

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

**Applicant/Program:** Grandin Woods Residents Association/ Security and Sound Barrier Fence Project  
**Applicant Requested Amount:** \$7500  
**Appropriation Request Amount:** \$7500

**Executive Summary of Request**  
This funding will assist the Grandin Woods Residents Association with the removal and replacement of a fence that provides a barrier between the neighborhood and Interstate 64. The funds will also be used for tree trimming and tree removal costs associated with replacing the fence.

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.

18      *Marilyn Parker*      7500\$      10/17/19  
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:**

Grandin Woods Residents Association/ Security and Sound Barrier Fence Project

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1 \_\_\_\_\_ \$ \_\_\_\_\_  
District 2 \_\_\_\_\_ \$ \_\_\_\_\_  
District 3 \_\_\_\_\_ \$ \_\_\_\_\_  
District 4 \_\_\_\_\_ \$ \_\_\_\_\_  
District 5 \_\_\_\_\_ \$ \_\_\_\_\_  
District 6 \_\_\_\_\_ \$ \_\_\_\_\_  
District 7 \_\_\_\_\_ \$ \_\_\_\_\_  
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 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

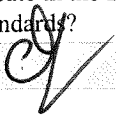
District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Grandin Woods Residents Association

**Program Name and Request Amount** Security and Sound Barrier Fence Project/ \$7500

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Prepared by: Chris Lewis 

Date: 10/17/19

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Grandin Woods Residents Association, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1500 Grandin Woods Court			
<b>Website:</b> N/A			
<b>Applicant Contact:</b>	Mark Stowers	<b>Title:</b>	President
<b>Phone:</b>	(502)498-6129	<b>Email:</b>	mstowers@twc.com
<b>Financial Contact:</b>	Nancy Schafer	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502)595-7479	<b>Email:</b>	nancyschafer33@gmail.com
<b>Organization's Representative who attended NDF Training:</b> Leslie Olson (Secretary)			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Grandin Woods Court, between subdivision and I-64		
<b>Council District(s):</b>	District 18	<b>Zip Code(s):</b>	40299, 40223
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Security and Sound Barrier fence replacement project			
<b>Total Request: (\$)</b>	7,500	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		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	
<b>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.</b>			
<b>Source:</b>	none	<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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 type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The Grandin Woods Residents Association is a homeowners association whose primary services and activities include common property maintenance and enforcement of deed restrictions established by the developer in 1994. Property maintenance includes lawn mowing, entrance landscaping, and fence repair or replacement. Income to support these services comes from an annual assessment from homeowners. The current assessment is \$360/yr. per homeowner.

An annual meeting is held every February for all members (homeowners) for the primary purpose of electing officers, and approving the annual budget. An occasional neighborhood yard sale event, or landscape 'clean-up event are included as activities to engage the community. Regular communication with residents is primarily through email updates or newsletters.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Mark Stowers - President	Feb. 2021
Michelle Heuser - Vice President	Feb. 2021
Nancy Schafer - Treasurer	Feb. 2021
Leslie Olson - Secretary	Feb. 2021

**Describe the Board term limit policy:**

Board of Directors and officers serve a two year term, with no limit to the number of terms that can be served. All Board members are volunteers contributing time and talent to Grandin Woods operations.

Three Highest Paid Staff Names	Annual Salary
No paid staff	

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 project is to replace an 8ft. wooden fence that was constructed in 1994. In the last 25 years, only maintenance repairs have taken place, and the condition has deteriorated such that it needs to be replaced. Before that can take place, trees that are leaning on the back side of the fence need to be removed (estimate of \$3000 for removal/clearing attached). The estimate for replacing the fence is \$11,390 (also including a fee for removal/disposal of existing fence) is also attached.

The timing for this project is Oct. 15, 2019 - June 30, 2020. There are three phases anticipated:

- 1) Begin tree work in the Fall of 2019
- 2) Removal of existing fence (Spring 2020)
- 3) New fence construction (Spring 2020)

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

Funding will be spent to defray the total cost of the project. The reserves of the homeowners association cannot support the anticipated expense.

This project replaces a wooden fence constructed in 1994. Only maintenance repairs have taken place since that time, and the condition now requires replacement. Removal of trees leaning on this fence are also included as part of this overall project.

The fence replacement project will begin this fall with initial tree trimming work (\$1,200), followed by tree removal (\$1,800) next Spring (Total of \$3,000 for tree service.)

Removal of existing fence and construction of new fence (\$11,390) will follow in Spring 2020.



## 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:**

In 1994, the developer of the subdivision was required to build an 8ft wooden fence between the subdivision and I-64 in order to receive approval for development. This purpose of this fence was to provide a safety, security, and sound barrier along I-64, south of the Grandin Woods subdivision. Property owners in the neighboring subdivision of Woodcroft south of Linn Station Rd. also benefit from the purposes of having this fence in place.

**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.**

Grandin Woods has also been in contact with City of Jeffersontown officials regarding this project, but as of this application have not received a commitment for financial support.

## 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
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance</b> (See Detailed List on Page 8)			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals</b> (See Detailed List on Page 8)			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>	\$7,500	\$6,890	\$14,390
<b>L: Other Expenses</b> (See Detailed List on Page 8)	<i>CEL</i>	<i>CEL</i>	<i>CEL</i>
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	7,500	6,890	14,390
<b>% of Program Budget</b>	52 %	48 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	\$6,890
Other (please specify)	
<i>Total Revenue for Columns 2 Expenses **</i>	\$6,890

*\*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
N/A			
<b>Total</b>			

Applicant's Initials MS

**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
N/A		
<p align="center"><i>Total Value of In-Kind</i>  <b>(to match Program Budget Line Item.</b>                      Volunteer Contribution &amp; 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:** January 1

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

**Standard Assurances**

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

**Standard Certifications**


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

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

None

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b> 	<b>Date:</b> 10/6/19
<b>Legal Signatory: (please print):</b> Mark A. Stowers	<b>Title:</b> President
<b>Phone:</b> 502 498 6225	<b>Extension:</b>
<b>Email:</b> mstowers@twc.com	

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Grandin Woods Residents Association, Inc.</i>		
	2 Business name/disregarded entity name, if different from above <i>Grandin Woods Residents Association, Inc.</i>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶		
	5 Address (number, street, and apt. or suite no.) See instructions. <i>1500 Grandin Woods Ct.</i>		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
6 City, state, and ZIP code <i>Louisville, KY 40299</i>		Requester's name and address (optional)	
7 List account number(s) here (optional)			

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<b>or</b>									
<b>Employer identification number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Luke L. Olson (Secretary)</i>	Date ▶ <i>9-19-19</i>
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

CINCINNATI OH 45999-0038

In reply refer to: 0248205449  
Mar. 08, 2019 LTR 4158C 0  
61-1274751 000000 00  
00016575  
BODC: SB

GRANDIN WOODS RESIDENTS ASSOCIATION  
INC  
% LESLIE OLSON  
9707 GRANDIN WOODS RD  
LOUISVILLE KY 40299

018182

Employer Identification Number: 61-1274751  
Person to Contact: Customer Service  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 27, 2019, request for information about your Employer Identification Number (EIN).

Our records indicate that you have been assigned EIN 61-1274751. Please keep this number in your permanent records. Your name and EIN, as shown above, should be entered on all Federal income tax forms, as well as all correspondence or documents submitted to the IRS. Other government agencies may also require you to provide your EIN on forms you submit to them.

An EIN does not indicate that a non-profit organization is tax-exempt. Organizations that want to be recognized as exempt from Federal income tax must file Form 1023 or Form 1024, with limited exceptions. Visit our website at [www.irs.gov/eo](http://www.irs.gov/eo) for additional information about applying for tax exempt status, as well as forms, publications and instructions. Publication 557, Tax-Exempt Status for Your Organization, provides general information about tax-exempt organizations. Publication 4220, Applying for 501(c)(3) Tax-Exempt Status, provides specialized information for charitable organizations. You may also request forms and publications by calling our toll-free number 1-800-829-3676 (1-800-TAX-FORM). For further information, see the Life Cycle of a Public Charity and Life Cycle of a Private Foundation on our website at [www.irs.gov/eo](http://www.irs.gov/eo).



<b>2018 Budget</b>		<b>2018 Expenses</b>		<b>2019 Budget</b>	
Utility LG&E	\$ (400.00)	Utility LG&E	\$ (432.10)	Utility LG&E	\$ (435.00)
Utility Water	\$ (450.00)	Utility Water	\$ (373.90)	Utility Water	\$ (450.00)
Landscaping	\$ (5,075.00)	Landscaping	\$ (5,145.71)	Landscaping	\$ (5,075.00)
Irrigation maintenance	\$ (250.00)	Irrigation maintanc	\$ (100.00)	Irrigation maintenance	\$ (250.00)
Other (tax & fees)	\$ (200.00)	Other (tax & fees)	\$ (124.25)	Other (tax & fees)	\$ (280.00)
Insurance	\$ (913.14)	Insurance	\$ (964.40)	Insurance	\$ (975.00)
Income	\$ 7,762.50	Income	\$ 7,762.50	Income	\$ 7,762.50
Income to Expense	\$ 474.36	Income to Expense	\$ 622.14	Income to Expense	\$ 297.50
Beginning Balance	\$ 3,567.95	Beginning Balance	\$ 3,567.95	Beginning Balance	\$ 4,190.09
Ending Balance	\$ 4,042.31	Ending Balance	\$ 4,190.09	Ending Balance	\$ 4,487.59

**Estimated Repair costs**

\$ 300.00	Front lighting repair
\$ 250.00	Replacement of breaker box
\$ 450.00	Tuck pointing of stone work in common area
\$ 1,200.00	Entrance Landscaping
\$ 800.00	Tree Removal
\$ 500.00	Irrigation repair
\$ 10,000.00	Wooden Fence replacement
\$ 13,500.00	Sum of future needs

## GRANDIN WOODS RESIDENTS ASSOCIATION, INC.

### General Information

<b>Organization Number</b>	0338879
<b>Name</b>	GRANDIN WOODS RESIDENTS ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	11/28/1994
<b>Organization Date</b>	11/28/1994
<b>Last Annual Report</b>	1/24/2019
<b>Principal Office</b>	9717 GRANDIN WOODS RD. JEFFERSONTOWN, KY 40299
<b>Registered Agent</b>	MARK STOWERS 1500 GRANDIN WOODS CT LOUISVILLE, KY 40299

### Current Officers

<b>President</b>	<a href="#">Mark Stowers</a>
<b>Vice President</b>	<a href="#">Michelle Woosley</a>
<b>Secretary</b>	<a href="#">Leslie Olson</a>
<b>Treasurer</b>	<a href="#">Tim D Kaiser</a>
<b>Director</b>	<a href="#">Tim D Kaiser</a>
<b>Director</b>	<a href="#">Mark Stowers</a>
<b>Director</b>	<a href="#">Leslie Olson</a>
<b>Director</b>	<a href="#">Michelle Woosley</a>

### Individuals / Entities listed at time of formation

<b>Director</b>	<a href="#">GORDON L MOERT</a>
<b>Director</b>	<a href="#">S ALLAN DURST</a>
<b>Director</b>	<a href="#">KAREN S BASHAM</a>
<b>Incorporator</b>	<a href="#">GORDON L MOERT</a>

### 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.

<a href="#">Annual Report</a>	1/24/2019	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	4/11/2018 9:04:23 PM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/11/2018	1 page	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	2/17/2017 6:06:24 PM	1 page	<a href="#">PDF</a>

<a href="#">Annual Report</a>	2/17/2017	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/5/2016	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	3/31/2015 9:50:35 AM	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	3/31/2015 9:46:26 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/31/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/2/2014	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/13/2013	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement Certificate of Existence</a>	12/10/2012 2:02:57 PM	2 pages	<a href="#">PDF</a>	
<a href="#">Reinstatement</a>	12/10/2012 2:02:39 PM	2 pages	<a href="#">PDF</a>	
<a href="#">Administrative Dissolution</a>	11/2/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/22/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/28/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/28/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	12/11/2006	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	12/11/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	12/11/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/1/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/6/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/1/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/9/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	10/21/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/21/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/3/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/21/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	11/28/1994	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/24/2019 9:21:55 PM	1/24/2019 9:21:55 PM	
Annual report	4/11/2018 9:15:05 PM	4/11/2018 9:15:05 PM	
Registered agent address change	4/11/2018 9:04:23 PM	4/11/2018 9:04:23 PM	
Annual report	2/17/2017 6:14:26 PM	2/17/2017 6:14:26 PM	
Principal office change	2/17/2017 6:06:24 PM	2/17/2017 6:06:24 PM	

Annual report	7/5/2016 3:18:57 PM	7/5/2016 3:18:57 PM
Annual report	3/31/2015 9:56:38 AM	3/31/2015 9:56:38 AM
Registered agent address change	3/31/2015 9:50:35 AM	3/31/2015 9:50:35 AM
Principal office change	3/31/2015 9:46:26 AM	3/31/2015 9:46:26 AM
Annual report	4/2/2014 11:05:26 AM	4/2/2014
Annual report	2/13/2013 2:04:14 PM	2/13/2013
Reinstatement	12/10/2012 2:02:54 PM	12/10/2012
Admin Dis. A. report not in	11/2/2010	11/2/2010
Annual report	4/22/2009 7:43:59 AM	4/22/2009
Annual report	10/28/2008 11:05:48 AM	10/28/2008
Annual report	2/28/2007 10:39:27 AM	2/28/2007
Registered agent address change	12/11/2006 3:09:51 PM	12/11/2006
Principal office change	12/11/2006 3:06:45 PM	12/11/2006
Reinstatement	12/11/2006 3:06:19 PM	12/11/2006
Admin Dis. A. report not in	11/1/2005	11/1/2005
Registered agent address change	10/21/1999	10/21/1999
Principal office change	6/21/1999	6/21/1999

## Microfilmed Images

**Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.**

Annual Report	5/27/2004	1 page
Annual Report	7/24/2003	1 page
Annual Report	5/6/2002	1 page
Annual Report	5/1/2001	1 page
Annual Report	6/9/2000	1 page
Statement of Change	10/21/1999	1 page
Annual Report	7/21/1999	1 page
Annual Report	9/3/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Statement of Change	4/21/1995	1 page
Articles of Incorporation	11/28/1994	3 pages

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0338879  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
1/24/2019 9:21:55 PM  
Fee receipt: \$15.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

Annual Report  
Online Filing

ARP

**Company:** GRANDIN WOODS RESIDENTS ASSOCIATION, INC.  
**Company ID:** 0338879  
**State of origin:** Kentucky  
**Formation date:** 11/28/1994 12:00:00 AM  
**Date filed:** 1/24/2019 9:21:55 PM  
**Fee:** \$15.00

**Principal Office**

9717 GRANDIN WOODS RD.  
JEFFERSONTOWN, KY 40299

**Registered Agent Name/Address**

MARK STOWERS  
1500 GRANDIN WOODS CT  
LOUISVILLE, KY 40299

**Current Officers**

President	Mark Stowers	1500 Grandin Woods Court
Secretary	Leslie Olson	9707 Grandin Woods Rd
Treasurer	Tim D Kaiser	9717 Grandin Woods Rd
Vice President	Michelle Woosley	9702 Grandin Woods Rd

**Directors**

Director	Tim D Kaiser	9717 Grandin Woods Rd.
Director	Mark Stowers	1500 Grandin Woods Court
Director	Leslie Olson	9707 Grandin Woods Rd
Director	Michelle Woosley	9702 Grandin Woods Rd

County:	Jefferson
Business size:	Small
Business type:	Other

**Signatures**

Signature	Tim Kaiser
Title	Treasurer

Grandin Woods Acct.

**BUSINESS CHECKING** [REDACTED]

**\$4,544.02**

Last Updated: September 29, 2019 1:36 PM

Available Balance

Transactions Details



Date ▾	Description ▾	Amount ▾
SEP 17 2019	Louisville Gas & PAYMENT 300008682696	- \$34.15 \$4,544.02
SEP 9 2019	☰ Check - 767	- \$720.00 \$4,578.17
AUG 19 2019	Louisville Gas & PAYMENT 300008682696	- \$39.55 \$5,298.17
AUG 13 2019	☰ Check - 761	- \$161.23 \$5,337.72
AUG 6 2019	☰ Check - 766	- \$383.61 \$5,498.95
AUG 5 2019	☰ Check - 765	- \$80.00 \$5,882.56
JUL 30 2019	☰ Check - 764	- \$910.00 \$5,962.56
JUL 18 2019	Louisville Gas & PAYMENT 300008682696	- \$34.97 \$6,872.56
JUL 5 2019	☰ Check - 763	- \$229.65 \$6,907.53
JUL 3 2019	☰ Check - 762	- \$623.70 \$7,137.18
JUN 19	Louisville Gas & PAYMENT 300008682696	- \$35.93

**U.S. Income Tax Return  
for Homeowners Associations**

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2018 or tax year beginning January 1, 2018, and ending December 31, 2018

<b>TYPE OR PRINT</b>	Name <b>Grandin Woods Residents Association Inc</b>	Employer identification number <b>61-1274751</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	<b>1500 Grandin Woods Ct.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Louisville, Ky. 40299</b>	<b>11/28/1994</b>

Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

**A** Check type of homeowners association:  Condominium management association  Residential real estate association  Timeshare association

<b>B</b> Total exempt function income. Must meet 60% gross income test. See instructions . . . . .	<b>B</b>	7762	50
<b>C</b> Total expenditures made for purposes described in 90% expenditure test. See instructions . . . . .	<b>C</b>	8190	36
<b>D</b> Association's total expenditures for the tax year. See instructions . . . . .	<b>D</b>	8190	36
<b>E</b> Tax-exempt interest received or accrued during the tax year . . . . .	<b>E</b>	0	00

**Gross Income** (excluding exempt function income)

1 Dividends . . . . .	1		
2 Taxable interest . . . . .	2		
3 Gross rents . . . . .	3		
4 Gross royalties . . . . .	4		
5 Capital gain net income (attach Schedule D (Form 1120)) . . . . .	5		
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .	6		
7 Other income (excluding exempt function income) (attach statement) . . . . .	7		
<b>8 Gross income</b> (excluding exempt function income). Add lines 1 through 7 . . . . .	<b>8</b>	0	00

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages . . . . .	9		
10 Repairs and maintenance . . . . .	10		
11 Rents . . . . .	11		
12 Taxes and licenses . . . . .	12		
13 Interest . . . . .	13		
14 Depreciation (attach Form 4562) . . . . .	14		
15 Other deductions (attach statement) . . . . .	15		
<b>16 Total deductions.</b> Add lines 9 through 15 . . . . .	<b>16</b>	0	00
<b>17 Taxable income</b> before specific deduction of \$100. Subtract line 16 from line 8 . . . . .	<b>17</b>	0	00
<b>18 Specific deduction</b> of \$100 . . . . .	<b>18</b>	\$100	00

**Tax and Payments**

19 <b>Taxable income.</b> Subtract line 18 from line 17 . . . . .	19	0	00
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.) . . . . .	20	0	00
21 Tax credits (see instructions) . . . . .	21	0	00
<b>22 Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits . . . . .	<b>22</b>	0	00
23 a 2017 overpayment credited to 2018 <b>23a</b> <input type="text"/>	23a		
b 2018 estimated tax payments <b>23b</b> <input type="text"/>	23b		
c Total ▶ <b>23c</b> <input type="text"/>	23c		
d Tax deposited with Form 7004 <b>23d</b> <input type="text"/>	23d		
e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b> <input type="text"/>	23e		
f Credit for federal tax paid on fuels (attach Form 4136) <b>23f</b> <input type="text"/>	23f		
g Add lines 23c through 23f <b>23g</b> <input type="text"/>	23g		
<b>24 Amount owed.</b> Subtract line 23g from line 22. See instructions . . . . .	<b>24</b>	0	00
<b>25 Overpayment.</b> Subtract line 22 from line 23g . . . . .	<b>25</b>		
<b>26 Enter amount of line 25 you want:</b> Credited to 2019 estimated tax ▶ <input type="text"/> Refunded ▶ <input type="text"/>	<b>26</b>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*Dancy Schaefer*  12-21-2019  **Treasurer**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

ARTICLES OF INCORPORATION  
OF  
GRANDIN WOODS RESIDENTS ASSOCIATION, INC.

RECEIVED & FILED  
8.00  
Nov 28 12 31 PM '94

FOR FILING  
SECRETARY OF STATE  
DO HEREBY  
KY

I, GORDON L. MOERT, for myself, associates and successors, do hereby  
form a corporation having no capital stock under the provisions of Chapter  
273, Kentucky Revised Statutes, and do hereby adopt the following Articles  
of Incorporation therefor:

ARTICLE I

The name of the corporation shall be GRANDIN WOODS RESIDENTS  
ASSOCIATION, INC.

ARTICLE II

The place in which the principal office of the corporation shall  
be is 12200 Shelbyville Road, Louisville, Jefferson County, Kentucky 40243,  
and GORDON L. MOERT, 12200 Shelbyville Road, Louisville, Jefferson County,  
Kentucky 40243, shall be its registered agent.

ARTICLE III

The objects and purposes of the corporation shall be to promote the  
social welfare and serve the common good and general welfare of the owners  
of the lots in Grandin Woods Subdivision, to provide for maintenance and  
repair of the streets, common areas, cross walks, storm drains, basins,  
retention basins and entrances to the subdivision, and to accept common areas  
for purpose of operation, maintenance and repair. The association shall  
have power to levy assessments to secure funds for the aforestated purposes.

ARTICLE IV

The corporation may acquire by purchase or otherwise and hold,  
maintain and manage such property as may be necessary or convenient for  
carrying on the purposes of the corporation hereinabove set out, including



the right to purchase supplies for maintenance, repairs and all other necessary matters which are incidental to carrying out the purposes set out in Article III, the same as a person might do in an individual capacity.

#### ARTICLE V

The executive authority of this corporation shall be vested in a Board of Directors hereby composed of the following: Gordon L. Moert, 12200 Shelbyville Road, Louisville, KY 40243; S. Allan Durst, 12200 Shelbyville Road, Louisville, KY 40243; and Karen S. Basham, 12200 Shelbyville Road, Louisville, KY 40243, shall be the initial directors and two additional persons to be named at a later date.

The Board of Directors shall have the right to fill all vacancies in the body occurring after election, even though the officer may not yet have assumed the active discharge of his duties, and a vacancy shall be considered such whether it be decline, resignation, death, removal from the community, or a disability which, in the judgment of the Board, is of so long continued nature as to require the place to be filled anew.

#### ARTICLE VI

The officers of the corporation shall be the president, one or more vice-presidents, a secretary, and a treasurer, and such others as may be deemed necessary by the Board. The offices of secretary and treasurer may be combined into one office.

#### ARTICLE VII

The by-laws of the corporation shall be prescribed by the members of the Board of Directors. When once adopted, they shall not be suspended except in the manner provided in said by-laws.

#### ARTICLE VIII

The corporation shall begin its life upon the filling of these

Articles, as prescribed by law, and shall continue perpetually unless dissolved as provided by law.

ARTICLE IX

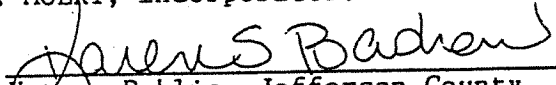
The private property of the members of the Board shall not be subject to the payment of the debts of this corporation.

IN TESTIMONY WHEREOF, witness the signature of the incorporator, this the 21st day of November, 1994.

  
\_\_\_\_\_  
GORDON L. MOERT

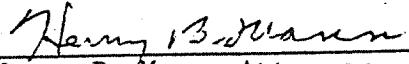
STATE OF KENTUCKY  
COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me this 21st day of November, 1994 by GORDON L. MOERT, Incorporator.

  
\_\_\_\_\_  
Notary Public, Jefferson County, KY

My commission expires: 1-4-95

THIS INSTRUMENT PREPARED BY:

  
\_\_\_\_\_  
Henry B. Mann, Attorney  
500 W. Jefferson St., 22nd Fl.  
Louisville, KY 40202  
(502) 587-6544

Cost to replace wooden fence (325 linear ft.)	\$10,140
Includes metal supports	
Tear down and disposal of existing fence	\$1,250
Subtotal:	<b>\$11,390</b>
Tree removal in advance of new fence construction	\$3,000
Project Total:	<b>\$14,390</b>



**Nancy Schafer**  
 9714 Grandin Woods  
 Louisville, KY 40299  
 (502) 595-7479

**Middletown Fence Company**

124 Production Ct.  
 Louisville, Ky 40299  
 Phone: (502) 294-3700  
 Email: customerservice@middletownkyfence.com  
 Web: http://www.middletownkyfence.com

Estimate # 000114  
 Date 04/19/2019  
 Business / Tax # 502-294-3700

Description	Total
8 Ft Treated Pine Privacy Fence Board on Board 300 Total Ft Using Schedule 40 Metal Posts	\$9,360.00
Fence Removal and Disposal Includes On Site Dumpster	\$1,250.00
Warranty - 3 Year Workmanship Warranty	\$0.00

**Subtotal** \$10,610.00  
**Total** **\$10,610.00**

**Notes:**

325 Ft of 8' Treated Pine Board on Board (HOA).

→ Add \$780 for additional 25'

+ 780.00  
 = \$ 11,390.00

Thank you for choosing Middletown Fence Company! A+ BBB Rating

Contract

Family Tree Service

11990 Taylorsville Rd • Louisville, KY • cwilber399@gmail.com

Valerio Cabrera: (502) 321-9840 Wilber Cabrera: (502) 220-8568

PROPOSAL SUBMITTED TO		DATE
		9/18/19
STREET		
JOB LOCATION		
Grandin Woods Neighborhood		
CONTRACTOR	DATE OF PLANS	JOB PHONE
		(502) 595-7479

We hereby submit specifications and estimates for:

Take 4 tree down \$1,800

~~Remove 15 Oak stumps along street and driveway~~

~~Remove 15 Pine trees~~

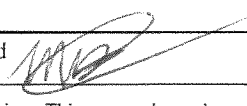
Trim neighbors trees over the fence.

Trim 15 Pine trees away from street and r.i.e. limbs c.p. \$1,200

We propose hereby to furnish material and labor - complete in accordance with above specification, for the sum of: \_\_\_\_\_ Dollars (\$ 3,000 ).

Payments to be made as follows:

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving entire costs will be insured only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature 

Note: This proposal may be Withdrawn by us if not accepted within \_\_\_\_\_ days

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be made as outlined above.

Date of Acceptance \_\_\_\_\_ Signature \_\_\_\_\_



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Grandin Woods Residents Association, Inc.

Grantee Representative Name: LESLIE OLSON (Secretary)

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.  
client assistance, Community Events & Festiv. and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?  
who, what, when and where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Leslie Olson  
Grantee Representative Signature

9-19-19  
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov  
Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

Fax: 502-574-3219