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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	**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	6200		6200
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	3800		3800
****TOTAL PROGRAM/PROJECT FUNDS***			
% of Program Budget	%	%	**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	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

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

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

Applicant's Initials MK

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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
Stipend for lunch supervisor ($25 x 152 service days)	3,800		3,800
Total	3,800		3,800

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This is a lunch program offered to individuals between the ages of 50-60 located at the HCC building 1228 East Breckinridge Street. This program will begin July 1 2018 or once funds are awarded and continue indefinitely Lunch will be served Monday Wednesday and Friday form 12-1pm. Coffee snacks and activities are offered to clients interested in participating before and after lunch. The actual hours are: 9:30-1.

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

HCM is requesting 10000

HCM private lunch 2018/2019
Income:
NDF $10000

Expenses:
Lunches $6200 (1505 hot meals x 4.12 per meal))

Kitchen Supervisor 3800 (please note this is a stipend) (152 dates of service x 25)

Total 10000

Applicant's Initials ___

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

☐ 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.

Applicant's Initials

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
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

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

Agency Fiscal Year Start Date: October 1 2018 -September 30, 2019

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:

Form **W-9** (Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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.
Highland Community Ministries

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► ________

Note: 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 **not** 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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

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

5 Address (number, street, and apt. or suite no.) See instructions.
1228 East Breckinridge

Requester's name and address (optional)

6 City, state, and ZIP code
Lou KY 40204

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.

Social security number

[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number

[redacted]

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.

Sign Here **Signature of U.S. person ►** [signature] **Date ►** 7/10/18

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.*

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.*

Address any reply to:

Department of the Treasury

Phone 684-2826 (513)

District Director

Internal Revenue Service

Date: APR 2 1 1971

In reply refer to: CIN:EO:71:282:442:22:VB

Highlands Community Ministries, Inc.
2006 Douglas Boulevard
Louisville, Kentucky 40205

Purpose(s): Charitable & Educational
Accounting Period Ending: December 31

Gentlemen:

Based on information supplied, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code as it is shown that you are organized and will be operated exclusively for the purpose(s) listed above.

This determination assumes your operations will be as stated in your exemption application. Any changes in operations from those described, or in your character or purposes, must be reported immediately to our office for consideration of their effect upon your exempt status. You must also report any change in your name or address.

In this letter we are not determining whether you are a private foundation as defined in new section 509(a) of the Code. When regulations are developed to implement the provisions of section 509 of the Code, we will let you know how to establish your foundation status if you believe you are not a private foundation.

If upon issuance of the regulations we determine that you are a private foundation, you will be required to comply with the provisions of section 508(e), which specifies that a private foundation is not exempt unless its governing instrument includes certain provisions set forth in that section and the regulations thereunder. Failure to comply with the requirements of section 508(e) will result in retroactive revocation of this determination.

For years beginning on and after January 1, 1970, you may be required to file an information return, Form 990. Please refer to the instructions accompanying the Form 990 for that particular year to determine whether you are required to file. If filing is required, you must file the Form 990 by the 15th day of the fifth month after the close of your annual accounting period as shown above. Failure to file the Form 990 by this date may subject you to a penalty of $10.00 for each day during which such failure continues, up to a maximum of $5,000.00.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

You are not liable for Federal unemployment taxes. You are liable for social security taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes as provided under sections 2055, 2106, and 2522 of the Code.

This is a determination letter.

Very truly yours,

Paul A. Schuster

Paul A. Schuster
District Director

Internal Revenue Service

Department of the Treasury

District Director

P.O. Box 2508, Cincinnati, OH 45201

Highlands Community Ministries, Inc
1140 Cherokee Rd.
Louisville, KY 40204

Person to Contact:
Joseph Russo

Telephone Number:
(513) 684-3866

Refer Reply to:
EP/EO Division

Date:

OCT 10 1986

Dear Sir or Madam:

This is in response to your claim that you are not liable to file Form 990, Return of Organization Exempt from Income Tax.

Our records indicate that you are recognized as exempt under section 501(c)(3) of the Internal Revenue Code of 1954. Furthermore, you are classified as an organization that is not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Revenue Procedure 86-23, in part, provides that an organization recognized as exempt under section 501(c)(3) of the Code which is affiliated with a church or an association of churches and internally supported is not required to file Form 990.

As your organization has provided information to show that you meet the requirements of Revenue Procedure 86-23, you are no longer required to file Form 990.

Please let us know about any future change in the name, address, character, or method of operation of your organization so we may determine the effects on your exempt status, foundation status, and filing requirements.

Thank you for your cooperation.

Sincerely yours

James J. Ryan
District Director

Highlands Community Ministries
1228 E. Breckinridge, Box 2
Louisville, Kentucky 40204

REQUEST FOR CHECK

Please Issue Check

Date: __August 1 2018

TO:____Joann Robinson________

Amount: ___325_________

Account #: 69100

Reason: _see attached

Submitted by: Mary Lynne Masterson

Invoice for July 2018

Joann Robinson works the HCM Private lunch program every Tuesday and Wednesday at the HCC building. She is paid $25.00 each day she works.

The following are dates she worked for July 2018:

2,4,6,9,11,13,16,18,20,23,25,27,30

The total amount to be paid for this invoice: $325.00 Account #69100

Joann Robi 8-6-2018

Signature and date

Signature and date

Highlands Community Ministries
1228 E. Breckinridge, Box 2
Louisville, Kentucky 40204

REQUEST FOR CHECK

Please Issue Check

Date: __August 2, 2017

TO:__Mastersons____________

Amount: __$791.04
Account #: 69100

Please mail

Reason: Meal for HCC building on Mondays, Wednesdays and Fridays

Submitted by: Mary Lynne Masterson

PNC Online Banking

Date	Description	Amount	Account
08/21/2018	Check 11131	$325.00	[redacted]

This is an image of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of the item. For more information about image delivery click here or to speak with a representative call: 1-888-PNC-BANK (1-888-762-2265) Monday - Friday: 7 a.m. - 10 p.m. ET, Saturday & Sunday: 8 a.m. - 5 p.m. ET.

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM

PNC Bank, N.A.

11131

21-10/830
252

HIGHLANDS COMMUNITY MINISTRIES, INC. 11-12
1228 E BRECKINRIDGE ST
LOUISVILLE, KY 40204-2037

8/9/2018

PAY TO THE ORDER OF JOANN ROBINSON $ **325.00

Three Hundred Twenty-Five and 00/100** DOLLARS

JOANN ROBINSON
854 VINE ST.
LOUISVILLE, KY 40204

VOID VALID

MEMO NDF - lunches July 2018

AUTHORIZED SIGNATURE

Details on Back. Security Features Included

[redacted]

ENDORSE HERE

CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

Chemical Wash Detection Box

COLOR INSIDE THIS BOX SHOULD BE WHITE

[redacted]

REPLICATING, FORGING OR ALTERING THIS HIGH SECURITY CHECK IS EXTREMELY DIFFICULT DUE TO THESE FEATURES

SECURITY FEATURES — DO NOT CASH IF

MobileMark: Mobile Deposit check mark to indicate check has been

© Copyright 2010. The PNC Financial Services Group, Inc. All Rights Reserved.

Masterson's Catering
Relax. Enjoy. Experience.
Masterson's Food Drink, Inc.
1231 Lexington Rd
Louisville, Kentucky 40204
Phone: 502-636-2511
Fax: 502-636-2515
E-Mail: sales@mastersons.com

Sunday, July 01, 2018
through
Tuesday, July 31, 2018

HCM Senior Services Outreach Program

Delivery Summary

HCM Senior Services Outreach Pro

	C1	Milk Skim	Milk Choco	Box Reg
7/02/18	16	16		
7/06/18	16	16		
7/09/18	16	16		
7/11/18	16		16	
7/13/18	16	16		
7/16/18	16		16	
7/18/18	16	16		
7/20/18	16	16		
7/23/18	16	16		
7/25/18	16	16		
7/27/18	16		16	
7/30/18	16		16	
Total	192	128	64	

*** TOTALS ***

	C1	Milk Skim	Milk Choco	Box Reg
Total All:	192	128	64	

Masterson's Nutrition Services
1231 Lexington Rd
Louisville,KY 40204
Ph:502-636-2511 Fx:502-636-2515
info@mastersons.com

Nutrition

INVOICE

Invoice / Event #
387591
Date Of Event
Tue Jul 31,2018
Guests
1

Event Name	Room	Status
HCM SENIOR SERVICES OUTREACH PROGRA	Nutrition Program	CONFIRMED

Customer Phone	Alt Phone:	Fax #:	Coordinator	Date Booked	PO #
			AndrewM	Thu Aug 02,2018	

Contact Information

HCM SENIOR SERVICES OUTREACH PROGRAM
1228 EAST BRECKINRIDGE ST
LOUSIVILLE,KY 40204

Arrive	Eat	Depart

Location Info

Description	Each	Quantity	Extended	Category
C1	$4.12	192	$791.04	Food

Payment Type Expected
Billed

Summary

$791.04	Food
$791.04	Total
	Gratuity
$791.04	**Total Due**

Customer Signature:

* Total Bill may be subject to additional charges in the event product usages were unable to be determined at the time of signature.

Staff Signature : **Payment Type:** ☐ **Cash** ☐ **Check** ☐ **Credit Card** ☐ **Direct Bill**

Thursday, August 02, 2018 12:51 PM

PNC Online Banking

Date	Description	Amount	Account
08/22/2018	Check 11200	$791.04	3029554086

This is an image of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of the item. For more information about image delivery click here or to speak with a representative call: 1-888-PNC-BANK (1-888-762-2265) Monday - Friday: 7 a.m. - 10 p.m. ET, Saturday & Sunday: 8 a.m. - 5 p.m. ET.

SECURITY FEATURES INCLUDE: TRUE WATERMARK PAPER, HEAT-SENSITIVE ICON AND FOIL HOLOGRAM

PNC Bank, N.A. 050

11200

21-10/830
252

HIGHLANDS COMMUNITY MINISTRIES, INC. 11-12
1228 E BRECKINRIDGE ST
LOUISVILLE, KY 40204-2037

8/16/2018

PAY TO THE ORDER OF MASTERSON'S NUTRITION SERVICES $ **791.04

Seven Hundred Ninety-One and 04/100************************************ DOLLARS

MASTERSON'S NUTRITION SERVICES
1231 LEXINGTON RD
LOUISVILLE, KY 40204

VALID VALID VALID VALID

AUTHORIZED SIGNATURE

MEMO inv. #387591

[redacted]

Details on Back. Security Features Included

[redacted]

CHECK HERE IF MOBILE DEPOSIT

Masterson's Food & Drink Inc

[redacted]

For Deposit Only

© Copyright 2010. The PNC Financial Services Group, Inc. All Rights Reserved.

Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements

Department of the Treasury
P.O. Box 2508
Cincinnati, Ohio 45201

Date: SEP 10 2010

Highlands Community Ministries Inc.
1140 Cherokee Rd
Louisville, KY 40204

Employer Identification Number:
[redacted]
Person to Contact – ID#:
John Rice – ID # 0677001
Toll Free Contact Number:
(877) 829-5500

Dear Sir or Madam:

Thank you for the information you submitted on July 21, 2010 regarding your request for exception from filing Form 990. We have made it part of your file.

In our letter dated October 10, 1986 we determined that your organization was not required to file Form 990.

Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Furthermore, since your foundation status was also not under consideration, you continue to be classified as an organization with foundation status under section 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

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

If you have any questions, please call our toll free number shown in the heading of this letter.

Thank you for your cooperation.

Sincerely,

Robert Choi

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS OR FAITH-BASED ORGANIZATIONS

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory: [signature]		Date: 8/28/18
Legal Signatory (please print): Troy D Burden		Title: Executive Director
Phone: 502 451 3695	Extension: 202	Email: tburden@hcmlouisville.org