


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

Applicant/Program: St. George's Scholar Institute
Applicant Requested Amount: 4,500-
Appropriation Request Amount: 4,000-

Executive Summary of Request Youth development agency providing quality out of school programming for social, emotional, and academic learning to vulnerable youth in California and surrounding neighborhoods

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.

6 District #  Primary Sponsor Signature 4000 Amount 12-6-17 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: St. George's Scholar Institute

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. N/A

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: St. George's Scholar Institute

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. N/A

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	<i>St. George's Scholar Institute</i>
Program Name and Request Amount	<i>\$ 4,500</i>
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> <i>Yes</i>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> <i>Yes</i>
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> <i>Yes</i>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> <i>Yes</i>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> <i>Yes</i>
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> <i>Yes</i>
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> <i>Yes</i>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> <i>Yes</i>
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"/> <i>N/A</i>
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"/> <i>Yes</i>
Is the current Fiscal Year Budget included?	<input type="checkbox"/> <i>Yes</i>
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> <i>Yes</i>
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> <i>Yes</i>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> <i>Yes</i>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> <i>N/A</i>
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> <i>Yes</i>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> <i>N/A</i>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> <i>Yes</i>
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> <i>Yes</i>
Is the IRS Form W-9 included?	<input type="checkbox"/> <i>Yes</i>
Is the IRS Form 990 included?	<input type="checkbox"/> <i>Yes</i>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> <i>N/A</i>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> <i>No</i>
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"/> <i>Yes</i>
Prepared by: <i>Shane Mitchell-Smith</i> Date: <i>12-6-17</i>	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: St. George's Scholar Institute <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1508 W. Kentucky St			
Website: www.stgeorgesky.org			
Applicant Contact:	Mr. Arthur Cox	Title:	Executive Director
Phone:	502 583-6798 Ext. 1500	Email:	acox@stgeorgesky.org
Financial Contact:	Same	Title:	Same
Phone:	Same	Email:	Same
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1508 W. Kentucky St.		
Council District(s):	District 6	Zip Code(s):	40210, 40211
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Mirror/Mirror			
Total Request: (\$)	4,500	Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply):			
<input checked="" 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"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> 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:	External Agency Fund	Amount: (\$)	30,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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.

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.

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		\$119,300	\$119,300
B: Rent/Utilities		0	0
C: Office Supplies	\$500	\$1250	\$1750
D: Telephone		0	0
E: In-town Travel		\$1500	\$1500
F: Client Assistance (See Detailed List on Page 8)		\$9000	\$9000
G: Professional Service Contracts	\$3500		\$3500
H: Program Materials	\$500	\$5750	\$6250
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment		\$9,950	\$9,950
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)		\$3100	\$3100
*TOTAL PROGRAM/PROJECT FUNDS	\$4500	\$149,850	\$154,350
% of Program Budget	3 %	97 %	100%

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

Other State, Federal or Local Government	\$30,000
United Way	\$40,000
Private Contributions (do not include individual donor names)	\$65,559
Fees Collected from Program Participants	0
Other (please specify)	\$14,291
Total Revenue for Columns 2 Expenses **	\$149,850

*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
(Client Assistance) snacks		9,000	9,000
(Other Expenses) Incentives		3,100	3,100
Total		12,100	12,100

Applicant's Initials *AL*