

NDF NON-PROFIT APPLICATION CHECKLIST

	Yes/No/NA
Legal Name of Applicant Organization: <i>Jefferson County Search Dog Assn</i>	
Program Name: <i>WiFi Rent Transfer</i> Request Amount: <i>\$960.00</i>	
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	<i>Y</i>
Request form: Is the funding proposed less than or equal to the request amount?	<i>Y</i>
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	<i>Y</i>
Application Page 1: Has prior Metro funds committed/granted been disclosed?	<i>Y</i>
Application Page 1: Is the application properly signed and dated by authorized signatory?	<i>Y</i>
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	<i>Y</i>
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	<i>Y</i>
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	<i>Y</i>
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	<i>Y</i>
Faith Based Organizations: Is the signed Faith Based Form signed and included?	<i>NA</i>
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	<i>Y</i>
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	<i>Y</i>
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	<i>Y</i>
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	<i>NA</i>
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	<i>NA</i>
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	<i>NA</i>
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<i>Y</i>
Operating Budget: Is the organization’s current fiscal year operating budget included?	<i>Y</i>
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	<i>N</i>
Board Members: Is the entity’s board member list (with term length/term limits) included?	<i>N</i>
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	<i>NA</i>
Annual Audit: Is the most recent annual audit (if required by organization) included?	<i>N</i>
Rent Requests: Is a copy of signed lease included?	<i>NA</i>
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	<i>Y</i>
IRS Form W-9: Is the IRS Form W-9 included?	<i>Y</i>
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	<i>NA</i>
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	<i>NA</i>
Prepared by: <i>John Torsy</i>	Date: <i>8-4-15</i>


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

Applicant/Program: Jefferson County Search Dog Association

Executive Summary of Request:
 Funds will be used for to purchase a wifi data plan to be used in the field so data can be transferred between search dog members and emergency personnel. This will also include but not be limited to mapping data, monitoring social media, monitoring news outlets and additional emergency information after a disaster.

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.

23  \$959.76 8-7-15
 District # Council Member Signature Amount 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

Clerk's Office Only:
 Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Jefferson County Search Dog Association	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 8004 Smyrna Pkwy Louisville, ky 40228			
Website: JCSDA.com			
Applicant Contact:	Paul Dixon	Title:	Chief
Phone:	502-314-0061	Email:	Bud.Dixon@jcsda-sar.org
Financial Contact:	Holly Hatfield	Title:	Treasurer
Phone:	502-969-9316	Email:	Holly.Hatfield@jcsda-sar.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Metro Louisville and Kentucky Area 4 Emergency Management		
Council District(s):	all	Zip Code(s):	all Metro Louisville
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Data Transfer via wifi during major disasters, and missing persons cases.			
Total Request: (\$)	960.00	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"/> List of Board of Directors (include term & term limits) <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 <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input 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 required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Jefferson County Search Dog Association provides trained personnel and K-9's to do search and rescue. We use the K-9's to look for missing and lost people related to disasters, man made and natural, drownings, hikers, children/adults, and special needs victims.

We are a K-9 Specialized rescue squad, General Rescue squad, Water Recovery Rescue Squad, and emergency communications through Louisville Metro and Kentucky Emergency Management.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

2- year contract with Verizon for wifi service to be able to transfer situational awareness and other forms of electronic data to field units, emergency operations centers or other command posts in the incident command system.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
2 year data service contract with Verizon for a wifi device.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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:

- Effective October 24, 2013, reimbursements should not be made 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.

- 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.



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 benefits to either the individual missing or the community suffering from a disaster would be retrieving mapping data, social media or news searching, emergency damage assessment after a disaster. The benefits to those being served is the relief of family members being found and returned to them.

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.

Jefferson County Search Dog Association has working relationships with Jefferson County Fire, Louisville Metro Police, and Louisville Emergency Management. With all involved helps tremendously on searching for people.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	250	250
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	960	0	960
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	0	0	0
*TOTAL PROGRAM/PROJECT FUNDS	960	250	1210
<i>Total Requested Funds</i>	88 %	22 %	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)	0
Fees Collected from Program Participants	0
Other (please specify)	250 JCSDA funds
<i>Total Revenue for Column 2 Expenses **</i>	0

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

**Must equal or exceed total in column 2.

Applicant's Initials RW



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
Every member is a volunteer	without volunteers we could not do this	Volunteer time is
		generally 350 hours a year
		value of a search and rescue
		is 16.75 per hour
<i>Total Value of in-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

* 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 1st 2015**

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 6 – 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.

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 7 – 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:	<i>Paul Dixon</i>	Date:	5-18-15
Legal Signatory: (please print):	PAUL DIXON	Title:	Chief
Phone:	502-314-0061	Extension:	
Email:	JCSDA@JCSDA.com		

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

DEPARTMENT OF THE TREASURY

Date: APR 25 2005

Employer Identification Number:

DLN:

17053036711055

Contact Person:

JULIE CHEN

ID# 31261

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

JEFFERSON COUNTY SEARCH DOG
ASSOCIATION
8004 SMYRNA PKY
LOUISVILLE, KY 40228-0000

Dear Applicant:

Our letter dated APRIL 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

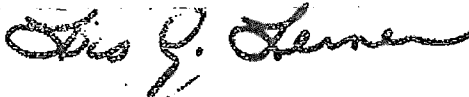
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Form **872-C**
(Rev. April 1996)
Department of the Treasury
Internal Revenue Service

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code
(See instructions on reverse side.)

OAS No. 1545-0059
To be used with Form 1023. Submit in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization name below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period.

JEFFERSON COUNTY SEARCH DOG ASSOCIATION INC

(Exact legal name of organization as shown in organizing document)

8004 SMYRNA PKY LOUISVILLE KY 40228

(Number, street, city or town, state, and ZIP code)


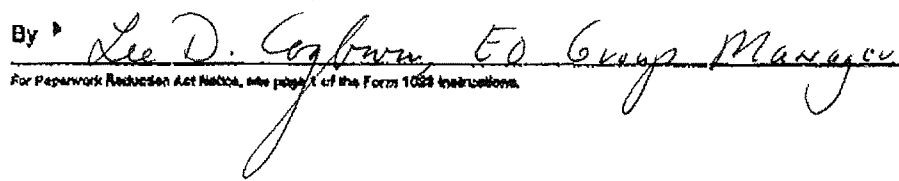
and the District Director of Internal Revenue, or Assistant Commissioner (Employee Plans and Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

FEBRUARY 28, 2001

Ending date of first tax year
(Month, day and year)

Name of organization (as shown in organizing document) JEFFERSON COUNTY SEARCH DOG ASSOCIATION INC	Date 4/8/02
Officer or Trustee having authority to sign Signature 	Title President
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations) Steven T. Miller	Date 4/26/2002
By 	

JCSDA Board of Directors and terms:

All positions such as Secretary, Treasurer, Vice President and President are voted on every two years in November of the even numbered years.

Community at large member is voted on every two years in November of the odd numbered years.

President: Pam Peppers Hogan

Vice President: Gary Thompson

Secretary: Christine Hahn

Treasurer: Holly Hatfield

Training Officer-Ronnie Hogan, voting member given position by Vice President.

Community at Large Member-Marcy Bishop-has stated she will stay in the position she decides she no longer wishes to be in this position.

Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

From: epostcard@urban.org (epostcard@urban.org)

To: sarrnwfr@yahoo.com;

Date: Thursday, January 29, 2015 7:49 PM

Organization: JEFFERSON COUNTY SEARCH DOG ASSOCIATION

EIN: [REDACTED]

Submission Type: Form 990-N

Year: 2014

Submission ID: 7800582015029fd55985

e-File Postmark: 1/29/2015 7:43:01 PM

Accepted Date: 1/29/2015

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support
Phone: 866-255-0654 (toll free)
email: ePostcard@urban.org

JEFFERSON COUNTY SEARCH DOG
ASSOCIATION
8004 Smyrna Pkwy
Louisville, KY 40228

JCSDA Budget 2015:

Food-1,750

Allegra-1,100

Trailer/Boat maintance-200

Fund committee-250

PR items-200

IT stuff-200

Miscellaneous (copies, batteries, etc.) 1,000

Logo items-1,200

Total-5,900

This excludes grants received.

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

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

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) ▶ **501C3**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) **501C3**
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
8004 Smyrna Pkwy

6 City, state, and ZIP code
Louisville, Ky 40228

7 List account number(s) here (optional)

Requester's name and address (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 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																					
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or																					
Employer identification number																					
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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 ▶ **5/21/15**

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.

Account De	Posted Date	Serial Num	Description	Amount
S0002 CON	7/21/2015	0	Deposit Checks 50.00	403.29
S0002 CON	7/17/2015	1004	Check Withdrawal	46.86
S0002 CON	7/14/2015	0	DNH *GODADDY.COM 480-5058855 AZ Debit	107.88
S0002 CON	7/11/2015	0	BLUEGRASS UNIFORMS + E LOUISVILLE KY Debit	29.68
S0002 CON	7/6/2015	0	Feeding for river search LOUISVILLE KY Debit C	72.79
S0002 CON	7/2/2015	0	POS AMAZON.COM SEATTLE WA POS Withdra	60.25
S0002 CON	6/29/2015	1002	Check Withdrawal	65
S0002 CON	6/29/2015	0	Check Deposit	167.46
S0002 CON	6/29/2015	0	Cash Deposit	30
S0002 CON	6/28/2015	0	OFFICE DEPOT #52 LOUISVILLE KY Debit Card \	12.99
S0002 CON	6/17/2015	0	LOWES #01518* LOUISVILLE KY Debit Card Wi	44.92
S0002 CON	6/15/2015	0	feeding for search- #952 LOUISVILLE KY Debit	58.43
S0002 CON	6/8/2015	0	OFFICE DEPOT #52 LOUISVILLE KY Debit Card \	70.96
S0002 CON	5/28/2015	1001	Check Withdrawal	55
S0002 CON	5/26/2015	0	Kiosk Deposit [HPTL00902511] ITM check sha	163.34
S0002 CON	5/26/2015	0	Kiosk Deposit [HPTL00902511] ITM-check sha	181.68
S0002 CON	5/26/2015	0	Kiosk Deposit [HPTL00902511] ITM cash share	60
S0002 CON	5/26/2015	0	Training feedingU 165 OUTER LP KY Debit Carr	50.44
S0002 CON	5/18/2015	0	LOWES #01518* LOUISVILLE KY Debit Card Wi	99.9
S0002 CON	5/13/2015	0	HARLAND CLARKE ACH Withdrawal: HARLANC	10.4
S0002 CON	5/12/2015	0	PAYPAL ACH Deposit: PAYPAL	60
S0002 CON	5/10/2015	0	Home Banking Transfer Withdrawal: To Sha M	12
S0002 CON	5/7/2015	0	PAYPAL ACH Withdrawal: PAYPAL	0.21
S0002 CON	5/7/2015	0	PAYPAL ACH Deposit: PAYPAL	0.18
S0002 CON	5/7/2015	0	PAYPAL ACH Deposit: PAYPAL	0.03
S0002 CON	5/4/2015	0	To Share 0001 Transfer Withdrawal: To Share	5
S0002 CON	5/4/2015	0	Deposit Checks 363.70	427.45



Bud Dixon <bud.dixon@jcsda-sar.org>

mifi info

2 messages

Holcomb, Natalie <Natalie.Holcomb@verizonwireless.com>

Wed, Apr 29, 2015 at 4:10 PM

To: Bud Dixon <bud.dixon@jcsda-sar.org>

The device is free on WSCA. The unlimited data plan is \$39.99

 http://infomanagerdoc.ddc.vzwcorp.com/EQUIPMENT_GUIDE/equipment_guide/Images/6620_main1.jpg

Description Verizon Jetpack MiFi 6620L

Don't leave your Wi-Fi enabled devices behind when you're away from your home or office. Keep them connected with the exclusive Verizon Jetpack MiFi 6620L.

The 4G LTE Mobile Hotspot gives you a secure connection to Americas largest and most reliable 4G LTE network. Connect up to 15 Wi-Fienabled devices, including tablets, laptops, cameras, gaming consoles, music players and wearables.

The powerful 2-in-1 battery not only keeps the Jetpack running but also helps power up your external devices. Stay connected for up to 20 hours. The Jetpack also doubles as a universal charger for external devices that are connected, meaning you can check email, video chat and more from your Wi-Fienabled devices longer.

Features:

Accessibility

Equipment Protection



Western States Contracting Alliance Contract Summary

Contract #:	Master Service Contract # 1907
Contract History:	The Western States Contracting Alliance (WSCA) was formed in October 1993. The primary purpose of WSCA is to establish the means by which participating states may join together in cooperative multi-State contracting in order to achieve cost-effective and efficient acquisition of quality products and services.
Contract Term:	April 16, 2012 through October 31, 2016
WSCA Website:	http://www.aboutwsca.org
Pricing Plans:	Up to 23% access discount for eligible Nationwide Voice and Data pricing plans of \$34.99 and above
Equipment:	WSCA Equipment Matrix Pricing & Quarterly WSCA Promotional Equipment Offers. Corporate liable customers are eligible for equipment upgrades after 10 (ten) months
Accessories:	25% Discount on eligible accessories
Products/Services:	Wireless Voice and Data Service: Nationwide for Business & Government (share option available), Push to Talk Unlimited Rate Plans, Local Flat Rate Plan, Nationwide Mobile Broadband, Global Rate Plans, Field Force Manager, Fleet Administrator, Wireless Priority Service, Machine to Machine Rate Plans, Text, Picture, and Video Messaging.
Early Termination Fee:	No early termination fees for corporate liable accounts
Activation Fee:	No activation fees on corporate liable accounts
Employee Line Eligible:	Yes (Please see requirements per State)
Eligible Customers:	State agencies and local public bodies including cities, counties, courts, public schools and institutions of higher education; Authorized Tribal Governments; Authorized Non-Profit Agencies
WSCA Agreement:	The State and/or Local Agency need to sign a Participating Addendum to the Master WSCA Agreement to participate
VZW Government Sales Representative:	Natalie Holcomb, 502-297-4737, Natalie.Holcomb@verizonwireless.com
VZW Contract Manager:	RJ Fenolio, 702.283.2200 RJ.Fenolio@VerizonWireless.com

*Jefferson County Search Dog Association, Inc.
Alternative Affiliation Agreement*

**LOUISVILLE AND JEFFERSON COUNTY DIVISION OF EMERGENCY
MANAGEMENT ALTERNATIVE AFFILIATION AGREEMENT**

WHEREAS, the Jefferson County Search Dog Association, Inc. is a regional search and rescue organization whose primary role is to search for missing, lost, or overdue persons. The organization is comprised of members from several different counties; Jefferson County Search Dog Association, Inc. is exempted from having a specific vehicle dedicated solely to the rescue service.

The purpose of this agreement is to outline the responsibilities between the Division of Emergency Management and Jefferson County Search Dog Association, Inc.

Jefferson County Search Dog Association, Inc. is hereby officially recognized as a "specialty" rescue service defined in KRS 39F.030 to .070 who responds regionally. Their by-laws and standard operating procedures have been submitted to the Division of Emergency Management and they have been reviewed and are in compliance with KRS 39F.040. and KAR 106. Additionally, their membership list and workers' compensation enrollment forms are on file with the Division of Emergency Management. Therefore, by virtue of this agreement, Jefferson County Search Dog Association, Inc. is officially affiliated with the Division of Emergency Management.

Jefferson County Search Dog Association, Inc. is located, for business purposes, at the following address:

8004 Smyrna Parkway, Louisville, Kentucky 40228 and may be contact by phone at or (502) 314-0061, or www.jcsda.com.

MISSION STATEMENT:

Jefferson County Search Dog Association, Inc. shall serve the citizens of the Commonwealth by providing fully trained and adequately equipped personnel who will respond and assist, providing technical assistance in search management, but not take the lead role in the following missions:

1. Searching for any missing, lost, or overdue person on land and in water, upon official request by the Kentucky Emergency Management Area Manager of jurisdiction, State SAR Coordinator, or the Kentucky Division of Emergency Management, day or night, under all conditions where they can effectively and efficiently operate.
2. Assisting in emergency response relating to search and rescue as designated by the Kentucky Emergency Management Area Manager of jurisdiction, State SAR Coordinator, or the Kentucky Division of Emergency Management.

1
10/22

*Jefferson County Search Dog Association, Inc.
Alternative Affiliation Agreement*

FISCAL ACCOUNTABILITY:

Jefferson County Search Dog Association, Inc. shall be responsible for the fiscal accountability for all funds donated to the organization. The treasurer of Jefferson County Search Dog Association, Inc. shall assure all payments of outstanding debts in a timely manner. Jefferson County Search Dog Association, Inc. shall not charge for any of their services.

Jefferson County Search Dog Association, Inc. shall be deemed eligible to submit requests for funding through the rescue grant program. All members of the organization shall file an enrollment form for the state worker's compensation with the Division of Emergency Management.

REPORTING AND NOTIFICATION:

Jefferson County Search Dog Association, Inc. shall notify Division of Emergency Management of any search they have been requested to respond, as well as notification of the conclusion of the search, if not done by requesting agencies.

The responsibilities of all parties to this order of affiliation shall conform to those responsibilities as provided in KRS Chapter 39F.

EFFECTIVE DATE AND LENGTH OF AFFILIATION:

This affiliation agreement can also be cancelled upon a written thirty-day notice by any of the parties. If a vacancy should occur in any of the positions on this order, the order will remain in effect for thirty-days while the affiliation agreement is renegotiated.

The effective date of this affiliation agreement is FFY 13 and will be effective for twelve months. It shall remain in effect until FFY 14 at which time the affiliation agreement may be renegotiated, updated, modified or cancelled.

This affiliation agreement was approved and adopted by Louisville & Jefferson County Division of Emergency Management and Jefferson County Search Dog Association, Inc. on September ____, 2012.

All other written agreements of affiliation are null and void upon the effective date of this affiliation agreement.

[The remainder of this page intentionally left blank]

*Jefferson County Search Dog Association, Inc.
Alternative Affiliation Agreement*

IN WITNESS WHEREOF, the parties have executed this affiliation agreement as of the date first set forth above.

**LOUISVILLE & JEFFERSON COUNTY DIVISION OF EMERGENCY
MANAGEMENT**

By *E. D. Hamilton* 10-22-12 Date: _____
Manager
E. D. HAMILTON, Dir. - LJCEMA
Print Name and Title

JEFFERSON COUNTY SEARCH DOG ASSOCIATION, INC.

By *Paul Bud Dixon* Date: 10-18-2012 _____
President
Paul Bud Dixon
Print Name and Title

Staff list-

Includes the Roster, all staff is volunteer

**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
RESCUE SQUAD QUARTERLY ACTIVE MEMBERSHIP LIST**

Name of Rescue Squad: Jefferson County Search Dog Association

State Fiscal Year: 2015

County: Jefferson Co

Kentucky Emergency Management Area: Four

Check Quarter:

First Quarter
(Jul/Aug/Sep)


Second Quarter
(Oct/Nov/Dec)

Third Quarter
(Jan/Feb/Mar)

Fourth Quarter
(Apr/May/Jun)

NAME OF RESCUE SQUAD MEMBER	*	NAME OF RESCUE SQUAD MEMBER	*
1. Ronnie Hogan	<input type="checkbox"/>	19. Josie K-9	<input type="checkbox"/>
2. Bud Dixon	<input type="checkbox"/>	20. Uffda Neplay K-9	<input type="checkbox"/>
3. Lee Root	<input type="checkbox"/>	21. Christine Hahn	<input type="checkbox"/>
4. Molly K-9	<input type="checkbox"/>	22. Greg Linker	<input type="checkbox"/>
5. Teri Reed	<input type="checkbox"/>	23. Amy Sue K9 probate	<input type="checkbox"/>
6. Holly Hatfield	<input type="checkbox"/>	24. Rex K-9	<input type="checkbox"/>
7. James Hartman	<input type="checkbox"/>	25. Foster K-9	<input type="checkbox"/>
8. Beth Lankford	<input type="checkbox"/>	26.	<input type="checkbox"/>
9. Gary Thompson	<input type="checkbox"/>	27. Shawn Herron BOD	<input type="checkbox"/>
10. Pam Hogan	<input type="checkbox"/>	28. Nick Baughman Probate	<input type="checkbox"/>
11. Bart K-9	<input type="checkbox"/>	29. Ranger K-9	<input type="checkbox"/>
12. Ashely Willoughby	<input type="checkbox"/>	30. Dave Fisher Probate	<input type="checkbox"/>
13. Cindy Staudenheimer	<input type="checkbox"/>	31.	<input type="checkbox"/>
14. Jake Fuller Probate	<input type="checkbox"/>	32.	<input type="checkbox"/>
15. Darroll Roy	<input checked="" type="checkbox"/>	33.	<input type="checkbox"/>
16. Lisa Bennett	<input type="checkbox"/>	34.	<input type="checkbox"/>
17. Pepper K-9	<input type="checkbox"/>	35. Dr. Jeff Mills DVM	<input type="checkbox"/>
18. James Brown	<input type="checkbox"/>	36. Dr. Harris M.D.	<input type="checkbox"/>

* Check block if member belongs to a secondary rescue squad(s).

Submitted By:  Date: 5-10-2015
Chief Rescue Officer Signature

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Local Emergency Management Director: _____ Date: _____

Division of Emergency Management Area Manager: _____ Date: _____

DO NOT LIST MEMBERS WHO ARE INACTIVE OR DECEASED. USE ADDITIONAL SHEETS IF NEEDED.

**KENTUCKY DIVISION OF EMERGENCY MANGEMENT
RESCUE SQUAD QUARTERLY TRAINING REPORT**

Name of Rescue Squad: Jefferson County Search Dog Association

State Fiscal Year: /2015

County: Jefferson County Search Dog

Kentucky Emergency Management Area: Four

Check Quarter:

First Quarter
(Jul/Aug/Sep)

Second Quarter
(Oct/Nov/Dec)

Third Quarter
(Jan/Feb/Mar)

Fourth Quarter
(Apr/May/Jun)

Training Topics	Date(s)	Length	Number of Rescue Members in Attendance	Number of Man-hours of Training
First aid/ Wilderness / Disaster Medica				
CPR				
ICS/ NIMS	multi	1	1	9
BBP				
BSAR/ night seach safety		2	8	16
MSO/AI/ USAR				
K-9 medical	muliti	8	2	16
Hazmat				
K-9 USAR	multi	multi	12	88
K-9 Wilderness	multi	28	18	504
K-9 HRD	mult	5	9	45
K-9 H2O/ H2O	mulit			
COMMO	multi	multi	9	200
MOCK	3-30	6	15	90
Admin/ Grants	Multi	48	6	188
ICS/NIMS 300/400	multi	16	2	32
TOTAL MAN-HOURS OF TRAINING REPORTED FOR THIS QUARTER:				1188

Submitted by: _____ Date: 1-10-15

Chief Rescue Officer Signature

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Review and Comments:	
Local Emergency Management Director:	Date:

Review and Comments:	
Area Manager, Division of Emergency Management:	Date:

**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
RESCUE SQUAD QUARTERLY INCIDENT REPORT**

Name of Rescue Squad: Jefferson County Search Dog Association

State Fiscal Year: 2015

County: Jefferson Co.

Kentucky Emergency Management Area: 4

Check Quarter:

First Quarter
(Jul/Aug/Sep)

Second Quarter
(Oct/Nov/Dec)

Third Quarter
(Jan/Feb/Mar)

Fourth Quarter
(Apr/May/Jun)

Type of Incident	Comments	Number of Incidents	Total Man-hours
Light Duty Rescue			
Extrication from Vehicles			
Water Rescue/Recovery		2	8
Missing Person Search	Multi See LCJEMA or KYEMA reports	16	42
Low-Angle Rescue /Recovery			
High-Angle Rescue/Recovery			
Cave Rescue			
SAR with SAR Dogs	multi	1	36
Dive Rescue/Recovery			
Urban Search Rescue and Recovery			
Fire Service Assistance			
EMS Assistance			
Law Enforcement Assistance			
Emergency Management Operations Asst.			
HAZMAT			
Golden/Silver/Amber persons alert	Multi	15	51
Weather Standby	Multi-	2	10
Drone/ UAV	3-30-	1	6
TOTALS FOR THE QUARTER:		37	153

Submitted by: _____

Date: 4-20--2015

Chief Rescue Officer Signature

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Review and Comments:

Local Emergency Management Director:

Date:

Review and Comments:

Area Manager, Division of Emergency Management:

Date:

**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
RESCUE SQUAD CUMULATIVE EQUIPMENT INVENTORY**

INSTRUCTIONS:

1. All Minimum Equipment Inventory forms shall be fully completed. Indicate on the blank line beside each equipment item description the actual number of items currently owned by a rescue squad. (i.e., if a rescue squad owns **two (2)** center punches, enter the number "2" on the blank line. **Do not** use a check mark to indicate ownership of the equipment item.) Account for **all** equipment owned by a rescue squad, including items not in working order or no longer serviceable.
2. When a rescue squad engages in more than one specialized rescue squad activity or general rescue squad activity, the equipment listed as New or Replacement Equipment or Replacement Only Equipment for rescue squads specializing in water rescue and recovery, water rescue and recovery utilizing divers, high angle rescue, cave rescue, or search for lost, trapped or missing persons, will not have to be duplicated to meet minimum equipment inventory requirements. Duplicate items listed under specialized rescue squad inventories should be marked with a "D" on the blank line.
3. Direct questions regarding the inventory process to the Kentucky Division of Emergency Management (KyEM) Area Office.

GENERAL PURPOSE RESCUE SQUAD MINIMUM EQUIPMENT INVENTORY

Protective Gear:

- (12) pairs of gloves
- (12) pairs of safety goggles
- (12) squad coats
- (12) helmets
- (12) pairs of boots with protective toe

NOTE: The requirement for encoder, base station radio with antenna and base station tower may be deleted if the rescue squad is dispatched by another agency, city or county public safety communications center.

- (2) tan backpacks
- 2** (1) basket litter
- (4) 15'x1" tubular nylon webbing
- 9** (1) splint kit, half-arm, half-leg, full-arm, full-leg

Extrication Equipment:

- (1) 12' tow chain
- (2) hacksaw frames
- (12) hacksaw blades
- (2) pairs of pliers, minimum of 8", slip-joint
- (1) pair of locking pliers
- (2) pairs of wire cutters with insulated grips
- (1) center punch
- (4) flat blade screwdrivers, assorted sizes
- (4) phillips screwdrivers, assorted sizes
- (1) seat belt cutter

- (1) pair of minimum of 8" tin snips
- (1) claw hammer
- (2) crescent wrenches
- (2) 24" pipe wrenches
- (2) axes, single butt, 4 lb. head
- (1) mattock
- (1) 18" bow saw
- (1) pair of 36" bolt cutters
- (1) 8 lb. sledge hammer
- (1) minimum of 14" chain saw
- (1) rounded point shovel (short handle)
- (1) rounded point shovel (long handle)
- (2) 1/2"x12" gooseneck wrecking bars
- (2) 1"x30" gooseneck wrecking bars
- (1) six (6) foot pry bar
- (1) minimum of 1 and 1/2 ton come-along
- (1) air chisel with extra tank
- (1) minimum of 10-ton portapower
- (1) minimum of 5-ton hydraulic jack
- (1) 36" hooligan tool
- (2) rescue pulleys
- (4) minimum of 50' sections of nylon rope
- (2) minimum of 150' x 1/2" static kernmantle rope
- (1) minimum of 8' straight ladder

Communications Equipment:

- 1** (4) portable (hand-held) radios
- 6**
- 9** (1) mobile radio with antenna per vehicle
- 1** (1) encoder
- 2** (1) base station radio w/ antenna
- 2** (1) base station radio tower

Miscellaneous Equipment:

- 1** (2) fire retardant blankets or salvage covers
- (2) 5 gallon gas cans, safety type
- (2) minimum of 10 lb. fire extinguishers, ABC rated
- 1** (1) minimum of 2.5 KVA portable generator
- 1** (1) minimum of 50' No. 10 Electrical extension cord, GFI equipped
- 1** (1) minimum of 100' No. 10 electrical extension cord, GFI equipped
- 1** (1) minimum of 100' No. 12 electrical extension cord, GFI equipped
- X**

**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
RESCUE SQUAD CUMULATIVE EQUIPMENT INVENTORY**

SPECIALITY: WATER RESCUE AND RECOVERY SQUAD MINIMUM EQUIPMENT INVENTORY

<p>___ (1) <i>vehicle dedicated to water rescue and recovery</i></p> <p><u>1</u> (1) <i>john boat, 16' or larger</i></p> <p><u>1</u> (1) <i>boat motor, minimum 15 HP</i></p> <p><u>1</u> (1) <i>boat trailer</i></p> <p><u>2</u> (2) <i>boat oars</i></p> <p>___ (1) <i>john boat, in excess of 19'</i></p> <p>___ (1) <i>boat motor, 25 HP</i></p> <p><u>2</u> (2) <i>marine type gas tanks</i></p> <p><u>1</u> (1) <i>boat anchor</i></p> <p>___ (1) <i>electronic depth finder</i></p> <p><u>5</u> (4) <i>Type III personal flotation devices (USCS approved)</i></p> <p><u>2</u> (2) <i>electric lanterns</i></p>	<p><u>4</u> (4) <i>buoy markers</i></p> <p><u>2</u> (2) <i>spot lights</i></p> <p><u>1</u> (1) <i>tool box</i></p> <p><u>1</u> (1) <i>flat blade screwdriver</i></p> <p><u>1</u> (1) <i>phillips screwdriver</i></p> <p>___ (1) <i>pair of pliers, minimum of 8", slip-joint</i></p> <p>___ (1) <i>pair of locking pliers</i></p> <p>___ (1) <i>pair of 18" bolt cutters</i></p> <p><u>1</u> (1) <i>bow saw</i></p> <p><u>4</u> (4) <i>pairs of rubberized gloves</i></p> <p><u>2</u> (2) <i>grappling irons or drag hooks</i></p> <p><u>1</u> (1) <i>body bag</i></p>	<p><u>1</u> (2) <i>pike poles or shepherd's hooks</i></p> <p><u>1</u> (2) <i>sections of minimum of 250'x 1/2" nylon or polypropylene rope</i></p> <p><u>2</u> (2) <i>throw bags with 50' nylon rope for each bag</i></p> <p>___ (2) <i>minimum of 250' line bags</i></p> <p><u>2</u> (2) <i>rescue pulleys</i></p> <p><u>1</u> (1) <i>full backboard</i></p> <p><u>1</u> (1) <i>first aid kit, 24 unit industrial type or equivalent</i></p> <p><u>2</u> (1) <i>basket litter</i></p> <p>___ (2) <i>signal lights</i></p> <p><u>2</u> (2) <i>flash lights</i></p>
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SPECIALITY: DIVE RESCUE AND RECOVERY SQUAD MINIMUM EQUIPMENT INVENTORY

<p>___ (2) <i>extra tanks per certified diver</i></p> <p>___ (1) <i>dry suit per certified diver</i></p> <p>___ (3) <i>dive flags</i></p> <p>___ (1) <i>underwater radio commo equipment per diver</i></p> <p>___ (1) <i>mask per certified diver</i></p> <p>___ (1) <i>knife per certified diver</i></p>	<p>___ (1) <i>pressure gauge per certified diver</i></p> <p>___ (1) <i>wet suit per certified diver</i></p> <p>___ (1) <i>snorkel per certified diver</i></p> <p>___ (1) <i>buoyancy compensator per certified diver</i></p> <p>___ (1) <i>weight belt per certified diver</i></p>	<p>___ (1) <i>depth gauge per certified diver</i></p> <p>___ (1) <i>waterproof flashlight per certified diver</i></p> <p>___ (1) <i>pair of fins per certified diver</i></p> <p>___ (1) <i>air tank per certified diver</i></p> <p>___ (1) <i>regulator per certified diver</i></p>
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SPECIALITY: CAVE RESCUE SQUAD MINIMUM EQUIPMENT INVENTORY

<p>___ (1) <i>vehicle dedicated to cave rescue</i></p> <p>___ (1) <i>basket litter</i></p> <p>___ (6) <i>rappelling helmets, UIAA approved with helmet head lamps</i></p> <p>___ (6) <i>sturdy caving packs</i></p> <p>___ (12) <i>rugged waterproof flashlights with extra batteries and bulbs</i></p> <p>___ (3) <i>field phones for underground communications</i></p> <p>___ (4000) <i>feet of field phone wire</i></p> <p>___ (1) <i>200'x 7/16" static kernmantle rope</i></p> <p>___ (4) <i>large "D" locking carabiners, steel</i></p> <p>___ (1) <i>figure "8" descender</i></p> <p>___ (12) <i>20'x1" tubular nylon webbing</i></p>	<p>___ (24) <i>minimum of 20'x1" tubular nylon webbing</i></p> <p>___ (6) <i>pairs of rappelling gloves</i></p> <p>___ (6) <i>rappelling, climbing seat or full body harnesses</i></p> <p>___ (2) <i>minimum of 300'x 1/2 " static kernmantle rope</i></p> <p>___ (2) <i>minimum of 200'x7/16" static kernmantle rope</i></p> <p>___ (2) <i>minimum of 300'x7/16" static kernmantle rope</i></p> <p>___ (1) <i>minimum of 200' of accessory cord</i></p> <p>___ (8) <i>rope bags</i></p> <p>___ (6) <i>rescue pulleys</i></p> <p>___ (6) <i>break bar rappel racks, six (6) bar type</i></p> <p>___ (20) <i>large "D" locking carabiners, steel</i></p> <p>___ (20) <i>large "D" offset locking carabiners, steel</i></p>	<p>___ (10) <i>extra large "D" offset locking carabiners, steel</i></p> <p>___ (18) <i>mechanical ascenders with Quick-attach safeties</i></p> <p>___ (4) <i>figure "8" descenders</i></p> <p>___ (1) <i>SKED stretcher or equivalent</i></p> <p>___ (2) <i>miles of field phone wire</i></p> <p>___ (3) <i>field phones for underground communications</i></p> <p>___ (2) <i>waterproofed first aid kits, 24 unit industrial type or equivalent</i></p> <p>___ (1) <i>splint kit, with half-arm, half-leg, full-arm, full-leg</i></p> <p>___ (1) <i>set assorted sizes of rigid or semi-rigid cervical collars</i></p> <p>___ (1) <i>Kendrick Extrication Device or Oregon spine splint or equivalent</i></p> <p>___ (3) <i>wool blankets or one (1) synthetic sleeping bag and vapor barrier</i></p>
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**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
RESCUE SQUAD CUMULATIVE EQUIPMENT INVENTORY**

SPECIALITY: HIGH ANGLE RESCUE SQUAD MINIMUM EQUIPMENT INVENTORY

<p>___ (1) <i>vehicle dedicated to high angle rescue</i></p> <p><u>1</u> (1) <i>basket litter</i></p> <p>___ (1) <i>200'x 7/16" static rope</i></p> <p>___ (4) <i>large "D" locking steel</i></p> <p><u>2</u> (1) <i>figure "8" descender with ears</i></p> <p><u>4</u> (4) <i>15'x1" tubular nylon webbing</i></p> <p>___ (4) repelling helmets, UIAA approved</p> <p>___ (12) minimum of 15'x1" tubular nylon webbing</p> <p>___ (4) pairs of rappelling gloves</p> <p>___ (4) helmet head lamps</p>	<p><u>2</u> (4) rappelling, climbing seat, or full body harnesses</p> <p>___ (4) rugged waterproof flashlights with extra batteries and bulbs</p> <p>___ (2) minimum of 300"x ½ " static kernmantle rope</p> <p><u>2</u> (2) minimum of 200'x7/16" static kernmantle rope</p> <p>___ (2) minimum of 300'x7/16" static kernmantle rope</p> <p>___ (6) rope bags</p> <p><u>3</u> (4) rescue pulleys</p> <p>___ (2) break bar rappel racks, six (6) bar type</p> <p><u>6</u> (10) large "D" locking carabiners, steel</p> <p>___ (10) large "D" offset locking carabiners, steel</p>	<p>___ (12) mechanical ascenders</p> <p><u>3</u> (4) figure "8" descenders with ears</p> <p><u>1</u> (1) SKED stretcher or equivalent</p> <p><u>1</u> (2) waterproofed first aid kits, 24 unit industrial type or equivalent</p> <p><u>1</u> (1) splint kit, with half-arm, half-leg, full-arm, full-leg</p> <p><u>1</u> (1) set assorted sizes of rigid or semi-rigid cervical collars</p> <p>___ (1) Kendrick Extrication Device or Oregon spine splint or equivalent</p> <p><u>3</u> (3) wool blankets or one (1) synthetic sleeping bag and vapor barrier</p>
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SPECIALITY: SEARCH DOG RESCUE SQUAD MINIMUM EQUIPMENT INVENTORY - PER PERSON

<p><u>1</u> (1) rescue vest</p> <p><u>1</u> (1) pair of leather gloves</p> <p><u>1</u> (1) pair of boots, lug soles</p> <p><u>1</u> (1) fanny pack or equivalent</p>	<p><u>1</u> (1) rescue helmet with headlamp</p> <p><u>3</u> (3) 1 quart canteens with belt</p>	<p><u>3</u> (3) flashlights with extra batteries</p> <p><u>1</u> (1) compass, 2 degree increments</p>
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SPECIALITY: SEARCH AND RESCUE SQUAD MINIMUM EQUIPMENT INVENTORY

<p>___ (1) vehicle dedicated to search and rescue</p> <p><u>1</u> (1) minimum of 2.5 KVA portable generator with lights</p> <p><u>x</u> (1) mobile radio with antenna</p>	<p><u>2</u> (1) basket litter</p> <p>___ Laminated topo maps of response area, 1:24,000</p> <p><u>1</u> (12) two-way portable (hand-radios)</p>	<p><u>2</u> (1) first aid kit, 24 unit industrial type or equivalent</p> <p><u>1</u> (12) rescue helmets with headlamps</p>
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PRIMARY RESCUE VEHICLE IDENTIFICATION

Unit 1:		
Make: _____	Model: _____	Rescue Specialty: _____
Year: _____	License Number: _____	Mileage: _____
Unit 2:		
Make: _____	Model: _____	Rescue Specialty: _____
Year: _____	License Number: _____	Mileage: _____
Unit 3:		
Make: _____	Model: _____	Rescue Specialty: _____
Year: _____	License Number: _____	Mileage: _____
Unit 4:		
Make: _____	Model: _____	Rescue Specialty: _____
Year: _____	License Number: _____	Mileage: _____
Unit 5:		
Make: _____	Model: _____	Rescue Specialty: _____
Year: _____	License Number: _____	Mileage: _____

**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
RESCUE SQUAD CUMULATIVE EQUIPMENT INVENTORY**

ADDITIONAL RESCUE SQUAD EQUIPMENT INVENTORY

List all additional rescue equipment owned by a rescue squad. (Use additional pages if needed.)

QUANTITY	DESCRIPTION OF EQUIPMENT ITEM	PURCHASED WITH RESCUE AID FUNDS? (Y/N)	KY EM ASSIGNED SERIAL NUMBER (IF APPLICABLE)
4	Garmin GPS		LJCEMA
4	BLS KIT	NO	
2	REEVE'S SLEEVE	NO	
2	HP 460 PRINTER / ink	NO	
3	HP LAPTOP WITH POWER POINT PROJECTOR	NO	
1	3000W Honda generator	Yes	coming
2	K-9 Trauma kits plus Bloat and O2 system	NO	
1	K-9 Decontamination kit for 12 dogs		LJCEMA
1	Human/K-9 rehab kit	NO	
3	Disaster marking kit	NO	
5	THROW BAG W/75 FOOT ROPE	NO	
20	AIO APRS trackers / GPS with Digi repeater	NO	
2	Yaesu FT 8800R	Yes	DMA00072520 12/ 7262012
2	ROCK & RESCUE K-9 HARNESS JC-1	NO	
1-1	NIGHT VISION , FLIR camera	NO/yes	LJCEMA
1	UNDERWATER CAMERA UV & IR	NO	
1	6 X 12 TRAILER	NO	
15	YAESU 2800/2900/8800	NO	
1	Commo Cube 400 INVERTER/APRS base system	NO	
4	VX 150 Yaesu.	NO	
2	CPR 2 MAN 2 CHILD RESCUE ANNIE	NO	
1	HP laptop	Yes	Coming
1	6X9 White Trailer LJCEMA's VIN	NO	1wc200c17110 94551
15	YAESU FT60R WITH EXT. ANT.	NO	

EQUIPMENT INVENTORY CERTIFICATION

I hereby certify that all equipment inventories are a true reflection and accurate statement of all equipment owned by the

_____ Jefferson Co Search Dog Association _____ as of 1-10-15 _____
NAME OF RESCUE SQUAD DATE

Inventory certified by: _____ DATE SIGNED _____
SIGNATURE OF LOCAL EM DIRECTOR

ATTACH A COMPLETED COPY OF ALL INVENTORY PAGES TO EACH RESCUE AID APPLICATION SUBMITTED.

COPIES OF PREVIOUSLY CONDUCTED INVENTORIES WILL NOT BE ACCEPTED.

ARTICLE-S OF INCORPORATION
OF
JEFFERSON COUNTY SEARCH DOG ASSOCIATION, INC.

0510406.09

John Y. Brown III
Secretary of State
Kosmos Certified
20071108 PM
Fee Receipt: \$8.00
openy - NA01

The undersigned Incorporator of the Jefferson County Search Dog Association, Inc. does hereby form a corporation under the laws of the State of Kentucky pursuant to Chapter 273 of Kentucky section 273.161 et seq. and does certify as follows:

ARTICLE I

The name of the organization is: Jefferson County Search Dog Association, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

Jefferson County Search Dog Association shall operate under the Kentucky Revised Statute Chapter 39F .030 through .040 .

ARTICLE IV

The objects and purposes of this organization are to provide, as a benefit to the public, qualified search dogs and handlers with the ability to search for lost, over due, or incapacitated persons, at the request of any official agency, day or night, under any and all conditions where search dogs can effectively operate. To develop and improve squad capabilities to ensure competent and capable search dog teams and to promote a greater appreciation and understanding of the utilization of search dogs for land and water searches.

ARTICLE V

The principle place of business of the organization is Jefferson County Search Dog Association, Inc., Paul W. Dixon 8004 Smyrna Pkwy, Louisville, Jefferson County, Kentucky 40228 and the resident agent of the corporation is Paul W. Dixon. The registered office address will be the same as the principle address.

ARTICLE VI

The corporation shall not be operated for profit and no part of any profits or remainder or residue from dues or donations to the organization shall inure to the benefit of any member or individual.

ARTICLE VII

There shall be no limit of indebtedness which the corporation may at any time incur.

JEFFERSON COUNTY SEARCH DOG ASSOCIATION, INC.

General Information

Organization Number	0510406
Name	JEFFERSON COUNTY SEARCH DOG ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	2/9/2001
Organization Date	2/9/2001
Last Annual Report	1/29/2015
Principal Office	8004 SMYRNA PKWY. LOUISVILLE, KY 40228
Registered Agent	PAUL W. DIXON 8004 SMYRNA PKWY. LOUISVILLE, KY 40228

Current Officers

President	<u>Pam Peppers</u>
Secretary	<u>Christine Hahn</u>
Treasurer	<u>Holly Hatfield</u>
Director	<u>Holly Hatfield</u>
Director	<u>Pam Peppers</u>
Director	<u>Ronnie Hogan</u>
Director	<u>Christine Hahn</u>

Individuals / Entities listed at time of formation

Director	<u>PAUL W DIXON</u>
Director	<u>TOM SPALDING</u>
Director	<u>CINDY TINDALL</u>
Director	<u>TERRY COX FIEDLER</u>
Incorporator	<u>PAUL W DIXON</u>

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.

<u>Annual Report</u>	1/29/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	1/30/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	1/3/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	2/5/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	2/3/2011	1 page	<u>PDF</u>
<u>Annual Report</u>	2/3/2010	1 page	<u>PDF</u>

Helton, Jessamyn

From: Peden, James
Sent: Friday, August 07, 2015 2:13 PM
To: Helton, Jessamyn
Subject: Jefferson County Search Dogs Association NDF

Ms. Helton,

John Torsky has my permission to sign my name to the Jefferson County Search Dogs Association NDF.

Thank you,
James Peden