

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

Applicant/Program: Indian Hills Tree Planting Program
Applicant Requested Amount: \$6,000.00
Appropriation Request Amount: \$6,000.00

Executive Summary of Request
Funding is requested to help replenish the tree canopy in the City of Indian Hills. The funding will be used to purchase trees.

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.

 See Next Page
District # Primary Sponsor 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
Final Appropriations Amount: _____

Applicant/Program:


Additional Disclosure and Signatures

Additional Council Office Disclosure

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

N/A

Council Member Signature and Amount

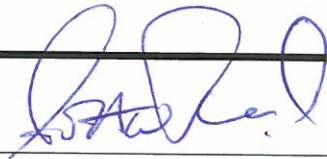
| | | |
|-------------|---|-------------|
| District 1 | _____ | \$ _____ |
| District 2 | _____ | \$ _____ |
| District 3 | _____ | \$ _____ |
| District 4 | _____ | \$ _____ |
| District 5 | _____ | \$ _____ |
| District 6 | _____ | \$ _____ |
| District 7 |  | \$ 3,000.00 |
| District 8 | _____ | \$ _____ |
| District 9 | _____ | \$ _____ |
| District 10 | _____ | \$ _____ |
| District 11 | _____ | \$ _____ |
| District 12 | _____ | \$ _____ |
| District 13 | _____ | \$ _____ |
| District 14 | _____ | \$ _____ |
| District 15 | _____ | \$ _____ |

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

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



| | | |
|-------------|-------|-------------|
| District 16 | _____ | \$ 3,000.00 |
| District 17 | _____ | \$ _____ |
| District 18 | _____ | \$ _____ |
| District 19 | _____ | \$ _____ |
| District 20 | _____ | \$ _____ |
| District 21 | _____ | \$ _____ |
| District 22 | _____ | \$ _____ |
| District 23 | _____ | \$ _____ |
| District 24 | _____ | \$ _____ |
| District 25 | _____ | \$ _____ |
| District 26 | _____ | \$ _____ |

Hinson, Erin

From: Reed, Scott
Sent: Wednesday, September 13, 2017 12:18 PM
To: Carroll, Debbie
Cc: Haag, Steve; Leet, Angela; Hinson, Erin
Subject: Re: Phone Call with CW Leet - Indian Hills NDF

I spoke with CW Leet. District 16 is in for \$3000. The trees will be evenly distributed through Indian Hills and between the districts. I intend to be at the Oct 7 drawing for the trees held during their Fall festival.

On Sep 13, 2017, at 10:05 AM, Carroll, Debbie <Debbie.Carroll@louisvilleky.gov> wrote:

Scott,

Per Erin Hinson, CW Leet would like to schedule a time to speak to you by phone today. She is sponsoring an NDF for a tree planting initiative in the city of Indian Hills. If I understood Erin correctly, the city has lost numerous trees to the emerald ash borer. The cost will be shared by the city, residents, Metro Council District 7 and District 16 if you wish to participate. CW Leet has informed Indian Hills that this is a one time event/funding. She is contributing \$3,000. If you do not participate, I believe she will request that the trees be planted in the District 7 area only. I do believe this is a capital expense, if you wish to participate. CW Leet can provide more details/specifics.

Is there a good time for you to speak with her today? Thanks.

Debbie

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

| | |
|---|------------------------------------|
| Legal Name of Applicant Organization | City of Indian Hills |
| Program Name and Request Amount | Indian Hills Tree Planting Program |
| | Yes/No/NA |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | <input type="text" value="No"/> |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | <input type="text" value="Yes"/> |
| Is the proposed public purpose of the program viable and well-documented? | <input type="text" value="Yes"/> |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | <input type="text" value="Yes"/> |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | <input type="text" value="Yes"/> |
| Has prior Metro Funds committed/granted been disclosed? | <input type="text" value="Yes"/> |
| Is the application properly signed and dated by authorized signatory? | <input type="text" value="Yes"/> |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | <input type="text" value="Yes"/> |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | <input type="text" value="Yes"/> |
| Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? | <input type="text" value="N/A"/> |
| Is the current Fiscal Year Budget included? | <input type="text" value="Yes"/> |
| Is the entity's board member list (with term length/term limits) included? | <input type="text" value="Yes"/> |
| Is recommended funding less than 33% of total agency operating budget? | <input type="text" value="Yes"/> |
| Does the application budget reflect only the revenue and expenses of the project/program? | <input type="text" value="Yes"/> |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | <input type="text" value="Yes"/> |
| Is the most recent annual audit (if required by organization) included? | <input type="text" value="Yes"/> |
| Is a copy of Signed Lease (if rent costs are requested) included? | <input type="text" value="N/A"/> |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | <input type="text" value="N/A"/> |
| Are the Articles of Incorporation of the Agency included? | <input type="text" value="Yes"/> |
| Is the IRS Form W-9 included? | <input type="text" value="Yes"/> |
| Is the IRS Form 990 included? | <input type="text" value="N/A"/> |
| Are the evaluation forms (if program participants are given evaluation forms) included? | <input type="text" value="N/A"/> |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | <input type="text" value="N/A"/> |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | <input type="text" value="N/A"/> |
| Prepared by: | Date: Sep 29, 2017 |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|---|----------------------|---|---------------------------|
| Legal Name of Applicant Organization: The City of Indian Hills <i>(as listed on: http://www.sos.ky.gov/business/records)</i> | | | |
| Main Office Street & Mailing Address: PO Box 6289, Louisville, KY 40206 | | | |
| Website: indianhillsky.org | | | |
| Applicant Contact: | Chip Hancock | Title: | Mayor |
| Phone: | 502-893-1375 | Email: | CHancock@republicbank.com |
| Financial Contact: | Robin Roberts | Title: | Treasurer |
| Phone: | 502-228-6000 | Email: | reroberts7509@gmail.com |
| Organization's Representative who attended NDF Training: Robin Roberts | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | City of Indian Hills | | |
| Council District(s): | 7 & 16 | Zip Code(s): | 40207 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: Indian Hills Tree Program | | | |
| Total Request: (\$) | 6,000 | Total Metro Award (this program) in previous year: (\$) | |
| Purpose of Request (check all that apply): | | | |
| <input 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 checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense | | Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | | 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:

The City of Indian Hills is a community of just under 1,200 homes and 2,900 citizens, located in Jefferson County, Kentucky, approximately seven miles northeast of downtown Louisville. Indian Hills is a Home Rule City as authorized by the Commonwealth of Kentucky legislature. The City of Indian Hills was formed in 1999 as the result of a public referendum held in the contiguous cities of Indian Hills - Cherokee, Indian Hills - Country Club, Robinswood, and Winding Falls.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
|---------------------------------------|---------------|
| Chip Hancock - Mayor | |
| Sandra Carroll - Councilmember | |
| Joel Deming - Councilmember | |
| Frank Doheny - Councilmember | |
| Laura Dunbar - Councilmember | |
| Thomas O. Eifler, Sr. - Councilmember | |
| Lee K. Garlove - Councilmember | |
| James Giesel - Councilmember | |
| Steve Gruebbel - Councilmember | |
| Bruce Madison - Councilmember | |
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Describe the Board term limit policy:

The city has no term limit policy. Term limits are determined by the voters and the ballot box.

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------------|
| <i>K. Spratt</i> | <i>\$ 78,520.00</i> |
| <i>C. Shrout</i> | <i>\$ 60,320.00</i> |
| <i>M. Coin</i> | <i>\$ 60,320.00</i> |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The Indian Hills Tree Program (IHTP) will provide thirty (30) canopy trees, equally as demand exists across the four (4) sections of Indian Hills which include Cherokee, Indian Hills – Country Club, Robinswood and Winding Falls. We anticipate a large response and realize the initial number of trees requested may exceed the number of residents wanting a tree. Through a lottery drawing on Oct. 1 we will choose five (5) residents from each of the four (4) sections of Indian Hills to receive a tree to be planted.

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

Funding will be used to purchase 30 canopy trees

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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:

Increasing the Tree canopy will improve our air quality by filtering harmful dust and pollutants such as ozone, carbon monoxide, and sulfur dioxide from the air we breathe. Planting these trees will also help to reduce the amount of storm water runoff, which can help with erosion and pollution in our waterways.

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 City of Indian Hills is working with Mike Hayman, who is a certified arborist, to help identify the types of trees to be planted. The City of Indian Hills is also working with a dedicated group of unelected citizens within the city to administer the program.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

| Program/Project Expenses | Column 1 | Column 2 | Column (1+2)=3 |
|---|----------------------|-----------------|----------------|
| | Proposed Metro Funds | Non-Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | | |
| B: Rent/Utilities | | | |
| C: Office Supplies | | | |
| D: Telephone | | | |
| E: In-town Travel | | | |
| F: Client Assistance (See Detailed List on Page 8) | | | |
| G: Professional Service Contracts | | | |
| H: Program Materials | | | |
| I: Community Events & Festivals (See Detailed List on Page 8) | | | |
| J: Machinery & Equipment | | | |
| K: Capital Project | \$6,000.00 | \$6,000.00 | \$12,000.00 |
| L: Other Expenses (See Detailed List on Page 8) | | | |
| *TOTAL PROGRAM/PROJECT FUNDS | \$6,000.00 | \$6,000.00 | \$12,000.00 |
| % of Program Budget | % | % | 100% |

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

| | |
|---|-------------------|
| Other State, Federal or Local Government | \$3,000.00 |
| United Way | |
| Private Contributions (do not include individual donor names) | |
| Fees Collected from Program Participants | \$3,000.00 |
| Other (please specify) | |
| Total Revenue for Columns 2 Expenses ** | \$6,000.00 |

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary) | Column 1 | Column 2 | Column (1 + 2)=3 |
|---|----------------------------|------------------------|---------------------|
| | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| | | | |
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| | | | |
| Total | | | |

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 |
|---|-----------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| <p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p> | | |

* 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:

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

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

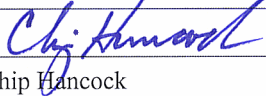
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

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: | September 25, 2017 |
| Legal Signatory: (please print): | Chip Hancock | Title: | Mayor |
| Phone: | 502-893-1375 | Extension: | |
| Email: | chancock@republicbank.com | | |

Sept 20th, 2017

Invoice No. 1751

| DESCRIPTION | QTY | UNIT PRICE | SUB TOTAL |
|---|-----|------------|-------------|
| Plant, Mulch, Install deer protection/water bag and Stake (if needed); 2" balled and burlapped trees from Snow Hill Nursery | 30 | \$300.00 | \$9000.00 |
| *price includes cost of tree, mulch, water bag deer protection, and stake* | | | |
| Pickup and Transport of Plant Material from Snow Hill Nursery | 4 | \$50.00 | \$200.00 |
| Tree Consultation with Homeowner by Mike Hayman | 30 | \$75.00 | \$2250.00 |
| Tree Identification Tag | 30 | \$22.00 | \$660.00 |
| GRAND TOTAL | | | \$12,110.00 |

PAYMENT TERMS

To be made payable to Robert Woodford

ADDRESS

3110 Lexington Rd., Carriage House, 40206

APPROVED BY

Robert Woodford
by phone 10:59 AM 9-25

NAME

FOR *Turner Hill Tree Program*

DATE

9-25-17
Proposal good 45 days

by: *Bob C. Adams*

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.

| | |
|---|---|
| Name (as shown on your income tax return) City of Indian Hills | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Other (see instructions) ▶ Municipality | |
| <input checked="" type="checkbox"/> Exempt payee | |
| Address (number, street, and apt. or suite no.) P. O. Box 6289 | Requester's name and address (optional) |
| City, state, and ZIP code Louisville, KY 40206-0289 | |
| List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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 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).

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 4.

| | | |
|------------------|----------------------------|----------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 1/13/16 |
|------------------|----------------------------|----------------|

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

COMMONWEALTH OF KENTUCKY
REVENUE CABINET
FRANKFORT
40620

October 2, 2001

CITY OF INDIAN HILLS
ATTN: KELLY SPRATT
3738 RIVER ROAD
LOUISVILLE KY 40207

LOCATION ADDRESS:

3738 RIVER ROAD
LOUISVILLE KY 40207-

GOVERNMENTAL EXEMPTION AUTHORIZATION: [REDACTED]

EFFECTIVE DATE: 07/31/1991

SUBJECT: CITY GOVERNMENT EXEMPTION FROM KENTUCKY SALES AND USE TAX

Based on information submitted in your Application for Purchase Exemption -- Sales and Use Tax, you are hereby authorized to purchase tangible personal property, or services, including utilities, without paying or reimbursing the vendor for the sales or use tax with respect to such purchases. A copy of this letter should be presented to the vendor to be retained as authorization to make such exempt sales.

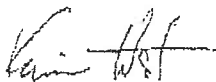
Every vendor making such sales must require an official or an employee exercising comparable authority within the city government department listed above to sign and acknowledge in writing on a copy of the invoice that the sale and delivery of the property was actually made to a unit of the city government. The invoice shall be retained by the vendor as documentary evidence in support of the deduction of the sale from gross receipts on the vendor's sales and use tax return. For proper reporting, the vendor must deduct receipts from these exempt sales on Line 6 of the sales and use tax return.

If any of the property or service is not used for an exempt purpose, the purchaser will be required to pay any tax due on purchases made tax-free under this exemption.

Any official or employee of a unit of federal, state, or local government who uses their position to make tax-free purchases for their own personal use, or for that of any other person, will be subject to the penalties provided in KRS 139.990 and other applicable laws.

In the event there is a change in your name, address, or operations from the information submitted in your application, you must notify the Revenue Cabinet in writing of the change immediately.

For additional information, please write: Revenue Cabinet, Sales and Use Tax Section, Station 53, PO Box 181, Frankfort, KY 40602-0181. Phone 502-364-5170.



Kevin West, Unit Supervisor
Sales and Use Tax Section
Division of Compliance and Taxpayer Assistance

CITY OF INDIAN HILLS

MUNICIPAL ORDER 06-06

A MUNICIPAL ORDER RELATING TO A PARTNERSHIP WITH
LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT ON
CAPITAL IMPROVEMENTS

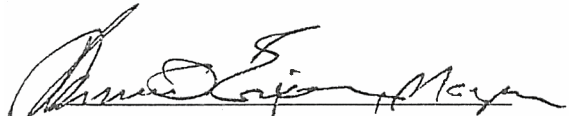
WHEREAS, the Louisville/ Jefferson County Metro Government Council has enacted its Ordinance No. 110, Series 2006, Section 97.100 of the Louisville/Jefferson County Metro Government Code of Ordinances [LMCO] establishing a Metro Partnership Program with Suburban Cities for a Capital Improvement Program [the "Program"]; and

WHEREAS, the City of INDIAN HILLS (the "City") wishes to participate in the Program pursuant to LMCO 97.100(F).

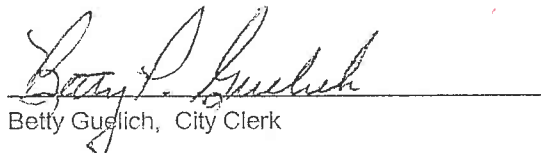
NOW, THEREFORE, BE IT ORDERED BY THE CITY OF INDIAN HILLS AS FOLLOWS:

1. The City hereby elects to participate in the Program for capital projects which are authorized by LMCO 97.100.
2. The City agrees to construct projects funded in whole or in part by the Program in accordance with standards established in compliance with LMCO 97.100.
3. That each such project shall be subject to the approval of the City Council of the City of INDIAN HILLS.

Adopted at a regular meeting of the City Council of the City of INDIAN HILLS on September 11, 2006.


Thomas O. Eifler, Sr., Mayor

ATTEST:


Betty Guelich, City Clerk

CITY OF INDIAN HILLS
ORDINANCE NO. 2, SERIES 2017

AN ORDINANCE RELATING TO THE ADOPTION OF AN ANNUAL
BUDGET FOR THE CITY OF INDIAN HILLS FOR THE FISCAL
YEAR BEGINNING JULY 1, 2017 AND ENDING JUNE 30, 2018,
ESTIMATING REVENUES AND RESOURCES AND APPROPRIATING
FUNDS FOR THE OPERATION OF CITY GOVERNMENT

WHEREAS an Annual Budget proposal and Message has been prepared and delivered to the City Council, and

WHEREAS the City Council has reviewed such budget proposal and made necessary modifications, now, therefore,

BE IT ORDAINED BY THE CITY OF INDIAN HILLS:

SECTION 1. The annual budget for the fiscal year beginning July 1, 2017 and ending June 30, 2018, is hereby adopted as follows:

| | General Fund | Road Aid Fund |
|--|------------------|-----------------|
| Resources available: | | |
| Fund balance carried forward | 2,140,000 | 45,000 |
| Estimated revenues: | | |
| Property tax - gross | 1,300,000 | |
| Less discounts | <u>-260,000</u> | |
| Net property tax | 1,040,000 | |
| Insurance fees | 360,000 | |
| Bank franchise deposit tax | 18,000 | |
| Telecommunication fees | 15,700 | |
| Interest income | 12,000 | |
| Municipal Aid Program | | 57,000 |
| Permit & other income | <u>6,000</u> | |
| Total estimated revenues | <u>1,451,700</u> | <u>57,000</u> |
| Total estimated resources available for appropriation | 3,591,700 | 102,000 |
| Estimated appropriations: | | |
| Police protection | 666,300 | |
| Waste removal | 188,800 | |
| Parks/landscaping | 155,000 | |
| Snow removal/street clearing | | 30,000 |
| Utilities/street lighting | 7,000 | 45,000 |
| Resident programs | 30,000 | |
| Road maintenance | | 15,000 |
| Annual sweep fee | | |
| Street signs | | 3,000 |
| Infrastructure | | 175,000 |
| Professional fees | 128,000 | |
| PVA tax processing fee | 33,500 | |
| Insurance/bonds | 6,500 | |
| General administration | <u>12,500</u> | |
| Total estimated appropriations | <u>1,227,600</u> | <u>268,000</u> |
| Estimated excess of resources over appropriations | <u>2,364,100</u> | <u>-166,000</u> |
| Anticipated interfund transfers | <u>-220,000</u> | <u>220,000</u> |
| Estimated fund balances at end of fiscal year | 2,144,100 | 54,000 |

SECTION 2. This ordinance shall take effect upon its passage, signing and publication as required by law.

Introduction and first reading held May 18, 2017. Second reading, passed and approved on June 15, 2017. The roll call vote of the Council follows:

| Council | Yea | Nay |
|--------------|--------|-----|
| Ms. Carroll | √ | — |
| Mr. Deming | √ | — |
| Mr. Doheny | √ | — |
| Ms. Dunbar | Absent | — |
| Mr. Eifler | √ | — |
| Mr. Garlove | Absent | — |
| Mr. Giesel | √ | — |
| Mr. Gruebbel | Absent | — |
| Mr. Madison | √ | — |

CS/
Chip Hancock, Mayor

ATTEST:

CS/
Donna M. Sinkhorn, City Clerk

| Statement of Activities | General Fund | | Road Fund | Total | General Fund | | Road Fund | Total |
|--------------------------------|--------------|------------|------------|--------------|--------------|------------|------------|--------------|
| | FY17 | FY17 | FY17 | FY17 | FY16 | FY16 | FY16 | FY16 |
| Expenses | | | | | | | | |
| Grants | \$ 26,912 | \$ - | \$ - | \$ 26,912 | \$ - | \$ - | \$ - | \$ - |
| Administration | \$ 179,575 | \$ - | \$ - | \$ 180,575 | \$ 127,612 | \$ - | \$ - | \$ 128,612 |
| Resident provided services | \$ 220,297 | \$ - | \$ - | \$ 220,297 | \$ 195,091 | \$ - | \$ - | \$ 195,091 |
| Police | \$ 769,497 | \$ - | \$ - | \$ 769,497 | \$ 887,684 | \$ - | \$ - | \$ 887,684 |
| Public works | \$ 206,377 | \$ 113,971 | \$ 113,971 | \$ 320,348 | \$ 149,817 | \$ 190,346 | \$ 190,346 | \$ 340,163 |
| Net unrealized investment loss | \$ 5,090 | \$ - | \$ - | \$ 5,090 | \$ 148 | \$ - | \$ - | \$ 148 |
| Depreciation expense | \$ 105,515 | \$ - | \$ - | \$ 105,515 | \$ 95,082 | \$ - | \$ - | \$ 95,082 |
| Total expenses | \$ 1,513,264 | \$ 113,971 | \$ 113,971 | \$ 1,628,234 | \$ 1,455,433 | \$ 190,346 | \$ 190,346 | \$ 1,646,779 |

| Revenues | | | | | | | | |
|------------------------|--------------|-----------|-----------|--------------|--------------|-----------|-----------|--------------|
| Property taxes | \$ 1,045,078 | \$ - | \$ - | \$ 1,045,078 | \$ 1,045,401 | \$ - | \$ - | \$ 1,045,401 |
| Interlocal agreements | \$ 146,736 | \$ - | \$ - | \$ 146,736 | \$ 227,498 | \$ - | \$ - | \$ 227,498 |
| Municipal road aid | \$ - | \$ 57,626 | \$ 57,626 | \$ 57,626 | \$ - | \$ 57,094 | \$ 57,094 | \$ 57,094 |
| Interest income | \$ 19,178 | \$ - | \$ - | \$ 19,178 | \$ 17,221 | \$ - | \$ - | \$ 17,221 |
| Insurance & cable fees | \$ 357,554 | \$ - | \$ - | \$ 357,554 | \$ 402,552 | \$ - | \$ - | \$ 402,552 |
| Other income | \$ 73,597 | \$ - | \$ - | \$ 73,597 | \$ 63,191 | \$ - | \$ - | \$ 63,191 |
| Total general revenues | \$ 1,642,142 | \$ 57,626 | \$ 57,626 | \$ 1,699,769 | \$ 1,755,863 | \$ 57,094 | \$ 57,094 | \$ 1,812,957 |

Change in net position \$ 128,879 \$ (56,344) \$ 71,534 \$ 300,429 \$ (133,252) \$ 166,177

Net position, beginning of year \$ 2,588,186 \$ 2,422,009

Net position, end of year \$ 2,659,721 \$ 2,588,186

Statement of Net Position

Assets

| | General Fund FY17 | Road Fund FY17 | Total FY17 | General Fund FY16 | Road Fund FY16 | Total FY16 |
|-----------------------------------|----------------------|-------------------|---------------|----------------------|-------------------|---------------|
| Cash & cash equivalents | \$ 1,071,874 | \$ 24,374 | \$ 1,096,248 | \$ 1,023,411 | \$ 109,101 | \$ 1,132,513 |
| Insurance fees receivable & other | \$ 93,719 | \$ - | \$ 93,719 | \$ 102,585 | \$ 0 | \$ 102,585 |
| Prepaid expenses | \$ 2,696 | \$ - | \$ 2,696 | \$ 4,024 | \$ 12,200 | \$ 16,224 |
| Investments | \$ 1,275,924 | \$ - | \$ 1,275,924 | \$ 1,267,452 | \$ - | \$ 1,267,452 |
| Capital assets, net | \$ 1,229,828 | \$ - | \$ 1,229,828 | \$ 1,102,689 | \$ - | \$ 1,102,689 |
| Total assets | \$ 3,674,041 | \$ 24,374 | \$ 3,698,415 | \$ 3,500,161 | \$ 121,301 | \$ 3,621,462 |

Deferred Outflows of Resources

| | | | | | | |
|---|------------|------|------------|------------|------|------------|
| Deferred amount on pension plan contributions | \$ 192,179 | \$ - | \$ 192,179 | \$ 145,468 | \$ - | \$ 145,468 |
|---|------------|------|------------|------------|------|------------|

Liabilities

| | | | | | | |
|---|--------------|------|--------------|--------------|-----------|--------------|
| Accounts payable | \$ 40,853 | \$ - | \$ 40,853 | \$ 28,335 | \$ 59,677 | \$ 88,012 |
| Accrued wages, taxes, vacation & sick pay | \$ 57,452 | \$ - | \$ 57,452 | \$ 62,097 | \$ - | \$ 62,097 |
| Refundable building deposits | \$ 146,900 | \$ - | \$ 146,900 | \$ 83,150 | \$ - | \$ 83,150 |
| Net pension liability | \$ 1,031,078 | \$ - | \$ 1,031,078 | \$ 908,649 | \$ - | \$ 908,649 |
| Total liabilities | \$ 1,276,282 | \$ - | \$ 1,276,282 | \$ 1,082,231 | \$ 59,677 | \$ 1,141,908 |

Deferred Inflows of Resources

| | | | | | | |
|---|-------------|------|-------------|-----------|------|-----------|
| Deferred amount related to pension plan | \$ (45,409) | \$ - | \$ (45,409) | \$ 36,835 | \$ - | \$ 36,835 |
|---|-------------|------|-------------|-----------|------|-----------|

Net Position

| | | | | | | |
|--|--------------|-----------|--------------|--------------|-----------|--------------|
| Investment in capital assets | \$ 1,113,568 | \$ - | \$ 1,113,568 | \$ 982,637 | \$ - | \$ 982,637 |
| Restricted capital assets for the use of the police department | \$ 116,259 | \$ - | \$ 116,259 | \$ 120,051 | \$ - | \$ 120,051 |
| Unrestricted | \$ 1,405,519 | \$ 24,374 | \$ 1,429,893 | \$ 1,423,873 | \$ 61,624 | \$ 1,485,498 |
| Total net position | \$ 2,635,347 | \$ 24,374 | \$ 2,659,721 | \$ 2,526,562 | \$ 61,624 | \$ 2,588,186 |

Kentucky Secretary of State Alison Lundergan Grimes

Secretary of State / Administration / Land Office / Kentucky Cities

Land Office

Indian Hills, Kentucky

Search Again
 Class (ending Dec. 31, 2014): 4
 Class (effective Jan. 1, 2015): Home Rule
 Status: Active
 Incorporated: 1941-12-15
 County: Jefferson
 Area Development: KIPDA
 County Seat: No
 Merger Date: 1999-11-02
 Form Of Government: Mayor - Council
 Type of Election (City Officials): Non-Partisan
 City Waives Primary Election (City Officials): Yes

There are no pictures for Indian Hills, Kentucky.
 Post one on our website today. [Click Here.](#)

Interactive Map (Courtesy Kentucky Geography Network)

Notes: On November 12, 1999, the Jefferson County Board of Elections certified the returns of the election held November 2, 1999, that merged Indian Hills-Cherokee, Indian Hills-Country Club, Robinswood, & Winding Falls into one city to be known as the City of Indian Hills to be operated under the Mayor-Council form of government. Declaration of Reclassification states city was re-incorporated in 1999. (Re-incorporation documents were not filed with the office of Secretary of State.)

City Links:
[ADD Website](#)
[County Website](#)

County Links:
[Jefferson County Clerk](#)
[Jefferson County Genealogy](#)
[Jefferson County History & Genealogy](#)
[Jefferson County PVA](#)
[Jefferson County Sheriff](#)

Population Estimates:

1990: 1089
 1991: 1107
 1992: 1133
 1993: 1140
 1994: 1137
 1995: 1134
 1996: 1127
 1997: 1126
 1998: 1126
 1999: 1152
 2000: 2892
 2001: 2915
 2002: 2937
 2003: 2967

*Compiled by the Ky. State Data Center. Population Estimates may change as city boundaries are adjusted.

Mayor: Thomas Eifler
 Meeting Times: 3rd Thu 6:00pm
 Office Hours: No Regular Hours
 Website: www.indianhillssky.org

| | | | | |
|----------------------------------|-------------|-------------|-------------|-------------|
| U.S. Decennial Census (April 1): | 2000: 2,882 | 1990: 2,986 | 1980: 2,099 | 1970: 1,182 |
|----------------------------------|-------------|-------------|-------------|-------------|

Current Filings (KRS 81.045 to present date)

| Date Filed | Type | Ordinance | Map Status | Notes |
|------------|---|---------------------------|------------|---|
| 2016-05-19 | Population Estimate | | | U. S. Census Bureau Population Estimate as of July 1, 2015: 2,959 |
| 2015-05-21 | Population (2010) | | | Population Total per 2010 U.S. Decennial Census: 2,868 |
| 2014-12-03 | Declaration (TIFF) (PDF) | pursuant to HB 331 (2014) | | Acknowledgment of Reclassification (Home Rule), Statement of Form of Government (Mayor-Council), Name of City, & Year of Incorporation |
| 2014-12-01 | Declaration (fax) (TIFF) (PDF) | pursuant to HB 331 (2014) | | Acknowledgment of Reclassification (Home Rule), Statement of Form of Government (Mayor-Council), Name of City, & Year of Incorporation |
| 2013-07-15 | Notification of City Merger (TIFF) (PDF) | | | Merger of Indian Hills-Cherokee, Indian Hills-Country Club, Robinswood, & Winding Falls into one city to be known as the City of Indian Hills. Documents provided by LOJIC. |

| Date Filed | Type | Ordinance | Map Status | Notes |
|------------|--------------------------------------|------------------------|------------|--|
| 2003-09-16 | Revised Census Totals (Apr. 1, 2000) | U.S. Dept. of Commerce | | Population: 2887; Housing Units: 1158 |
| 2000-04-26 | Reclassification | Senate Bill 113 | | Transferred from 5th to 4th class |
| 2000-02-10 | Resignation & Appointment | | | Mayor & City Council (due to city mergers) |
| 1984-10-03 | Annexation | Ord. #3, Series 1984 | MAPPABLE | |
| 1981-09-16 | KRS 81.045 Filing | | MAPPABLE | Duplicate Filing |
| 1981-05-05 | KRS 81.045 Filing | | MAPPABLE | |

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Kentucky Unbridled Spirit