

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

Applicant/Program: Jeff Street Baptist Community at Liberty Hospitality Program
Applicant Requested Amount: \$5,000
Appropriation Request Amount: \$5,000

Executive Summary of Request
Jeff Street Baptist Community at Liberty's Hospitality program provides a safe environment and nutritious breakfast to approximately 60 homeless men and women daily, annually. Most guest are chronically homeless, with almost half reporting they sleep out at night, which means that these men and women are on the margins of the homelsss and extremely vulnerable. They are the first point of contact for many that dont stay in shelters. There are weekly visits from the Phoenix Health Center's Outreach team which offer on the

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.

... 4 District # Barbara Jean Smith Primary Sponsor Signature \$5000 Amount 7-31-18 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:

Jeff Street Baptist Community at Liberty Hospitality Program

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	<i>Barbara Jeffery Smith</i>	\$ 5000-
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Jeff Sleet Baptist Community at Liberty Hospitality Program

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 Jeff Sreet Baptist Community at Liberty

Program Name and Request Amount Hospitality Program \$5,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input 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 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 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 type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No <input type="checkbox"/> NA
Prepared by: Christa Robinson	Date: 7-31-18

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Jeff St Baptist Community at Liberty <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 800 E. Liberty St., Louisville, KY 40204			
Website:			
Applicant Contact:	Rev. Cindy Weber	Title:	Pastor
Phone:	502 585-3787	Email:	jeffstreetbaptistcommunity@gmail.com
Financial Contact:	Cindy Brown Kinloch	Title:	Administrative Assistant
Phone:	502 585-3787	Email:	jeffstreetbaptistcommunity@gmail.com
Organization's Representative who attended NDF Training: Cindy Brown Kinloch			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 800 E. Liberty St., Louisville, KY 40204			
Council District(s): 4		Zip Code(s): 40204	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: At Liberty Hospitality Program			
Total Request: (\$) 5,000		Total Metro Award (this program) in previous year: (\$) 5,000	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement 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		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) <input checked="" type="checkbox"/> 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:	CDBG	Amount: (\$)	18,600
Source:	ESG	Amount: (\$)	15,000
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			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Jeff Street Baptist Community at Liberty is an urban Baptist congregation whose stated purpose is to love God and others. The church has provided homeless services in the Phoenix Hill neighborhood since the late 1890s when we were founded as the Union Gospel Mission. We have offered a Hospitality Program for homeless adults on weekday mornings since 1984, and have founded several successful housing programs, including Choices, Inc. for homeless women and children, Habitat for Humanity of Metro Louisville, and the Phoenix Project (forerunner of the housing programs now offered by the Louisville Rescue Mission, where our congregation was formerly housed.) In addition to the Hospitality Program, the congregation hosts a Sunday Welcome Table meal for homeless adults, and a monthly Urban Goatwalker Coffeehouse, which is a creative outlet for a diversity of people, many of whom are homeless.

The Hospitality Program has received CDBG funding for eight years, ESG funding for three years, and City funding through Essential Services for twelve years prior to this. We passed a Louisville Metro Department of Community Services and Revitalization desk-review monitoring and site visit program year 2017 with no concerns or findings, and with commendations for providing a welcoming environment with services that were valued by a population that is difficult to serve (those homeless person who sleep out) and for connecting these clients to Cornerstone, Common Assessment, and the Phoenix Health Center.

The Hospitality Program participates with the Coalition for the Homeless in maintaining Quality Assurance Standards, and kitchen staff receive certifications from the Board of Health.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Vernon Town, President	*
Lisa Freeman, Secretary	*
Michelle Lori	*
Donna Trabue	*
Anne Smith	*
Beverly Duncan	*
Beth Akins	*
Susan Borders	*
Janet Schneider	*

Describe the Board term limit policy:

* The Church has a Coordinating Council which serves as the Board of Directors. Coordinating Council terms are not set, but are according to representation of various committees.

Three Highest Paid Staff Names	Annual Salary
Rev Cindy Weber, Pastor	55,314
Diane Moten, Minister to the Homeless	20,450
David Collins, Custodian	13,795

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.):

The At Liberty Hospitality Program provides a safe environment and nutritious breakfasts to approximately sixty homeless men and women each weekday morning, year round. We usually serve around 700 homeless persons per year. This past fiscal year, ending June 30, 2018, the number of our guests increased to 987. We offer our guests a clean, cheerful room with a bottomless pot of coffee, nutritious meals, newspapers and books to read, a phone, and good conversation. Operating hours are 7:00 - 10:00 a.m. Most of our guests are chronically homeless. Almost half of them report that they sleep out at night, which means that these men and women, who are on the margins of even the homeless population, are extremely vulnerable. They face serious weather and safety issues, and many of them are mentally ill, causing them to shy away from homeless providers who could help them to find housing and other services. For many of our guests, our program is their first and sometimes only point of engagement with the homeless provider system. In addition to meeting their immediate need for shelter and food, we also work with visiting agencies to provide medical care, mental health services and casework.

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

The requested funding will be used to help us purchase needed breakfast supplies, such as food, coffee, and paper products. It will also provide for needed equipment, such as new coffee pots and cookware.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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

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:

Each year for the past 6 or more years, the At Liberty Hospitality Program has served approximately 700 homeless men and women. This past fiscal year, ending June 30, 2018, we provided services to 987 unduplicated persons with the following outcomes: A Mental Health Outreach Worker from Cornerstone Services provides mental health and housing assistance at our site. The Outreach Worker met through the fiscal year with 51 (5%) of our clients to work on Housing and Mental Health Stabilization. Despite working with the most vulnerable population, our staff and visiting agencies were able to assist 34 clients (4%) with securing permanent housing. We also host a visiting doctor and caseworker from Phoenix Health Care who are able, through us, to connect with individuals to whom they would otherwise not have access. Our goal is that 16% of our clients will receive health services. This fiscal year 167 (17%) of our clients saw the doctor and the medical caseworker. An Alcohol/Drug Support group meets twice a week (provided by the Phoenix Health Center Staff) at our site. 100% of our clients are provided with a nutritious breakfast, coffee, and access to telephones and bathrooms on a daily basis. We served over 11,206 meals during FY 2018. We also provided personal care items, clothing items, and referrals to other services such as assistance with i.d. cards and applications for our clients. The success of the At Liberty Hospitality Program lies in our ability to connect the most vulnerable persons within the homeless population to services that will eventually allow them to move out of homelessness. We are the first point of contact for many in the homeless populations that do not stay in the shelters and are not comfortable with or connected to traditional social service agencies.

We collect our data through HMIS (Homeless Management Information System). Each guest fills out an HMIS form, which our Administrative Assistant, Cindy Brown Kinloch, enters in the computer system. In addition, we ask our guests to fill out an annual survey to evaluate the effectiveness of our program.

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.

The Phoenix Health Center's Outreach Team visits our program weekly, offering on-the-spot check-ups, flu shots, and medical advice. In partnership with the Phoenix Health Care, we started an on-site chemical dependency support group that meets twice a week. A Cornerstone Homeless Outreach Team members visits bi-weekly, offering case management services to guests who are mentally ill. We work closely with Choices, Inc. whose offices were previously housed in our building, and have successfully referred a number of women to them for housing. Groups from several local churches and our own church, an average of 15 volunteers a month, provide meals to our Hospitality Program guests on a regular basis. A number of other church groups provide personal care items, clothing and other donations. The Louisville Presbyterian Seminary provides a student intern who spends several hours each week helping to staff our program. Students from Berea and Centre Colleges help staff the Urban Goatwalker Coffeehouse, and eight other churches provide volunteers for our weekly Welcome Table meal.

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		33,578	33,578
B: Rent/Utilities		6,928	6,928
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			
L: Other Expenses (See Detailed List on Page 8)	5,000	6,800	11,800
*TOTAL PROGRAM/PROJECT FUNDS	5000	47,306	52,306
% of Program Budget	10 %	90 %	100%

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

Other State, Federal or Local Government	33,600
United Way	
Private Contributions (do not include individual donor names)	13,706
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	47,306

*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
Janitorial Supplies		1,500	1,500
Maintenance		1,100	1,100
Equipment	200		200
Breakfast Supplies (Food, coffee and paper goods)	4,800	2,800	7,600
Newspaper		400	400
Vacation Coverage		1,000	1,000
Total	5,000	6,800	11,800

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
Breakfast Volunteers	\$14,484	600 hours x \$24.41
Rent-free Facility	\$15,000	Appraisal
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$29,484	

*** 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: July 1, 2018

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

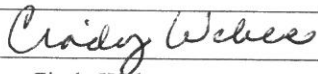
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

None

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:	Jul 30, 2018
Legal Signatory: (please print):	Rev. Cindy Weber	Title:	Pastor
Phone:	502 585-3787	Extension:	
Email:	jeffstreetbaptistcommunity@gmail.com		

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

DEPARTMENT OF THE TREASURY

Date: JUN 03 1993

JEFF STREET BAPTIST COMMUNITY AT
LIBERTY INCORPORATED
C/O R D NEBBER
500 E LIBERTY ST
LOUISVILLE, KY 40204

Employer Identification Number:
[REDACTED]

Contact Person:
CYNTHIA GRANT

Contact Telephone Number:
(513) 684-3578

Accounting Period Ending:
September 30

Form 990 Required:
No

Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(a) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

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JEFF STREET BAPTIST COMMUNITY AT

part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

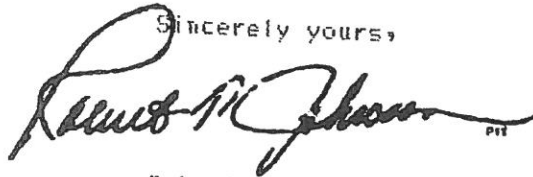
If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

JEFF STREET BAPTIST COMMUNITY AT

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert T. Johnson". The signature is written in black ink and is positioned above the typed name and title.

Robert T. Johnson
District Director

Budget for Fiscal Year 2018-19

Jeff St. Baptist Community at Liberty

Income

Min. to Congregation Income

Designated Receipts

Church Retreat	\$ 2,000.00	\$ 2,000.00
Seminary Student Intern	\$ 3,000.00	\$ -
Wednesday Night Supper	\$ 400.00	\$ 400.00
Youth Fundraising Unidiversity	\$ 1,000.00	\$ 2,000.00

Gifts from Other Churches	\$ 10,000.00	\$ 10,000.00
Kroger Gift Cards	\$ 800.00	\$ 800.00

Private Donors

Private Donors--Undesignated	\$ 4,000.00	\$ 5,000.00
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Revenue for Services

Housing Rental	\$ 2,040.00	\$ 2,040.00
Narcotics Anonymous	\$ 400.00	\$ 400.00

Sunday Collections

Unpledged Giving	\$ 8,000.00	\$ 10,200.00
Pledged Giving	\$ 90,000.00	\$ 90,000.00

Interest Income	\$ -	\$ 850.00
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Total Min. to Congregation Income	\$ 121,640.00	\$ 123,690.00
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Ministry to the Homeless

Individual Donors - Designated Gift	\$ 3,000.00	\$ 2,000.00
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Equal Exchange Sales	\$ 1,000.00	\$ 1,000.00
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Gifts from Other Churches	\$ 300.00	\$ -
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Grants

ESG	\$ 15,000.00	\$ 15,000.00
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CDBG	\$ 18,600.00	\$ 18,600.00
------	--------------	--------------

Council District Funds	\$ 5,000.00	\$ 5,000.00
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Other Grants	\$ -	\$ 2,000.00
--------------	------	-------------

Total Ministry to the Homeless	\$ 42,900.00	\$ 43,600.00
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Total Income	\$ 164,540.00	\$ 167,290.00
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Expense

Min. to Congregation Expenses

Building Operations/Maint.

Equipment & Furniture	\$ 500.00	\$ 500.00
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Insurance--Building & Property	\$ 4,500.00	\$ 4,500.00
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Janitorial & Kitchen Supplies	\$ 2,200.00	\$ 2,200.00
-------------------------------	-------------	-------------

LG&E	\$ 6,000.00	\$ 8,000.00
------	-------------	-------------

Maintenance & Repairs	\$ 5,000.00	\$ 5,000.00
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Telephone/Internet	\$ 2,200.00	\$ 2,200.00
--------------------	-------------	-------------

Water	\$ 1,600.00	\$ 1,700.00
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Total Building Operations/Maint.	\$ 22,000.00	\$ 24,100.00
---	---------------------	---------------------

17-18	18-19
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Coffee	\$ 2,600.00	\$ 2,600.00
Newspaper Subscription	\$ 340.00	\$ 400.00
Total Ministry/Program Expenses	\$ 7,940.00	\$ 8,000.00
Payroll Expenses		
Administrative Assistant	\$ 5,077.30	\$ 5,231.14
Custodian	\$ 10,857.83	\$ 11,198.42
Minister to the Homeless	\$ 16,913.10	\$ 17,148.65
Total Payroll Expenses	\$ 32,848.23	\$ 33,578.21
Other Expenses	\$ 1,000.00	\$ 1,000.00
Total Min. to the Homeless Expenses	\$ 41,788.23	\$ 42,578.21
Total Expense	\$ 164,465.74	\$ 167,271.62
Net Income	\$ 74.26	\$ 18.38

Jeff Street Baptist Community at Liberty, Inc.

PROFIT AND LOSS

July 2017 - June 2018

	TOTAL
Income	
Calvin Grant	7,500.00
Min. to Congregation Income	0.00
Designated Receipts	0.00
Benevolence Fund	4,363.58
Church Retreat	1,442.00
Goatwalker	30.34
Reclaiming Christmas	11,280.00
Seminary Student Intern	2,745.08
Special Offerings	2,100.00
Wednesday Night Supper	385.10
Youth Fundraising Unidiversity	2,184.84
Total Designated Receipts	24,530.94
Gifts from Other Churches	9,315.66
Ins. & Vendor Receipts/Reimburs	2,968.60
Kroger Gift Cards	718.07
Other Income	50.30
Private Donors	0.00
Private Donors--Designated	114.00
Private Donors--Undesignated	24,847.35
Total Private Donors	24,961.35
Revenue for Services	0.00
Housing Rental	1,647.66
Narcotics Anonymous	425.00
Total Revenue for Services	2,072.66
Sunday Collections	0.00
Other Giving	13,998.41
Pledged Giving	84,868.14
Total Sunday Collections	98,866.55
Total Min. to Congregation Income	163,484.13
Ministry to the Homeless	0.00
Donations by Individuals	901.75
Grants--City/Federal	0.00
Current FY CDBG Grants	14,599.91
District Funds	5,000.00
ESG Grant	11,523.72
Previous FY CDBG Grants	8,927.45
Total Grants--City/Federal	40,051.08
Grants--Other	2,000.00
Special Projects	2,149.39
Total Ministry to the Homeless	45,102.22
Total Income	\$216,086.35

	TOTAL
GROSS PROFIT	\$216,086.35
Expenses	
Min. to Congregation Expenses	0.00
Building Operations/Maint.	0.00
Equipment & Furniture	609.47
Insurance--Building & Property	4,281.00
Janitorial & Kitchen Supplies	2,112.50
LG&E	8,249.13
Maintenance & Repairs	15,011.99
Telephone/Internet	1,890.73
Water	1,929.42
Total Building Operations/Maint.	34,084.24
Ministry/Program Expenses	0.00
Benevolence Fund	2,503.27
Children's Ministry	1,367.69
Church Life	76.85
Church Life-Other	547.64
Music	301.75
Supply Preaching	1,075.00
Winter Retreat	150.00
Worship Resources & Supplies	54.64
Total Church Life	2,205.88
Church Retreat	4,329.55
Goatwalker Coffee House	1,237.58
Pastor's Discretionary Fund	514.14
Wednesday Night Supper	1,569.69
Youth Ministry	235.54
University	3,553.49
Total Youth Ministry	3,789.03
Total Ministry/Program Expenses	17,516.83
Missions	0.00
Alliance of Baptists	250.00
Baptist Peace Fellowship of NA	250.00
Choices	5,000.00
CLOUT	1,000.00
Reclaiming Christmas	10,560.00
Special Offerings	2,100.00
Welcoming & Affirming Baptists	250.00
Welcoming the Stranger	970.00
Total Missions	20,380.00
Organizational Expenses	0.00
Copier	525.55
Insurance--staff	1,117.00
Office Supplies	719.61
Postage and Shipping	66.96
Quickbooks Fees	165.00
Total Organizational Expenses	2,594.12
Other Expenses	144.94
Payroll Expenses	0.00

	TOTAL
Administrative Assistants	3,472.79
Children's Minister	5,859.63
Custodian	1,965.33
Minister to the Homeless	2,588.31
Pastor	43,375.92
Payroll Services	9,921.91
Seminary Student Intern	2,548.91
Youth Minister	6,445.53
Total Payroll Expenses	76,178.33
Total Min. to Congregation Expenses	150,898.46
Min. to the Homeless Expenses	0.00
Ministry/Program Expenses	0.00
Coffee	2,256.00
Food	5,544.02
Newspaper Subscription	348.77
Total Ministry/Program Expenses	8,148.79
Other Expenses	2,004.10
Payroll Expenses	0.00
Administrative Assistant	4,244.58
Custodian	8,452.00
Minister to the Homeless	12,861.28
Total Payroll Expenses	25,557.86
Total Min. to the Homeless Expenses	35,710.75
Total Expenses	\$186,609.21
NET OPERATING INCOME	\$29,477.14
NET INCOME	\$29,477.14

AMENDED ARTICLES OF INCORPORATION

THE JEFFERSON STREET BAPTIST CONGREGATION, INCORPORATED

(Xerox)

These amended articles of incorporation, in their entirety, supersede the original articles of incorporation of the Jefferson Street Baptist Congregation, Incorporated. The Secretary of State of the Commonwealth of Kentucky received and filed the original document on August 14, 1993.

The church's new legal name is Jeff Street Baptist Community at Liberty, Incorporated. The church is a domestic non-stock corporation under the provisions of KRS 273-247. This church exists for the following purpose, as described in its mission statement: "as Christians..., to love God and others by helping them, believing that as God loves us, we should love others."

The Jeff Street Baptist Community at Liberty, Incorporated is organized exclusively for charitable, educational, religious, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The internal affairs of the Jeff Street Baptist Community at Liberty, Incorporated will be conducted in accordance with the bylaws, the initial draft of which is under consideration by the congregation as of March 14, 1993. In all cases, the congregation will follow the Baptist traditions of congregational autonomy and polity.

No part of the net earnings of the Jeff Street Baptist Community at Liberty, Incorporated shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that the church 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 the purpose clause hereof. No substantial part of the activities of the church shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the church 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. Notwithstanding any other provision of this document, the church shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The street and mailing address of the Jeff Street Baptist Community at Liberty, Incorporated 's initial registered and principal office is 800 E. Liberty St., Louisville, KY 40204. The registered agent is the chairman of the board; the current one is Randall C. Webber.

The Jeff Street Baptist Community at Liberty, Incorporated releases all directors and officers from liability for monetary damages for breach of duties as directors or officers, within the limits specified by KRS 273.215.

RECEIVED & FILED
at 11/6/93
MAY 25 9 44 AM '93
BOB BARRAGE
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY

Upon the dissolution of the Jeff Street Baptist Community at Liberty, Incorporated, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Initial directors and incorporators (a total of five persons):

- Mary M. Davis, 2825 Lexington Rd., Louisville, KY 40280.
- Shawn R. Fridenstine, 1715 Bardstown Rd., Louisville, KY 40205.
- Elizabeth B. Hedges, 309 Westport Dr., 40207.
- Tracy Leeper Irwin, 1617 Story Ave., Louisville, KY 40206.
- Randall C. Webber, 2134 Vernon Court, Louisville, KY 40206.

Directors \ incorporators' signatures:

Mary M. Davis
(Mary M. Davis)

Tracy Leeper Irwin
(Tracy Leeper Irwin)

Shawn R. Fridenstine
(Shawn R. Fridenstine)

Elizabeth B. Hedges
(Elizabeth B. Hedges)

Randall C. Webber
(Randall C. Webber)

Sunday, March 14, 1993, 1:00 PM
(Date of church approval)

135935

Document No: 1993035935
 Lodged By: Mail
 Recorded On: Mar 29, 1993 01:32:14 P.M.
 Total Fees: \$5.50
 County Clerk: Rebecca Jackson
 Deputy Clerk: FRANKIE

END OF DOCUMENT



Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Jeff Street Baptist Community at Liberty	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Church	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 800 E. Liberty St	Requester's name and address (optional) Metro Louisville
6 City, state, and ZIP code Louisville KY 40204	
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												-	-	-	-	-	-	-	-	-

or

Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage 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 for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Cindy Weller</i>	Date ▶ <i>July 30, 2018</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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

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

Legal Name of Applicant Organization:

Jeff Street Baptist Community at Liberty

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

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

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

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

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

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

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

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization.

Signature of Legal Signatory:

Cindy Weber

Date: 7/30/18

Legal Signatory (please print):

Rev. Cindy Weber

Title: **Pastor**

Phone: **502 585-3787** Extension:

Email: jeffstreetbaptistcommunity@gmail.com



Louisville Metro Government
Office of Management and Budget

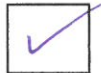
Neighborhood Development Fund Training Attestation

Grantee Organization Name: Jeff Street Baptist Community

Grantee Representative Name: Cindy Brown Kinloch

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
Client Assistance, Community Events/Festivals and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
Who, What, Where and When
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Cindy Brown Kinloch
Grantee Representative Signature

7-30-18
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

JEFF STREET BAPTIST COMMUNITY AT LIBERTY, INCORPORATED**General Information**

Organization Number	0304077
Name	JEFF STREET BAPTIST COMMUNITY AT LIBERTY, INCORPORATED
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/14/1992
Organization Date	8/14/1992
Last Annual Report	4/11/2018
Principal Office	800 E. LIBERTY ST. LOUISVILLE, KY 40204
Registered Agent	CINDY WEBER 800 E. LIBERTY ST. LOUISVILLE, KY 40204

Current Officers

President	VERNON TOWN
Secretary	DONNA TRABUE
Treasurer	SUSAN BORDERS
Director	CINDY WEBER
Director	VERNON TOWN
Director	DONNA TRABUE

Individuals / Entities listed at time of formation

Director	MARY M DAVIS
Director	SHAWN R FRIDENSTINE
Director	ELIZABETH B HEDGES
Director	TRACY LEEPER IRWIN
Director	RANDALL C WEBBER
Incorporator	MARY M DAVIS
Incorporator	SHAWN R FRIDENSTINE
Incorporator	TRACY LEEPER IRWIN
Incorporator	ELIZABETH B HEDGES
Incorporator	RANDALL C WEBBER

Images available online

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

[Annual Report](#)

4/11/2018

1 page

[PDF](#)

	12:14:35 PM	12:14:35 PM
Annual report	7/13/2011 3:18:16 PM	7/13/2011 3:18:16 PM
Annual report	4/9/2010 11:48:05 AM	4/9/2010
Annual report	3/30/2009 12:46:28 PM	3/30/2009
Annual report	3/17/2008 1:43:33 PM	3/17/2008
Annual report	3/16/2007 12:07:52 PM	3/16/2007
Annual report	5/4/2006 2:29:09 PM	5/4/2006
Reinstatement	1/14/1997	1/14/1997
Admin Dis. A. report not in	11/7/1996	11/7/1996
Amendment previous name	3/25/1993	3/25/1993

[THE JEFFERSON STREET
BAPTIST CONGREGATION,
INCORPORATION](#)

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	3/3/2005	1 page
Annual Report	8/20/2004	1 page
Annual Report	8/5/2003	1 page
Annual Report	7/19/2002	1 page
Annual Report	9/28/2001	1 page
Annual Report	5/25/2000	1 page
Annual Report	7/22/1999	1 page
Annual Report	5/12/1998	1 page
Annual Report	7/1/1997	1 page
Reinstatement	1/14/1997	2 pages
Administrative Dissolution	11/7/1996	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Statement of Change	11/23/1993	1 page
Agent Resignation	10/29/1993	1 page
Annual Report	7/1/1993	1 page
Amendment	3/25/1993	3 pages
Statement of Change	3/25/1993	1 page
Articles of Incorporation	8/14/1992	1 page