER OF OLD DORSEY PLACE HOME OWNERS ASSOCIATION

Hazards Surveyed: **9**
 Repairable Hazards: **9**



C : Cracking	M : Missing	O : Overgrown	1/4" to 3/8"
S : Spalling	H : Heaving	★ : Multiple	1/2" to 3/4"
U : Utility	T : Tree Damage		3/4" to 2"

The map in this project proposal shows the resolution area for trip hazards in this part of the neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.



NW CORNER OF OLD DORSEY PLACE HOME OWNERS ASSOCIATION

Hazards Surveyed:

9

Repairable Hazards:

8



- C : Cracking
- S : Spalling
- U : Utility
- M : Missing
- H : Heaving
- T : Tree Damage
- O : Overgrown
- ★ : Multiple
- : ¼" to ¾"
- : ½" to ¾"
- : ¾" to 2"

The map in this project proposal shows the resolution area for trip hazards in this part of the neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.



WEST SECTION OF OLD DORSEY PLACE HOME OWNERS ASSOCIATION

Hazards Surveyed: **19**
 Repairable Hazards: **17**



- : Cracking
- : Spalling
- : Utility
- : Overgrown
- : Missing
- : Multiple
- : Heavy
- : Tree Damage
- : 1/4" to 3/8"
- : 1/2" to 5/8"
- : 3/4" to 2"

The map in this project proposal shows the resolution area for trip hazards in this part of the neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.



SW CORNER OF OLD DORSEY PLACE HOME OWNERS ASSOCIATION



Hazards Surveyed:

12

Repairable Hazards:

12

The map in this project proposal shows the resolution area for trip hazards in this part of the neighborhood. The area has been surveyed for trip hazards for audit and trends. The accuracy of these maps is dependent on smart phone technology available, and should be relied upon as approximations.

- C : Cracking
- S : Spalling
- U : Utility
- M : Missing
- H : Heaving
- T : Tree Damage
- O : Overgrown
- * : Multiple
- 1/4" to 3/8"
- 1/2" to 5/8"
- 3/4" to 2"



PROPOSAL OPTION PARAMETERS

Option A

- 1:12 Ratio Slope
- Complete Clean Up & Recycle
- Dust Abatement System
- Detailed Audit-able Invoice
- All Hazards $\frac{1}{4}$ " to 2" Repairable by PCC Methods
- **\$15** / Linear Foot
- 1 Price per Hazard Regardless Severity
- Total Time: 1-2 days (Weather Dependent)
- **ALL** Teardrop Pins

\$8,250.00

Option B

- 1:12 Ratio Slope
- Complete Clean Up & Recycle
- Dust Abatement System
- Detailed Audit-able Invoice
- All Hazards $\frac{1}{2}$ " to 2" Repairable by PCC Methods
- **\$20** / Linear Foot
- 1 Price per Hazard Regardless Severity
- Total Time: $\frac{1}{2}$ -1 day (Weather Dependent)
- **ORANGE** and **RED** Teardrop Pins **ONLY**

\$5,305.00

Option C

- 1:12 Ratio Slope
- Complete Clean Up & Recycle
- Dust Abatement System
- Detailed Audit-able Invoice
- All Hazards $\frac{3}{4}$ " to 2" Repairable by PCC Methods
- **\$25** / Linear Foot
- 1 Price per Hazard Regardless Severity
- Total Time: $\frac{1}{2}$ -1 day (Weather Dependent)
- **RED** Teardrop Pins **ONLY**

\$3,650.00

The information in this proposal is confidential, and is to be used only by the intended recipient and Precision Concrete Cutting in evaluating the project. Any copying or unauthorized disclosure of this information is prohibited.



SAVINGS ANALYSIS FOR PROJECT

- SAVINGS
- PCC Cost

Based off \$7.25 cost per square foot to remove and replace a sidewalk panel, we estimate the following:

Total cost using Precision Concrete Cutting with **Option A** is **\$8,250.00**, an estimated savings of **\$17,125.00**.

Total cost using Precision Concrete Cutting with **Option B** is **\$5,305.00**, an estimated savings of **\$6,657.50**.

Total cost using Precision Concrete Cutting with **Option C** is **\$3,650.00**, an estimated savings of **\$2,875.00**.



The information in this proposal is confidential, and is to be used only by the intended recipient and Precision Concrete Cutting in evaluating the project. Any copying or unauthorized disclosure of this information is prohibited.

FOXBORO ESTATES RESIDENT'S ASSOCIATION, INC.

General Information

Organization Number	0188622
Name	FOXBORO ESTATES RESIDENT'S ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/11/1984
Organization Date	4/11/1984
Last Annual Report	5/5/2017
Principal Office	814 FOXFIRE DRIVE LOUISVILLE, KY 40223
Registered Agent	SUSAN DRAKE 9414 TAMARISK PARKWAY LOUISVILLE, KY 40223

Current Officers

President	<u>BRETT GARVEY</u>
Vice President	<u>COLLEEN BALDERSON</u>
Secretary	<u>MICHELLE MORRIS</u>
Treasurer	<u>SUSAN DRAKE</u>
Director	<u>RALPH WALZ</u>
Director	<u>MATTHEW WILKINSON</u>
Director	<u>STEPHEN TWEED</u>
Director	<u>KAREN GARNER</u>
Director	<u>JAARAD TAYLOR</u>

Individuals / Entities listed at time of formation

Director	<u>GREG BOYLES</u>
Director	<u>MARY HARVILLE</u>
Director	<u>THOMAS K STONE</u>
Incorporator	<u>DOUGLAS GENE SHARP</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>	5/5/2017	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	6/27/2016 2:02:37 PM	1 page	<u>PDF</u>
<u>Annual Report</u>	6/27/2016	1 page	<u>PDF</u>
<u>Registered Agent</u>	2/18/2016 9:17:18 PM	1 page	<u>PDF</u>

<u>name/address change</u>				
<u>Principal Office Address Change</u>	9/7/2015 5:06:36 PM	1 page		PDF
<u>Annual Report Amendment</u>	9/7/2015	1 page		PDF
<u>Name Renewal</u>	7/17/2015 4:39:43 PM	1 page		PDF
<u>Annual Report</u>	6/24/2015	1 page		PDF
<u>Annual Report</u>	5/12/2014	1 page		PDF
<u>Annual Report</u>	6/21/2013	1 page		PDF
<u>Annual Report</u>	5/17/2012	1 page		PDF
<u>Annual Report</u>	5/26/2011	1 page		PDF
<u>Name Renewal</u>	6/28/2010 3:13:38 PM	1 page		PDF
<u>Annual Report Amendment</u>	6/28/2010	1 page		PDF
<u>Annual Report</u>	6/21/2010	1 page		PDF
<u>Annual Report</u>	3/19/2009	1 page		PDF
<u>Annual Report</u>	3/5/2008	1 page		tiff PDF
<u>Annual Report</u>	4/2/2007	1 page		tiff PDF
<u>Annual Report</u>	5/25/2006	1 page		tiff PDF
<u>Certificate of Assumed Name</u>	10/25/2005	1 page		tiff PDF
<u>Annual Report</u>	5/2/2005	1 page		tiff PDF
<u>Annual Report</u>	8/22/2003	1 page		tiff PDF
<u>Annual Report</u>	4/8/2002	1 page		tiff PDF
<u>Annual Report</u>	7/30/2001	1 page		tiff PDF
<u>Annual Report</u>	6/28/2000	1 page		tiff PDF
<u>Annual Report</u>	8/23/1999	1 page		tiff PDF
<u>Reinstatement</u>	8/18/1998	2 pages		tiff PDF
<u>Statement of Change</u>	8/18/1998	1 page		tiff PDF
<u>Administrative Dissolution</u>	11/1/1995	1 page		tiff PDF
<u>Annual Report</u>	7/1/1995	1 page		tiff PDF
<u>Annual Report</u>	7/1/1994	1 page		tiff PDF
<u>Annual Report</u>	7/1/1993	1 page		tiff PDF
<u>Annual Report</u>	7/1/1992	1 page		tiff PDF
<u>Annual Report</u>	7/1/1991	1 page		tiff PDF
<u>Annual Report</u>	7/1/1990	2 pages		tiff PDF
<u>Revocation of Certificate of Authority</u>	7/10/1989	1 page		tiff PDF
<u>Annual Report</u>	7/1/1989	1 page		tiff PDF
<u>Annual Report</u>	7/1/1987	1 page		tiff PDF

Assumed Names

OLD DORSEY PLACE HOMEOWNERS ASSOCIATION

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/5/2017 9:07:18 AM	5/5/2017 9:07:18 AM	
Annual report	6/27/2016 2:06:55 PM	6/27/2016 2:06:55 PM	
Registered agent address change	6/27/2016	6/27/2016	

	2:02:37 PM	2:02:37 PM	
Registered agent address change	2/18/2016 9:17:18 PM	2/18/2016 9:17:18 PM	
Amendment to annual report	9/7/2015 5:28:39 PM	9/7/2015 5:28:39 PM	
Principal office change	9/7/2015 5:06:36 PM	9/7/2015 5:06:36 PM	
Annual report	6/24/2015 4:48:22 PM	6/24/2015 4:48:22 PM	
Annual report	5/12/2014 11:38:42 AM	5/12/2014 11:38:42 AM	
Annual report	6/21/2013 1:48:20 PM	6/21/2013 1:48:20 PM	
Annual report	5/17/2012 10:22:23 AM	5/17/2012 10:22:23 AM	
Annual report	5/26/2011 5:24:57 PM	5/26/2011 5:24:57 PM	
Amendment to annual report	6/28/2010 2:57:27 PM	6/28/2010 2:57:27 PM	
Annual report	6/21/2010 1:11:14 PM	6/21/2010 1:11:14 PM	
Annual report	3/19/2009 1:45:35 PM	3/19/2009 1:45:35 PM	
Annual report	3/5/2008 12:40:58 PM	3/5/2008	
Annual report	4/2/2007 8:57:39 AM	4/2/2007	
Annual report	5/25/2006 3:37:33 PM	5/25/2006	
Added assumed name	10/25/2005 1:53:03 PM	10/25/2005	<u>OLD DORSEY PLACE HOMEOWNERS ASSOCIATION</u>
Registered agent address change	5/11/2005 1:53:41 PM	5/11/2005	
Principal office change	4/29/2005 10:06:50 AM	4/29/2005	
Reinstatement	8/18/1998	8/18/1998	
Principal office change	8/18/1998	8/18/1998	
Registered agent address change	8/18/1998	8/18/1998	
Admin Dis. A. report not in	11/1/1995	11/1/1995	

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.

Registered Agent name/address change	5/11/2005	1 page
Annual Report	3/3/2005	1 page
Annual Report	6/1/2004	1 page
Annual Report	8/22/2003	1 page
Annual Report	4/8/2002	1 page
Annual Report	7/30/2001	1 page

Annual Report	6/28/2000	1 page
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Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Statement of Change	11/27/1989	1 page
Reinstatement	11/27/1989	1 page
Revocation of Certificate of Authority	7/10/1989	1 page
Annual Report	7/1/1989	1 page
Annual Report	7/1/1987	1 page
Articles of Incorporation	4/11/1984	3 pages

OLD DORSEY PLACE HOMEOWNERS ASSOCIATION

General Information

Organization Number	0188622
Name	OLD DORSEY PLACE HOMEOWNERS ASSOCIATION
Company Type	ASC - Assumed Name Corporation
Status	A - Active
State	KY
File Date	10/25/2005
Expiration Date	10/25/2020
Renewal Date	7/17/2015
Principal Office	9506 TAMARISK PARKWAY LOUISVILLE, KY 40223-2856

Current Officers

Individuals / Entities listed at time of formation

Director	<u>GREG BOYLES</u>
Director	<u>MARY HARVILLE</u>
Director	<u>THOMAS K STONE</u>
Incorporator	<u>DOUGLAS GENE SHARP</u>

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Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Revocation of Certificate of Authority	7/10/1989	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Annual Report	7/1/1987	1 page	tiff	PDF

Assumed Name of

FOXBORO ESTATES RESIDENT'S ASSOCIATION, INC.

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Renewal of assumed name	7/17/2015 4:39:43 PM	7/17/2015	
Renewal of assumed name	6/28/2010	6/28/2010	
Add	10/25/2005 1:53:03 PM	10/25/2005	<u>FOXBORO ESTATES RESIDENT'S ASSOCIATION, INC.</u>

Microfilmed Images