

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Jeff St Baptist Community at Liberty <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 800 E. Liberty St., Louisville, KY 40204			
Website: N/A			
Applicant Contact:	Rev. Cindy Weber	Title:	Pastor
Phone:	502 585-3787	Email:	jeffstreetbaptistcommunity@gmail.com
Financial Contact:	Cindy Brown Kinloch	Title:	Administrative Assistant
Phone:	502 585-3787	Email:	jeffstreetbaptistcommunity@gmail.com
Organization's Representative who attended NDF Training: Cindy Brown Kinloch			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	800 E. Liberty St., Louisville, KY 40204		
Council District(s):	4	Zip Code(s):	40204
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: At Liberty Hospitality Program			
Total Request: (\$)	5,000	Total Metro Award (this program) in previous year: (\$)	5,000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30 , list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	CDBG	Amount: (\$)	18,600
Source:	ESG	Amount: (\$)	15,000
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials Chw

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SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

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

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

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

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

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

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SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

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

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

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

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

NA

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

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

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

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

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

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

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

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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		33,578	33,578
B: Rent/Utilities		6,928	6,928
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	5,000	6,800	11,800
*TOTAL PROGRAM/PROJECT FUNDS	5000	47,306	52,306
% of Program Budget	10 %	90 %	100%

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

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

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

***Must equal or exceed total in column 2.*

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

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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
Breakfast Volunteers	\$14,646	600 hours x \$24.41
Rent-free Facility	\$15,000	Appraisal
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$29,646	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Applicant's Initials *CU*

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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.

None

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

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