

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

Applicant/Program: Germantown Mission, Inc.
Applicant Requested Amount: \$2,500.00
Appropriation Request Amount: \$2,500.00

Executive Summary of Request
 The Germantown Partistown Neighborhood Association subgrantee dates back to 1973. The focus of this grant is to facilitate the planning of several events as well as to increase their membership through mailers, flyers, monthly meetings new events and to enhance their online presence in the communities of which they serve.

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 \$1,000 Amount 10/17/19 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: _____ NDF1030196M

Applicant/Program:

Germantown Mission Inc./ Germantown Paristowne Neighborhood Association

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 Gorton Smith</i>	\$ 1000 -
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	<i>Al</i>	\$ 500.00
District 9	_____	\$ _____
District 10	<i>Emmon P. Mubwili</i>	\$ 1,000.00
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Germantown Mission, Inc	
Program Name and Request Amount Germantown Paristown Neighborhood Association	#2,500. ⁰⁰
	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"/> No <input type="checkbox"/> Yes <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"/> No <input type="checkbox"/> Yes <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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No <input type="checkbox"/> Yes <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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Prepared by: <i>Wanda Mitchell Smith</i> Date: 10/16/19	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND-APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Germantown Mission Inc. <small>(as listed on: http://www.sos.ky.gov/business/records)</small>	
Main Office Street & Mailing Address: 1094 E. Kentucky Street			
Website: n/a			
Applicant Contact:	Bryce Biery	Title:	Associate
Phone:	502-759-3808	Email:	biery.bryce@gmail.com
Financial Contact:	Steve Magre	Title:	Treasurer
Phone:	502-855-0223	Email:	stevemagre.m39@gmail.com
Organization's Representative who attended NDF Training: Bryce Biery			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1094 E. Kentucky St.		
Council District(s):	4, 8, 10	Zip Code(s):	40204, 40217
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Germantown Mission, Inc. / Germantown Parishowne NA			
Total Request: (\$)	2,500	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 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	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:	N/A	Amount: (\$)	0
Source:	N/A	Amount: (\$)	0
Source:	N/A	Amount: (\$)	0
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 <input type="checkbox"/> No Contact			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The sub grantee is GermanParistown Neighborhood Association. Our center is located at 1094 E Kentucky Street, 40204. The GPNA was the 3rd neighborhood association in Louisville and dates back to 1973. We focus our work to maintain the heritage of our neighborhood and reach this focus by touching upon many things needing to be done. We encourage cooperation over competition. Louisville is better when the collections of neighborhoods work through the caring people committed to high quality neighborhoods. This is why we selected our motto of "coming together" which came in to play in the 1990's.

Additionally the GPNA works closely with other non-profits particularly other neighborhood associations in the area on matters affecting the area.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Steve Magre Treasurer	No Term Limits
Judy Magre Vice President	
John Gonder President	
Mary Hardesty Secretary	

Describe the Board term limit policy:
 NONE

Three Highest Paid Staff Names	Annual Salary
	NO Paid Staff

Applicant's Initials B.B.

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 focus of this grant is to facilitate the planning of several new revenue generating events along with increasing memberships through mailers, flyers, monthly meetings, new events and improved online presence.

Contract to run from Oct. 15, 2019-March 15, 2020.

Anticipated goals of contract with AddMore:

Planning process for December 17, 2019 business – bar & restaurant – “First Annual GPNA Give Back Night Out” which include:

Select date

Select venue

Form committee

Reach out to business partners

Planning process of Potential Spring 2020 family/community event which include:

Select date

Select venue

Form committee

Reach out to business partners

Upgrade social media presence

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

The subgrantee is the German-Paristown Neighborhood Association.

This is a stand alone agreement with AddMor agency that consists of a five month contract at \$500/month for five months. Contract to run from Oct. 15, 2019-March 15, 2020. This agreement with AddMor will assist GPNA in planning several new fundraising events, upgrading our social media presence and boosting our membership for both residents and businesses.

This five month contract will follow-up a survey commissioned and paid for by GPNA and provided by AddMore in the Spring/Summer of 2019.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NO.

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:

The benefit of this program will assist the GPNA in generating revenue and increasing memberships both residents and businesses. The GPNA client base is strictly the residents and business community within the German-Paristown neighborhood boundaries.

New revenue sources are needed to offset the decrease in NDF monies available from the Louisville Metro due to Louisville Metro budget cuts, The GPNA has been observing NDF dollars since NDFs have been in existence. Additionally the GPNA has relied on revenue generated from a weekly bingo operated at the GPNA center (1094 E. Kentucky St.). The GPNA has decided to cease the weekly operation of the bingo program due to shrinking number of participants on Dec 31, 2019.

This new revenue will allow the GPNA to continue working as an advocate for the residents and businesses of the neighborhood.

- Monitoring the reductions and changes made to Fire, Police and EMS as a result of the Metro Government budget shortfall.
- 4th District Police connection is a high priority. We continue to support National Night Out and we are pleased that the command and community officer often attend our public meetings
- Tracking all the activity or property changes and in many cases properties going in front of P&Z are very important for us. We take in up zoning efforts most seriously and when we can we want to support an applicant that is clearly bring improvements to the area.
- We encourage outside use of our center and charge nothing for this. We understand that homes in an urban setting are too small in space to host a larger event such as a baby shower, or a graduation party or you name it. Our building usage for such reasons has stayed consistent in 2019 meaning it is often used.
- We pride ourselves in working closely with our 3 council persons. They have been very open to their

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.

NO

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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	2500	0	2500
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)			
*TOTAL PROGRAM/PROJECT FUNDS	2,500		2,500
	100 %	0 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
	0

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

**Must equal or exceed total in column 2.

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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
N/A	N/A	N/A	N/A
Total			N/A

Applicant's Initials BB

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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
Bryce Biery, Mel Banks, Steve Magre	40 hours	IRS rate of \$25.43/hour
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$1,017.20	

*** 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-June 30

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:

Bingo Closing, Anticipated decrease in available NDF for next fiscal year.

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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.

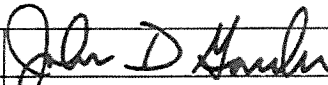
Standard Certifications

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:	Oct 7, 2019
Legal Signatory: (please print):	John Gonder	Title:	President
Phone:	502-500-3333	Extension:	
Email:	stevemagre.m39@gmail.com		

Treasurer's Report For Year's End 2018 GPNA Year 2019 detail starts at F-11 below

Assets-	6.30.19	Liabilities	6.30.19	Assets-	12.31.18	Liabilities-	12.21.18
Property*	150000	Payables	0	Property*	150000	Payables	0
Gaming	22491			Gaming	23097		
Mission	1602			Mission	1602		
Gen Act	2454	Capital \$	177579	Gen Act	3166	Capital \$	178850
Other \$	1032			Other \$	985		

Total 177897 Total 177897 Total 178850 Total 178850

Account Titles	Budget \$	Actual \$	Actual \$	For 2019	Qrt. 2	6 Months	Budget Yr	
Revenue:	2018	The Year	4Q 18'	2019-			The Year	
Donations-membsh.	1200	737	339	Dona.Memb.	126	184	1200	
Concessions	1000	828	119	Concessions	100	209	1000	
Bingo Income	10200	10900	7400	Bingo Income	0	3000	12000	
City Grant via GMI	6500	6500	0	City Grant	3250	6500	6500	
Event Sales	0	0	0	Event Sales	0	0	0	
Totals	2018	18900	18965	7818	2019	3476	9893	20700

Expenses:

Building Service	1000	750	250	Service	0	0	1000	
Building Mainten.	2800	1925	350	Mainten.	525	1225	2800	
Building Insurance	2100	2022	505	Insurance	507	1012	2100	
Building Utilities	4000	3672	691	Utilities	668	1990	4200	
Building Repairs	2000	430	90	Repairs	225	225	1500	
C-Rel & Administr.	3500	4901	1516	C-Rel & Admin	2566	4127	4300	
Sponsorships	2500	2905	1425	Sponsors	750	1700	3000	
Bingo Expense	0	0	0	Bingo Exp	0	0	0	
Outside Work	1000	1620	770	Outside Work	0	325	1800	
Transfer to GMI	Excrow	0	0	Transfer to GMI	0	0	0	
Ins. Ded or Loss	0	0	0	Ins.Ded.Loss	0	0	0	
Totals	year-2018	18900	18225	5591	year-2019	5241	10604	20700

Capital Improvements	0	0	0	Capital	0	0	0
All Categories	18900	18225	5591	All Categories	5241	10604	20700

Other Assets: * own 1094 E. Ky St Ppal 84** SYB 798 Pcash 150

GERMANTOWN MISSION, INC.**General Information**

Organization Number	0311353
Name	GERMANTOWN MISSION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	2/16/1993
Organization Date	2/16/1993
Last Annual Report	1/7/2019
Principal Office	1094 E. KENTUCKY ST. LOUISVILLE, KY 40204
Registered Agent	JOHN GONDER 1094 E. KENTUCKY ST. LOUISVILLE, KY 40204

Current Officers

President	John Gonder
Vice President	Judy Magre
Secretary	Mary Hardesty
Director	John Gonder
Director	Mary Hardesty
Director	Judy Magre

Individuals / Entities listed at time of formation

Director	JACK OLIVER
Director	JOHN J OLLIGES JR
Director	CAROL S OLLIGES
Director	CARMEL ECKENFELS
Incorporator	JACK OLIVER

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	1/7/2019	1 page	PDF
Annual Report	1/13/2018	1 page	PDF
Annual Report	1/3/2017	1 page	PDF
Annual Report	1/14/2016	1 page	PDF
Registered Agent name/address change	3/24/2015 6:09:23 AM	1 page	PDF
Annual Report Amendment	3/24/2015	1 page	PDF

Annual Report	1/5/2015	1 page	PDF
Annual Report	1/14/2014	1 page	PDF
Annual Report	1/20/2013	1 page	PDF
Annual Report	1/10/2012	1 page	PDF
Annual Report	3/15/2011	1 page	tiff PDF
Annual Report	3/26/2010	1 page	tiff PDF
Annual Report	2/12/2009	1 page	tiff PDF
Annual Report	3/5/2008	1 page	tiff PDF
Annual Report	1/23/2007	1 page	tiff PDF
Annual Report	5/26/2006	1 page	tiff PDF
Annual Report	6/22/2005	1 page	tiff PDF
Annual Report	9/4/2003	1 page	tiff PDF
Annual Report	8/20/2002	1 page	tiff PDF
Annual Report	6/29/2001	1 page	tiff PDF
Statement of Change	6/15/2001	1 page	tiff PDF
Annual Report	7/20/2000	1 page	tiff PDF
Annual Report	8/11/1999	1 page	tiff PDF
Annual Report	7/27/1998	1 page	tiff PDF
Annual Report	7/1/1997	1 page	tiff PDF
Annual Report	7/1/1995	1 page	tiff PDF
Annual Report	7/1/1994	1 page	tiff PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/7/2019 7:27:39 PM	1/7/2019 7:27:39 PM	
Annual report	1/13/2018 12:48:14 PM	1/13/2018 12:48:14 PM	
Annual report	1/3/2017 6:30:10 AM	1/3/2017 6:30:10 AM	
Annual report	1/14/2016 7:17:30 AM	1/14/2016 7:17:30 AM	
Amendment to annual report	3/24/2015 6:14:57 AM	3/24/2015 6:14:57 AM	
Registered agent address change	3/24/2015 6:09:23 AM	3/24/2015 6:09:23 AM	
Annual report	1/5/2015 7:52:57 AM	1/5/2015 7:52:57 AM	
Annual report	1/14/2014 6:20:52 PM	1/14/2014 6:20:52 PM	
Annual report	1/20/2013 10:41:56 AM	1/20/2013 10:41:56 AM	
Annual report	1/10/2012 4:27:09 PM	1/10/2012 4:27:09 PM	
Annual report	3/15/2011 12:37:54 PM	3/15/2011	
Annual report	3/26/2010 10:20:15 AM	3/26/2010	

Annual report	2/12/2009 12:11:49 PM	2/12/2009
Annual report	3/5/2008 1:08:49 PM	3/5/2008
Annual report	1/23/2007 10:02:15 AM	1/23/2007
Annual report	5/26/2006 3:00:05 PM	5/26/2006
Registered agent address change	6/15/2001 9:29:51 AM	6/15/2001

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	8/2/2004	1 page
Annual Report	9/4/2003	1 page
Annual Report	8/20/2002	1 page
Annual Report	6/29/2001	1 page
Statement of Change	6/15/2001	1 page
Annual Report	7/20/2000	1 page
Annual Report	8/11/1999	1 page
Annual Report	7/27/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Articles of Incorporation	2/16/1993	6 pages

ON FILE WITH
CITY OF LOUISVILLE

BOOK 447 PAGE 704

ARTICLES OF INCORPORATION
OF
GERMANTOWN MISSION, Inc.

RECEIVED & FILED
\$ 8.00
FEB 16 11 00 AM '93

FOR CASUALTY
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY RELB

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

ARTICLE I

The name of the Corporation shall be:
GERMANTOWN MISSION, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is:

1094 E. Kentucky St.
Louisville, Ky. 4-2-4

The name of the initial registered agent for service of process, located at such address is:

Jack Oliver

The principal office of the Corporation is located at:

1094 E. Kentucky St.
Louisville, Ky. 40204

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to...

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

The foregoing Articles of Incorporation were acknowledged before me this 13th day of January, 1993, by JACK OLIVER. Witness my signature and seal of office.

My Commission Expires: _____

Notary Public, State at Large, KY.
My commission expires July 27, 1993

F. Alma Dorence
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

Jeffrey B. Segal
JEFFREY B. SEGAL
Attorney at Law
LEGAL AID SOCIETY, INC.
425 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

A21072

Document No: 1993021072
Lodged By: GERMAN PARISTOWN INC
Recorded On: Feb 23, 1993 01:35:05 P.M.
Total Fees: \$10.00
County Clerk: Rebecca Jackson
Deputy Clerk: SHERRI

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. <p style="text-align: center; font-size: 1.2em; font-family: cursive;">GERMANTOWN MISSION INC</p>	
	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) ▶ 501(c)3	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) _____ <small>(Apply to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <p style="font-size: 1.2em; font-family: cursive;">1094 K KENTUCKY ST</p>	Requester's name and address (optional)
	6 City, state, and ZIP code <p style="font-size: 1.2em; font-family: cursive;">LOUISVILLE, KY. 40204-1936</p>	
	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												
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OR												
Employer identification number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">2</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">5</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">9</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> </tr> </table>	6	1	-	1	2	5	1	9	3	1		
6	1	-	1	2	5	1	9	3	1			

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 ▶	Date ▶ 9/30/19
------------------	----------------------------	----------------

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.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

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

DEPARTMENT OF THE TREASURY

Date: **AUG 09 2011**

GERMANTOWN MISSION INC
1094 E KENTUCKY ST
LOUISVILLE, KY 40204-1936

Employer Identification Number: .
61-1251931
DLN:
17053192304001
Contact Person:
JASON A KROTINE ID# 31666
Contact Telephone Number: _____
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
No
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



HELP ⓘ

MENU ☰

[Home](#) > [Tax Exempt Organization Search](#)

> [Germantown Mission Inc](#) (*Germanparistown Neighborhood Association*)

< [Back to Search Results](#)

Germantown Mission Inc (*Germanparistown Neighborhood Association*)

EIN: 61-1251931 | Louisville, KY, United States

Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2018 Form 990-N (e-Postcard)

Tax Period:

2018 (01/01/2018 - 12/31/2018)

EIN:

61-1251931

Legal Name (Doing Business as):

Germantown Mission Inc

Mailing Address:

1094 E Kentucky Street
Louisville, KY 40204
United States

Principal Officer's Name and Address:

Steve Magre

1094 E Kentucky Street
Louisville, KY 40204
United States

Gross receipts not greater than:

\$50,000

Organization has terminated:

No

Website URL:

gpنالouisville.com



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Germantown Mission Inc. (German-Paristown Neighborhood Association)

Grantee Representative Name: Bryce Biery

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:

Yes 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 **True**
2. Name the three budget categories that require a detail list.
Client Assistance _____, ___Community Events/Festival_____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 **True**
4. Which four questions should your financial support documentation answer at all times?
____Who____, ____WHat____, ___When____ and
____Where_____
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 **True**
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

True

Grantee Representative Signature

 10/17/2019
Date

NOTE: Please return to Roxanne Steele

**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:

Germantown Mission Inc.

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: *John D Gonder*

Date: *Oct 20, 2019*

Legal Signatory (please print): *John Gonder*

Title: *President*

Phone: *(502) 500-3333* Extension: *—*

Email: *jdgonder619@gmail.com*

gmail.com