

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

Applicant/Program: Women In Circle. Inc. /Women in Circle Yard Supplies
Applicant Requested Amount: 990.73
Appropriation Request Amount: \$990.73

Executive Summary of Request
District Four is allocating funding for yard supplies for the House. The supplies include a lawnmower, snow shovels, storage shed, lock, gas can, garden gloves, garden hose, hedge shears.

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 # David Jandy/KIC Primary Sponsor Signature 990 Amount 11/11/17 Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Women in Circle, Inc. / Yard Supplies

Program Name and Request Amount 990.73

| | Yes/No/NA |
|--|------------------------------|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | Yes <input type="checkbox"/> |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | Yes <input type="checkbox"/> |
| Is the proposed public purpose of the program viable and well-documented? | Yes <input type="checkbox"/> |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | Yes <input type="checkbox"/> |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | Yes <input type="checkbox"/> |
| Has prior Metro Funds committed/granted been disclosed? | N/A <input type="checkbox"/> |
| Is the application properly signed and dated by authorized signatory? | Yes <input type="checkbox"/> |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | Yes <input type="checkbox"/> |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | N/A <input type="checkbox"/> |
| 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? | Yes <input type="checkbox"/> |
| Is the current Fiscal Year Budget included? | Yes <input type="checkbox"/> |
| Is the entity's board member list (with term length/term limits) included? | Yes <input type="checkbox"/> |
| Is recommended funding less than 33% of total agency operating budget? | N/A <input type="checkbox"/> |
| Does the application budget reflect only the revenue and expenses of the project/program? | Yes <input type="checkbox"/> |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | N/A <input type="checkbox"/> |
| Is the most recent annual audit (if required by organization) included? | N/A <input type="checkbox"/> |
| Is a copy of Signed Lease (if rent costs are requested) included? | N/A <input type="checkbox"/> |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | N/A <input type="checkbox"/> |
| Are the Articles of Incorporation of the Agency included? | Yes <input type="checkbox"/> |
| Is the IRS Form W-9 included? | Yes <input type="checkbox"/> |
| Is the IRS Form 990 included? | Yes <input type="checkbox"/> |
| Are the evaluation forms (if program participants are given evaluation forms) included? | N/A <input type="checkbox"/> |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | N/A <input type="checkbox"/> |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | N/A <input type="checkbox"/> |
| Prepared by: keidra king | Date: 11/11/17 |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|---|------------------|--|--------------------------------|
| Legal Name of Applicant Organization: Women In Circle, Inc <i>(as listed on: http://www.sos.ky.gov/business/records)</i> | | | |
| Main Office Street & Mailing Address: 1624 S Preston St | | | |
| Website: www.mindfuldirection.net/WomenInCircle | | | |
| Applicant Contact: | Angel Chichester | Title: | Grant Writer |
| Phone: | 502-653-7439 | Email: | womenincircle@mindfuldirection |
| Financial Contact: | Lete Ansera | Title: | Executive Director |
| Phone: | 502-653-7439 | Email: | lete@mindfuldirection.net |
| Organization's Representative who attended NDF Training: Angel Chichester | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): 1624 & 1626 S Preston St | | | |
| Council District(s): David Tandy - 4 | | Zip Code(s): 40217 | |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: Women In Circle Yard Supplies | | | |
| Total Request: (\$) 990.73 | | Total Metro Award (this program) in previous year: (\$) 0 | |
| Purpose of Request (check all that apply): | | | |
| <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input 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) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | | <input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if 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: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Has the applicant met the BBB Charity Review Standards? <input 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 mission of Women In Circle is to promote self-sufficiency within a healthy holistic lifestyle free from addiction and homelessness. We help women access to services and resources designed to empower them, revive their *individuality and self-worth, while pursuing their journey of recovery.*

Our services include:

1. Temporary housing for up to a year
2. Life skills and chemical dependency prevention classes
3. Job search training - resume writing, interview skills, networking opportunities, volunteering
4. Connection with community services - unemployment office, educational training, career skills building, food stamps, social services, social security, mental health services, group and individual outpatient counseling services
5. Personal development - organizational skills, family relationships, household management

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
|-------------------------|---------------|
| Lete Ansera - President | |
| Cutia Bacon-Brown | Jan 1, 2020 |
| Karen McClean | Jan 1, 2017 |
| Don McClean | Jan 1, 2017 |
| Carol Powell | Jan 1, 2018 |
| Angela Bevin | Jan 1, 2019 |
| Kip Mackey | Jan 1, 2020 |
| Candice Pruitt | Jan 1, 2018 |
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Describe the Board term limit policy:

Many of the current board members were present for the incorporation of the organization. We have a 5-year term limit upon official incorporation and can hold an office for 3-years. We are currently recruiting to expand our board.

| Three Highest Paid Staff Names | Annual Salary |
|--|---------------|
| Ethel Graham | 12,000 |
| Targeted Case Manager - Contract - looking to fill | |
| | |

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.):

This program runs continuously throughout the year. However, the expected residency is up to one year after admission. As women come to us for aid, we provide the services and opportunities for them to become productive citizens, connecting them with appropriate resources, the ability to re-gain family trust, and, most importantly, personal structure and hope through their recovery. Our target audience is women (18+) who are recovering from addiction in a homeless living situation. Many residents have been in the court system, participated in other recovery programs, are referred by concerned family members, or know of our program from graduates and acquaintances.

Upon following a strict set of rules, residents graduate to live independently, utilizing the skills gained in the Women In Circle program. Rules include: 1. consistent work; 2. attending regular meetings (AA, therapy, etc); 3. respect of themselves and those around them; 4. willingness to learn new trades/skills; 5. maintaining sober living;

We have developed relationships with various organizations in the community as a referral base in order to maintain consistent participation. Upon graduation, many of the ladies volunteer to aid and be an example to the newcomers.

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

Funding will be spent to purchase a lawnmower, 2 snow shovels, storage shed, lock, gas can, 5 sets of garden gloves, hedge shears, garden hose, delivery and assembly of items, and training.

We will be able to train the residents to care for their residential property and give them a skill that can be used to earn money.

These items will allow us to save more than \$600 a year on services provided by outside contractors.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not a Fundraiser

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

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:

Since our founding in 2011, we have graduated 20 young ladies from our program. We keep records/file of each resident including: attended meetings; notes of concern/progression; community relationship; visitation . We maintain relationships with therapist, parole officers, case managers, etc. in order to coincide plans of action as it corresponds to their goals and objectives.

Each individual receives personal mental health counseling, job training, personal care training, and pride in themselves to become a upstanding citizen of the community. We also offer opportunities for the ladies to gain positive relationships with their families, including their children. This aids the resident to see hope in their progression and allows the family to regain trust in in them through their process.

Studies show that persons that are displaced often suffer from mental health issues, low self-esteem, limited job skills, and the lack of consistency with residence, family, and finances. Women who go through our program receive the help needed in these areas. Upon graduating from the program, the ladies have learned skills required to not only stay away from the addiction that pulled them away from their families, but how to maintain productive lifestyles. Unlike AA/NA programs, which we encourage the ladies to attend, we offer a personal, 24-hour program focusing on the individual, not the addiction. We continue with follow-up in order to ensure appropriate acclimation back into the community and their family, and to provide support through their continued journey.

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.

1. Mindful Direction Counseling Services
2. Metro Corrections - Referrals
3. Healing Place - Referrals
4. Kentucky Career Center - Job Training
5. JobWorks - immediate job placement opportunities
5. Community - financial, professional services, time
6. Resident Family Members - vehicle, financial support, emotional support

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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 | | 12000 | 12000 |
| B: Rent/Utilities | | 27,360 | 27,360 |
| C: Office Supplies | | 2340 | 2340 |
| D: Telephone | | 1200 | 1200 |
| E: In-town Travel | | | |
| F: Client Assistance (See Detailed List on Page 8) | | 5340 | 5340 |
| G: Professional Service Contracts | | 2145 | 2145 |
| H: Program Materials | | 300 | 300 |
| I: Community Events & Festivals (See Detailed List on Page 8) | | | |
| J: Machinery & Equipment | 990.73 | | 990.73 |
| K: Capital Project | | | |
| L: Other Expenses (See Detailed List on Page 8) | | 810 | 810 |
| *TOTAL PROGRAM/PROJECT FUNDS | 990.73 | 51495 | 52485.73 |
| % of Program Budget | 2 % | 98 % | 100% |

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

| | |
|---|--------------|
| Other State, Federal or Local Government | 0 |
| United Way | 0 |
| Private Contributions (do not include individual donor names) | 1000 |
| Fees Collected from Program Participants | 51840 |
| Other (please specify) | 0 |
| Total Revenue for Columns 2 Expenses ** | 52840 |

**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 |
| Client Assistance: | | | |
| Transportation | | 1,920 | |
| Identification | | 600 | |
| Food, Cleaning Supplies, Household Supplies | | 2,820 | |
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| Organization Fees/Other Expenses: | | | |
| Licensing | | 180 | |
| Accounting/Banking | | 630 | |
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| | | | |
| Total | | 6,150 | |

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 |
|---|------------------------------|---------------------------------|
| Donor - Freezer | 75.00 | resale value |
| Donor - Furniture | 1000.00 | resale value |
| Volunteers - Time | 3500.00 | \$8.75/hr * 10hrs/wk * 40 weeks |
| | | |
| <i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i> | \$4575.00 | |

*** 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: January 1

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 will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.

Standard Certifications

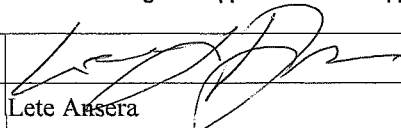
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

N/A

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

| | | | |
|---|---|-------------------|--------------------|
| Signature of Legal Signatory: |  | Date: | 10/27/16 |
| Legal Signatory: (please print): | Lete Ansera | Title: | Executive Director |
| Phone: | 502-653-7439 | Extension: | |
| Email: | lete@mindfuldirection.net | | |



Projected budget for 2017 with average of 12 residents per month.

| Credits | | | |
|--|----------------------|---------------------|----------------------|
| | | Number of residents | |
| Resident assessment | \$4,320.00 | 12 | Month |
| Program Funding | | \$1,000.00 | |
| | | \$52,840.00 | Total Credits |
| Expenses | | | |
| Company | Amount | Yearly Total | |
| Monthly Expenses (Account #1) | | | |
| Mortgage | \$900.00 | \$10,800.00 | |
| Rent | \$700.00 | \$8,400.00 | |
| Water | \$200.00 | \$2,400.00 | |
| LGE | \$480.00 | \$5,760.00 | |
| TWC - phone, internet, cable | \$100.00 | \$1,200.00 | |
| Black Diamond Pest Control | \$110.00 | \$1,320.00 | |
| Redwood Toxicology Drug Testing Supplies | \$68.75 | \$825.00 | |
| Lawncare - Yard Supplies | | \$990.73 | |
| Sam's Club | \$45.00 | \$540.00 | |
| | | \$0.00 | |
| Household Expenses (Account #2) | | | |
| Office Supplies | \$25.00 | \$300.00 | |
| Computer Paper | \$90.00 | \$1,080.00 | |
| Computer Ink | \$80.00 | \$960.00 | |
| Gas | \$100.00 | \$1,200.00 | |
| TARC Tickets | \$60.00 | \$720.00 | |
| Cleaning Supplies | \$50.00 | \$600.00 | |
| Household Supplies | \$40.00 | \$480.00 | |
| Food | \$100.00 | \$1,200.00 | |
| Identification | \$50.00 | \$600.00 | |
| | | \$0.00 | |
| Fees | | | |
| Banking Fees | \$15.00 | \$180.00 | |
| Insurance | | \$0.00 | |
| Taxes | \$37.50 | \$450.00 | |
| Licensing | \$15.00 | \$180.00 | |
| Marketing Materials | \$25.00 | \$300.00 | |
| Memberships | | \$0.00 | |
| | | \$0.00 | |
| | | \$0.00 | |
| Monthly Salaries | | | |
| Lete - Executive Director | | \$0.00 | |
| Ethel - Program Director | \$1,000.00 | \$12,000.00 | |
| | | | |
| | Total Monthly | Total Annual | |
| | \$4,291.25 | \$52,485.73 | |
| | | | |
| Total Income | \$28.75 | \$354.27 | |

Women In Circle, Inc
Income Statement
Ending September 2016

REVENUE

| | | |
|----------------------|-------------|--------------------|
| Assessmet Fees | \$37,470.00 | |
| Donations | | |
| Total Revenue | | \$37,470.00 |

EXPENSES

| | | |
|-----------------------|-------------|--------------------|
| Salaries | \$6,000.00 | |
| Rent | \$12,100.00 | |
| Utilities | \$6,013.23 | |
| Office Supplies | \$1,409.00 | |
| Phone/Internet/Cable | \$1,321.00 | |
| Drug Testing Supplies | \$334.20 | |
| Pest Control | \$885.00 | |
| Lawn Care | \$467.13 | |
| Household Repairs | \$1,157.00 | |
| Moving | \$50.00 | |
| Transportation | \$1,509.00 | |
| Household Supplies | \$3,334.00 | |
| Graduation | \$100.00 | |
| Car Repairs | \$780.00 | |
| Banking Fees | \$180.00 | |
| Accounting Fees | \$450.00 | |
| Total Expenses | | \$36,089.56 |

Net Income **\$1,380.44**

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Women In Circle

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
- C Corporation S Corporation Partnership Trust/estate

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

1624 South Preston St

Requester's name and address (optional)

6 City, state, and ZIP code

Louisville, KY 40217

7 List account number(s) here (optional)

Print or type
See Specific Instructions on page 2.

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

or

Employer identification number

Part II Certification

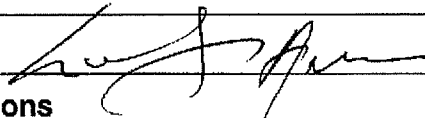
Under penalties of perjury, I certify that:

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

Sign Here

Signature of U.S. person ▶



Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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

DEPARTMENT OF THE TREASURY

Date: MAR 21 2013

WOMEN IN CIRCLE INC
C/O LETE ANSERA
7507 NOTTOWAY CIRCLE
LOUISVILLE, KY 40214

Employer Identification Number:

DLN:

17053150334032

Contact Person:

CHITRA MAMLATDARNA

ID# 52471

Contact Telephone Number:

(877) 823-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

February 28, 2011

Contribution Deductibility:

Yes

Addendum Applies:

No

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.

-2-

WOMEN IN CIRCLE INC

Sincerely,



Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

0071560035

0785698.09 dcornish
ADD
Elaine N. Walker, Secretary of State
Received and Filed:
2/28/2011 2:38 PM
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION
OF
Women In Circle (WINC) Inc.

FIRST. The name of the corporation is Women In Circle (WINC) Inc.

SECOND. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: to educate, couch and counsel. Offer cost effective housing to women in transition, struggling due to homelessness and drugs and alcohol addiction.

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the organization 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 this organization shall be the carrying on propaganda, or otherwise attempting to influence legislation, and this organization 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 corporation 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, or 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 the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets remaining 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 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.

THIRD. The street address of the corporation's initial registered office is 7507 Nottoway Circle, Louisville, Kentucky 40214, County of Jefferson and the name of its initial registered agent at that office is Kip Mackey.

FOURTH. The mailing address of the corporation's principal office is 1624 South Preston Street, Louisville, Kentucky 40217.

FIFTH: The number of directors constituting the initial board of directors is three (3). The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

| | |
|----------------|---|
| Lete Ansera | 1624 South Preston Street, Louisville, Kentucky 40217 |
| Doug McGee | 1624 South Preston Street, Louisville, Kentucky 40217 |
| Candice Pruitt | 1624 South Preston Street, Louisville, Kentucky 40217 |

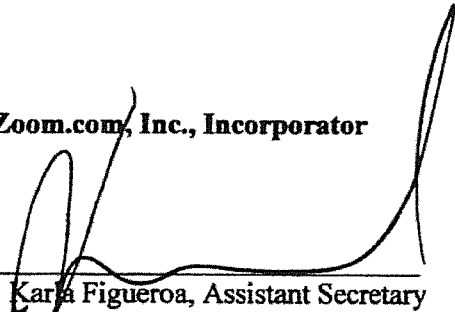
SIXTH: The incorporator of the corporation is LegalZoom.com, Inc., 101 N. Brand Blvd., 10th Floor, Glendale, CA 91203.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: February 17, 2011

LegalZoom.com, Inc., Incorporator

By:


Karla Figueroa, Assistant Secretary

I, Kip Mackey, consent to serve as the registered agent on behalf of the corporation.


Signature of Registered Agent

By: Kip Mackey

END OF DOCUMENT

Document No.: DN2011047479
 Lodged By: LETE ANSERA
 Recorded On: 04/15/2011 03:22:16
 Total Fees: 11.00
 Transfer Tax: .00
 County Clerk: BOBBIE HOLSCLOW-JEFF CO KY
 Deputy Clerk: CARHAR

Lawn Care Supplies Cost - Lowes

| Lawn Mower | | QTY | Cost | Total |
|----------------------------|--|-----|-----------------|-----------|
| | 21-in BS AWD Push Mower | 1 | \$ 339.00 | \$ 339.00 |
| | 5-Gal Poly Gas Can | 1 | \$19.98 | \$ 19.98 |
| \$ | | | | |
| 358.98 | | | | |
| Garden Tools | | | | |
| | True Temper 24in Poly Snow Shvl 36in Stee Handle | 2 | \$15.98 | \$ 31.96 |
| | 5/16in x 4ft cable lock | 1 | \$5.98 | \$ 5.98 |
| | 5-2 RMB Roughneck Shed | 1 | \$299.00 | \$ 299.00 |
| | Blue Hawk 30-in Leaf Rake | 2 | \$9.98 | \$ 19.96 |
| | Garden Gloves | 5 | \$2.98 | \$ 14.90 |
| | 10-in Hedge Shears | 1 | \$29.98 | \$ 29.98 |
| | | | | |
| | | | | |
| \$ | | | | |
| 401.78 | | | | |
| Additional Expenses | | | | |
| | 4Yr Warranty for Lawn Mower | 1 | \$79.97 | \$ 79.97 |
| | Delivery, Assembly, and Training | 1 | \$150.00 | \$ 150.00 |
| \$ | | | | |
| 229.97 | | | | |
| | | | | |
| Total | | | \$990.73 | |



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: Women in Circle

Participant Name: Angel Chichester

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having participated in Neighborhood Development Fund training. In addition, I understand the requirements of the Neighborhood Development Fund grant process.

Please check:

I viewed the NDF training material on the website

Participant Signature

8/1/2016

Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov or Fax: 502-574-3219

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



Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

990-N (*e-Postcard*) filer information

Tax Period:

2015 (01/01/2015 - 12/31/2015)

Employer Identification Number (EIN):

[REDACTED]

Legal Name:

WOMEN IN CIRCLE INC

Mailing Address:

1624 SOUTH PRESTON STREET
LOUISVILLE, KY 40217
United States

Doing Business As:

Gross receipts not greater than:
\$50,000

Organization has terminated:

No

Principal Officer's Name and Address:

LETENEGUS ANSERA
7507 NOTTOWAY CIRCLE
LOUISVILLE, KY 40214
United States

Website URL:

Related 990-N (*ePostcard*) Filings:

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

No related filings available for this EIN.

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

WOMEN IN CIRCLE (WINC) INC.

General Information

| | |
|-----------------------------|---|
| Organization Number | 0785698 |
| Name | WOMEN IN CIRCLE (WINC) INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 2/28/2011 |
| Organization Date | 2/28/2011 |
| Last Annual Report | 7/7/2016 |
| Principal Office | 1624 SOUTH PRESTON STREET LOUISVILLE, KY 40217 |
| Registered Agent | KIP MACKKEY 7507 NOTTOWAY CIRCLE LOUISVILLE, KY 40214 |

Current Officers

| | |
|-----------------------|-----------------------------------|
| President | LETE ANSERA |
| Vice President | KAREN McCLEAN |
| Secretary | DAN McCLEAN |
| Director | LETE ANSERA |
| Director | DOUG MCGEE |
| Director | Cutia Bacon Brown |

Individuals / Entities listed at time of formation

| | |
|---------------------|----------------------------------|
| Director | LETE ANSERA |
| Director | DOUG MCGEE |
| Director | CANDICE PRUITT |
| Incorporator | LEGALZOOMCOM INC |

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 | 7/7/2016 | 1 page | PDF |
| Annual Report | 6/30/2015 | 1 page | PDF |
| Reinstatement Certificate of Existence | 11/6/2014 10:28:31 AM | 2 pages | PDF |
| Reinstatement | 11/6/2014 10:28:26 AM | 2 pages | PDF |
| Reinstatement Approval Letter Revenue | 11/6/2014 10:26:06 AM | 1 page | PDF |

| | | | |
|--|------------------------|---------|--|
| Administrative Dissolution | 9/30/2014 | 1 page | PDF |
| Annual Report | 8/7/2013 | 1 page | PDF |
| Reinstatement Certificate of Existence | 12/12/2012 11:09:31 AM | 2 pages | PDF |
| Reinstatement | 12/12/2012 11:08:34 AM | 2 pages | PDF |
| Reinstatement Approval Letter Revenue | 12/12/2012 10:23:34 AM | 1 page | PDF |
| Reinstatement Approval Letter Revenue | 11/20/2012 10:38:44 AM | 1 page | PDF |
| Administrative Dissolution | 9/11/2012 | 1 page | PDF |
| Annual Report Return | 3/1/2012 | 2 pages | tiff PDF |
| Articles of Incorporation | 2/28/2011 | 2 pages | tiff PDF |

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|-------------------------------|---------------------------|-------------------------|-----------------|
| Annual report | 7/7/2016 2:04:52 PM | 7/7/2016 2:04:52 PM | |
| Annual report | 6/30/2015 3:00:43 PM | 6/30/2015 3:00:43 PM | |
| Reinstatement | 11/6/2014 10:28:28 AM | 11/6/2014 | |
| Application For Reinstatement | 11/6/2014 10:04:52 AM | 11/6/2014 | |
| Application For Reinstatement | 10/22/2014 9:42:48 AM | 10/22/2014 | |
| Admin Dis. A. report not in | 9/30/2014 | 9/30/2014 | |
| Annual report | 8/7/2013 12:49:47 PM | 8/7/2013 12:49:47 PM | |
| Reinstatement | 12/12/2012 11:09:27 AM | 12/12/2012 | |
| Application For Reinstatement | 12/12/2012 10:07:19 AM | 12/12/2012 | |
| Application For Reinstatement | 11/19/2012 10:15:34 AM | 11/19/2012 | |
| Application For Reinstatement | 10/1/2012 11:42:37 AM | 10/1/2012 | |
| Admin Dis. A. report not in | 9/11/2012 | 9/11/2012 | |
| Add | 2/28/2011 2:38:35 PM | 2/28/2011 | |

Microfilmed Images



Louisville Metro Council

David W. Tandy
District 4 Councilman

Keidra D.C. King
Legislative Aide

November 14, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following Neighborhood Development Funds: Coleridge Taylor PTA Inc., Women in Circle, Inc. and an interagency exchange to Metro Parks Department.

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy
Fourth District Councilman