

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization:

Program Name and Request Amount:

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	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?	N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	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?	N/A
Prepared by: <i>Lisa Chapman</i>	Date: <i>10/18/15</i>

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


Applicant/Program: Start the Heart Foundation

Executive Summary of Request:

The mission of Start the Heart Foundation is to improve survival after cardiac arrest through community training and education. The foundation trains pre-medical student interns to become hands-only CPR instructors. Start the Heart Foundation is requesting \$10,300 for personnel, office supplies, program materials, and equipment to offer hands-only CPR training at no cost to the community. The foundation works with Louisville Metro Emergency Medical Services to target the highest risk areas and attempt to spread CPR instructors throughout the community. They will teach hands-only CPR training at every public school and to organizations that request training.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<u>18</u>		<u>\$500.00</u>	<u>10/8/15</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

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

There are no personal or business relationships.

Approved by:

_____ Date

Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program: **Start the Heart Foundation**

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.

<u>14</u> District #	<u>Candi Fowler</u> Council Member Signature	<u>\$500.00</u> Amount	<u>10/22/15</u> Date
<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$500.00</u> Amount	<u>10/8/15</u> Date
<u>5</u> District #	<u>Cheri B Hamilton</u> Council Member Signature	<u>\$500.00</u> Amount	<u>10-8-15</u> Date
<u>24</u> District #	<u>McDonnell Stool</u> Council Member Signature	<u>\$500.00</u> Amount	<u>10/22/15</u> Date
<u>17</u> District #	<u>Stinson</u> Council Member Signature	<u>\$500.00</u> Amount	<u>10/8</u> Date
<u>7</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$250.00</u> Amount	<u>10/8/15</u> Date
<u>16</u> District #	<u>Kelly Dennis</u> Council Member Signature	<u>500.00</u> Amount	<u>10/8/15</u> Date

Applicant/Program: **Start the Heart Foundation**

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.

20 Stuart Benson 500.00 10/8/15
District # Council Member Signature Amount Date

23 J. Pedem 250⁰⁰ 10/8/15
District # Council Member Signature Amount Date

22 Robin Engel 500.00 10/8/15
District # Council Member Signature Amount Date

8 Thomas L. Owen 250.00 10/8/15
District # Council Member Signature Amount Date

12 Rick Belwell 250 10/8/15
District # Council Member Signature Amount Date

21 Dan John 250 10/8/15
District # Council Member Signature Amount Date

25 [Signature] 250 10/8/2015
District # Council Member Signature Amount Date

Applicant/Program:

Start the Heart Foundation

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.

<u>15</u> District #	<u>Therese Butte</u> Council Member Signature	<u>250 -</u> Amount	<u>10-8-15</u> Date
<u>3</u> District #	<u>Marye Steiner</u> Council Member Signature	<u>500.00</u> Amount	<u>10-22-15</u> Date
<u>2</u> District #	<u>Barbara Shanklin</u> Council Member Signature	<u>500.00</u> Amount	<u>10-22-15</u> Date
<u>#25</u> District #	<u>D. J. [Signature]</u> Council Member Signature	<u>250.00</u> Amount	<u>10/22/15</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Start the Heart Foundation	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 7611 Wolfpen Ridge Court			
Website: www.starttheheartfoundation.org			
Applicant Contact:	Sally Dillon	Title:	Secretary
Phone:	502-228-3280	Email:	sdillon@twc.com
Financial Contact:	Bill Dillon	Title:	President
Phone:	502-228-3280	Email:	wdillon@twc.com
Organization’s Representative who attended NDF Training: Sally Dillon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Office at above address. CPR classes taught all over Jefferson County		
Council District(s):	16	Zip Code(s):	40059
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Hands-only CPR training classes			
Total Request: (\$)	10,300.00	Total Metro Award (this program) in previous year: (\$)	18,870.00
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Neighborhood Development Funds	Amount: (\$)	18,870.00
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 mission of Start the Heart Foundation is to improve survival after cardiac arrest through community training and education.

Sudden death from cardiac arrest is a leading cause of death in this country. Survival rates vary by geography. In greater Louisville, the survival rate for cardiac arrest is only 6-14 %. In cities like Seattle and Rochester, MN, which have robust CPR education, survival after cardiac arrest approaches 50%.

Studies show that as the percent of individuals in a community learn CPR, the chance of survival increases. A person who has been taught CPR once is more than 50% more likely to perform bystander CPR if the need arises. The cost of CPR training is seen as a major barrier to implementation of a community based training program. We will offer hands-only training at no cost to the community.

The foundation trains pre-medical student interns to become hands-only CPR instructors. Our interns then teach CPR to community groups free of charge. This service will increase the number of trained individuals in our community and improve cardiac arrest survival rates. To date 2 students have given CPR to 2 people having a cardiac arrest and they survived.

Training sites include schools, community centers, churches and local businesses. Special emphasis will be placed in areas where cardiac arrest rates are the highest.

The foundation will work with Louisville Metro Emergency Medical Services (LMEMS) to target the highest risk areas and attempt to spread our CPR instruction throughout the community.

This will be a long term commitment because of the number of people needed to be taught CPR to make a significant impact.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Our summer 2015 interns have already been hired and are teaching classes in churches, businesses and high schools through July 30, 2015.

In the fall will hire 3 to 5 interns to teach in health and p.e. classes in the private and public Jefferson County schools. They will teach for 8 weeks, 2 or 3 days a week, between September 14 to November 20th. In January 2016 we will hire 6 interns that have the month of January off to teach in 2 teams, in the high schools, every school day in January. In the spring we will hire 3 interns to continue our high school classes for 2 or 3 days a week. In May of 2016 we will hire summer interns to continue teaching in the high schools until the end of the school year and teach in churches, community centers and businesses through the end of July.

Because we will be teaching at every public school and most of the private schools, we will be blanketing Jefferson County with hands-only training.

We will have each student fill out a demographic questionnaire which includes race, zip code and education in order to determine who we are teaching and where.

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

Funding will be spent primarily on:

Personnel- Intern stipend: when teaching in the schools instructors teach 4-6 classes a day and we pay a minimal stipend of \$25.00 a day. 5 interns in the fall (2 days a week, 6 during January 2016 (5 days a week), 3 in the spring(2 days a week) and 3 in the summer (teach 4 days a week). Approximately 100 days of teaching with 2-3 interns a day, approximately \$5,000.00. See budget line A.

Office supplies: ink for printing, paper, and other supplies used for daily management of the foundation. See budget line C.

Program materials: copies for demographic collection, tests for 7,000 students. See budget line H.

Equipment for class: dummy replacements @ \$70.00 each, wipes to clean dummies, pencils and participation cards. We will need to replace approximately 30-40 dummies. See budget line J. A receipt for previous replacements is also attached. The price has increased since the previous purchase.

Other expenses includes: Uniform shirts for interns, web page expenses, refer to budget page, line L.

See attached Detail List for details. Proposed Metro Fund Estimate" sheet.

See Detail List for Non-Metro Funds explanation.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

When a person suffers a cardiac arrest, every minute that passes before the heart gets restarted leads to a 10 % increase in mortality. 70 to 80% of cardiac arrests happen in private residences. After activating 911, hands-only CPR is a bridge to keep the victim alive until EMS arrives and delivers more advanced and definitive therapy. The American Heart Association (AHA) recommends hands-only CPR for lay people and studies show it is as effective as mouth to mouth resuscitation until emergency responders arrive.

Currently, statistics show that only 25% of cardiac arrest victims receive bystander CPR. People are often hesitant to perform CPR because of lack of knowledge, fear of harm or panic. Hands-only CPR is easy to remember and eliminates the need for mouth to mouth resuscitation. This helps lay people feel confident that they can help in an emergency.

With increased awareness and training, these barriers can be broken down. In communities with robust CPR training, survival rates are higher. A person who has been taught CPR once is 50% more likely to perform bystander CPR if the situation arises.

There is an unmet need for easily accessible, comprehensive and free hands-only CPR training in our community. The research and metrics clearly state the value of immediate bystander CPR for a person suffering a cardiac arrest. There is no one entity that can provide hands-only CPR training at no cost and in a strategic manner.

We ask each student to fill out an information sheet with their age, education, race and zip code. The data is entered onto a spread sheet. We will use the zip code data to map the areas where we teach to help us target high risk areas and to make sure we are blanketing all of Jefferson County.

Last year we taught over 8,000 people. We taught in almost all of the JCPS schools, Catholic schools and Christian Academy. If we are able to teach in the schools every year, every Jefferson County high school graduate will eventually learn this life saving skill.

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.

STHF has worked with LMEMS to identify high risk cardiac arrest areas which allows us to target these areas.

We work with the AHA to identify successful training methods and collaborate on ways to blanket Louisville with hands-only CPR training.

University of Louisville's Office of Diversity and Inclusion posts our job advertisements and helps identify possible students for our intern search process.

Jefferson County Public Schools (JCPS) helps us coordinate classes with their health and p.e. classes.

Louisville Metro Parks Department helps us coordinate classes with their community centers.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$5,000.00	25,000.00	\$30,000.00
B: Rent/Utilities			
C: Office Supplies	\$600.00		\$600.00
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	\$700.00		\$700.00
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment	\$2,500.00		\$2,500.00
K: Capital Project			
L: Other Expenses (Attach Detail List)	\$1,500.00		\$1,500.00
*TOTAL PROGRAM/PROJECT FUNDS	\$10,300.00	\$25,000.00	\$35,300.00
% of Program Budget	29 %	71 %	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)	\$25,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$25,000.00

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

**Must equal or exceed total in column 2.

DETAIL LIST:

Proposed Metro Fund Estimated Expenses for STHF 2015-2016 :

Personnel: 2-3 interns for 100 days of teaching at \$25.00 a day	\$5000.00
Office Supplies: ink, paper for daily use	\$600.00
Program Materials: tests and demographic form for 7000 students at \$.05 per sheet Demographic work sheet	\$700.00
Machinery and Equipment: dummy replacements @ \$70.00 ea will need to replace between 30-40	\$2500.00
Other Expense: (approximate amounts)	
Uniform shirts for 20 interns @ \$23.00 each - \$460	
Uniform pull overs \$25.00 each - \$500.00	
Uniform t-shirts for interns - \$15.00 ea. - \$300.00.00	
Web consultation and updates - \$500.00	
business cards - \$100.00	
	\$1,500.00
	<hr/>
	\$20,300.00

Non-Metro Funds 2015-2016:

We have applied for a grant for \$25,000.00 from Humana to be used toward an employee salary. This employee will handle scheduling and other day to day activities of the foundation.	\$25,000.00
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sd



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).

Table with 3 columns: Donor*/Type of Contribution, Value of Contribution, Method of Valuation. Row 1: Interns/teach CPR classes, receive small stipend. \$3,800.00 @ \$25.00 per day, 155 volunteer hours last year. Row 2: Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) \$3,800.00

* 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, 2015

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

If YES, please explain:

This year we are planning on hiring a part time executive director to help manage fundraising, marketing, finances and scheduling.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

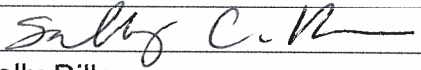
Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	July 15, 2015
Legal Signatory: (please print):	Sally Dillon	Title:	Secretary
Phone:	502-228-3280	Extension:	
Email:	sdillon@twc.com		

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

DEPARTMENT OF THE TREASURY

Date: **JUN 03 2014**

START THE HEART FOUNDATION
7611 WOLF PEN RIDGE CT
PROSPECT, KY 40059

Employer Identification Number:

DLN:

17053330381033

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

November 4, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947

Admin/salary/general costs

Student stipends	12,000
Part time employee	\$15,000
Consultant	\$2,000
[List Item Here]	\$0

Subtotal \$29,000

Program Expenses

Equipment (mannequins)	\$10,000
Travel (gas)	\$6,000
Marketing	\$5,000
Business expenses (printing, office supplies)	\$5,000
Presentation equipment (computer,projector,etc)	\$2,000
Accounting	\$1,000
Website	\$1,000

Subtotal \$30,000

Other

Insurance	\$2,000
Research presentations	\$2,000
[List Item Here]	\$0
[List Item Here]	\$0

Subtotal \$4,000

TOTAL COSTS \$63,000

Sd



START THE HEART BOARD OF DIRECTORS:

Term beginning November 19, 2013

William Dillon, President, 1st 3 year term
Timothy Cahill, Vice, President, 1st 2 year term
Bill Precious, Treasurer, 1st 3 year term
Sally Dillon, Secretary, 1st 2 year term
Roz Cordini, board member, 1st 3 year term
John Mandrola, board member, 1st 2 year term
Steve Carr, board member, 1st 3 year term

Start the Heart Bylaws state, "the term of office of each Director shall be three (3) years. A board member may, if re-elected, serve additional terms. How many additional terms is not delineated.

Because 2013 was the first year of our board, we staggered the term limits, some serve the full term and some serve a 2 year term. This was decided so that all board members will would not have terms expire the same year.

Sdc

Start the Heart Foundation

STATEMENT OF ACTIVITY

January 1 - July 13, 2015

	TOTAL
Revenue	
Donations	12,162.90
Sportswear Purchase	110.00
Unapplied Cash Payment Revenue	0.00
Total Revenue	\$12,272.90
Cost of Goods Sold	
Dummies Expense	33.95
Educational Materials	448.07
Insurance - Liability	1,088.30
Insurance - Workers Comp	478.83
Intern Stipend	2,275.00
Presentation Technology	297.88
Total Cost of Goods Sold	\$4,622.03
Gross Profit	\$7,650.87
Expenditures	
Bank Charges	0.00
Computer & Technology	149.99
Legal & Accounting Fees	170.00
Marketing Supplies Expense	588.00
Meetings & Presentations	700.00
Office Supplies	414.76
Total Expenditures	\$2,022.75
Net Operating Revenue	\$5,628.12
Net Revenue	\$5,628.12

Monday, Jul 13, 2015 01:22:34 PM PDT GMT-4 - Cash Basis

From: Sally Dillon <sdillon@twc.com>
Subject: 990 recpt
Date: July 14, 2015 4:38:00 PM EDT
To: Sally Dillon <sdillon@twc.com>

From: <epostcard@urban.org>
Date: April 9, 2015 at 9:04:52 AM EDT
To: <wdillon@twc.com>
Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: START THE HEART FOUNDATION INC
[REDACTED]

Submission Type: Form 990-N
Year: 2014
Submission ID: 7800582015099bd89449
e-File Postmark: 4/9/2015 8:59:10 AM
Accepted Date: 4/9/2015

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

Thank you for filing.

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

START THE HEART FOUNDATION INC
7611 Wolf Pen Ridge Court
Prospect, KY 40059

0871257.09

BAlimonos
ADD

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/4/2013 11:20 AM
Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF
THE START THE HEART FOUNDATION, INC.**

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky, KRS 273.161 et seq., in accordance with the following provisions.

ARTICLE I

The name of this corporation is THE START THE HEART FOUNDATION, INC.

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The purpose of the corporation shall be to provide free CPR classes in the Louisville Metropolitan area and surrounding counties.

In order to carry out the foregoing purposes, this corporation may take and hold by bequest, devise, gift, grant, purchase, lease, or otherwise, any interest in property, real, personal, tangible or intangible, or any undivided interest therein, without limitation as to the amount of value; to sell, convey or otherwise dispose of any such property, and to invest, reinvest, or deal with the principal or the income there of in such manner as in the judgment of its Board of Directors deems best to promote the purposes of the corporation.

The corporation shall have the power to do any other act or thing incidental to or connected with the foregoing purposes or advancement thereof, but not for the pecuniary profit or financial gain of its directors or officers, except as permitted by law. In furtherance of its corporate purposes, and not in limitation thereof, the corporation shall have all general powers conferred by the laws of the Commonwealth of Kentucky upon corporations created thereunder.

ARTICLE IV

The corporation is organized exclusively for charitable, religious, educational, or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or such corresponding section of any future federal tax code. The corporation is to be operated so as to attract substantial support directly or indirectly from interested persons and from contributions from the general public and local businesses. The corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the

corporation is distributable to or will inure to the benefit of its directors, officers, employees and staff except reasonable compensation permitted by law. No part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in, including the publishing or distribution of statements, any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this certificate, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States revenue law, or by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue law.

ARTICLE V

No part of the income of the corporation shall inure to the benefit of any member, director, officer of the corporation, or any private individual, except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes, and no members, officers of the corporation, or any private individual shall be entitled to share in the distribution of any of the activities on dissolution of the corporation.

ARTICLE VI

In the event of dissolution, all of the remaining assets and property of the corporation shall after necessary expenses thereof be distributed to such organizations as shall qualify under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended.

ARTICLE VII

The name and mailing address of the initial registered agent of the corporation is:

Patrick T. Schmidt
401 West Main Street, Suite 1400
Louisville, KY 40202

ARTICLE VIII

A Board of Directors consisting of at least three (3) but no more than eleven (11) persons shall conduct the affairs of the corporation. Elected directors shall hold office for a term of one (1) year. A director may be removed, with or without cause, by a majority vote of the Board of Directors of THE START THE HEART FOUNDATION, INC. The initial Board of Directors also shall serve a one (1) year term. The names and addresses of the initial directors are:

William Dillon
7611 Wolf Pen Ridge Court
Prospect, Kentucky 40059

Sarah Dillon
7611 Wolf Pen Ridge Court
Prospect, Kentucky 40059

Timothy E. Cahill
5103 Olde Creek Way
Prospect, Kentucky 40059

Rosalind Cordini,
1500 Sylvan Wynde
Louisville, Kentucky 40205

John Mandrola
2500 Meadow Road
Louisville, Kentucky 40205

Janice Morgan
1805 S. Brook Street
Louisville, Kentucky 40209

William Precious
9908 Fringe Tree Court
Louisville, Kentucky 40241

ARTICLE IX

The mailing address of the corporation's initial principal office is as follows: 7611 Wolf Pen Ridge Court, Prospect, Kentucky 40059.

ARTICLE X

The Board of Directors of THE START THE HEART FOUNDATION, INC. shall have the authority to adopt such by-laws and regulations as may be necessary for the government of the corporation and elect such officers as it deems necessary to carry out the work of said corporation. It shall have the power to fill all vacancies in its body; elect and appoint officers and agents that it may deem appropriate; and fill vacancies created by death or resignations from time to time; provide for a quorum of its membership to transact business; and, generally, such other rules and regulations for the conduct of its business as it deems appropriate.

ARTICLE XI

The corporation shall indemnify any and all persons who may serve or who have served at any time as directors or officers or who at the request of the Board of Directors of the corporation may serve or at any time have served as directors or officers of another corporation merged into this corporation and their respective heirs, administrators, successors, and assigns, against any and all expenses, including amounts paid upon judgments, counsel fees, and amounts paid in settlement (before or after suit is commenced), actually and necessarily incurred by such persons in connection with the defense or settlement of any claim, action, suit or proceeding in which they, or any of them, are made parties, or a party, or which may be asserted against them or any of them by reason of being or having been directors or officers or a director or officer of the corporation or of such other corporation except in relation to matters as to which any such

director or officer or former director or officer or person shall be adjudged in any action, suit or proceeding to be liable for his own negligence or misconduct in the performance of his duty. Provided further, this provision shall not eliminate or limit the liability of a director:

(a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation.

(b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

(c) For any transaction from which the director derived an improper personal benefit.

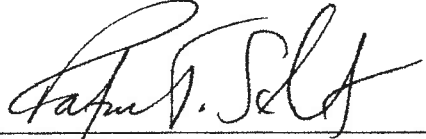
Such indemnification shall be in addition to any other rights to which those indemnified may be entitled under any law, bylaw, agreement, or action by the Board of Directors.

ARTICLE XII

The name and address of the incorporator is:

Patrick T. Schmidt
401 W. Main Street, Suite 1400
Louisville, Kentucky 40202

IN TESTIMONY WHEREOF, witness our signatures this the 30th day of October, 2013.



PATRICK T. SCHMIDT
INCORPORATOR

CONSENT OF INITIAL REGISTERED AGENT

Pursuant to the provisions of KRS Chapter 273, the undersigned, as the initial registered agent identified in Article VII of the Articles of Incorporation of **THE START THE HEART FOUNDATION, INC.**, hereby consents to serve **THE START THE HEART FOUNDATION, INC.** in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Nonprofit Corporation Act.



PATRICK T. SCHMIDT



P.O. Box 1397
Dayton, OH 45401-1397

Equipment estimate

ORDER INFORMATION

CUSTOMER NO: 7059676
BILL TO NO: 7059676
INVOICE NO: V6633295
INVOICE DATE: 8/04/14
TERMS: CREDIT CARD
BILL OF LADING: J212794

*LMI-2
ND -
2nd
Small equip*

58-0.54-73030S13.ps 610151935 1-1



START THE HEART FOUNDATION
WILLIAM DILLON PRESIDENT
7611 WOLF PEN RIDGE COURT
PROSPECT KY 40059-7110

SOLD TO
CPR IN SCHOOLS
AP
4808 EASTOVER CIRCLE
MESQUITE TX 75149-1007

CUSTOMER P.O. NUMBER	SHIPPED VIA	DATE SHIPPED	
REL# 2935961	UPS GROUND	8/04/14	238

MESSAGE / INQUIRIES

FOR INQUIRIES REGARDING THIS INVOICE, PLEASE CONTACT:
PAUL CABRA (800) 233-1230 054

ORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDER# W856373		
2	2	90-1089 1/EA CPR IN SCH TRNING KIT - BROWN	599.00 E	1,198.00
1	1	90-1088 1/EA CPR IN SCH TRNING KIT-LIGHT	599.00 E	599.00
		SUBTOTAL		1,797.00
		FREIGHT		92.15
		TOTAL CHARGED TO CREDIT CARD (USD)		\$1,889.15

*1 KIT = 599.00 = 10 dummies
2015-Sept - Price \$ 70.00
per dummy on line*



REMITTANCE ADVICE
PLEASE RETURN WITH YOUR PAYMENT

PLEASE RETURN THIS PORTION OF THE INVOICE WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.
THIS DOCUMENT IS COMPUTER SCANNED. WRITTEN INFORMATION WILL NOT BE PICKED UP.

INVOICE NUMBER	CUSTOMER NUMBER	INVOICE DATE	TERMS	AMOUNT DUE	AMOUNT PAID
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THIS IS A CREDIT CARD RECEIPT - DO NOT PAY

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) Start the Heart Foundation	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input 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) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit Corporation	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) 7611 Wolfpen Ridge Ct	Requester's name and address (optional)
City, state, and ZIP code Prospect, KY 40059	
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 the "Name" line 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.

Social security number																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

Demographic questionnaire

ZIP CODE: _____ AGE: _____

ID # _____

GENDER circle one

- a. Male
- b. Female

HIGHEST LEVEL OF EDUCATION circle one

- a. Middle School (specify grade) _____
- b. Some High School (specify grade) _____
- c. High School Diploma or GED
- d. Some College
- e. College Graduate (Associate degree)
- f. College Graduate (Bachelor's degree)
- g. Graduate School

RACE circle one

- a. White
- b. African American
- c. Asian/Pacific Islander
- d. Native American/Alaska Native
- e. Other

ETHNICITY circle one

- a. Hispanic/Latino
- b. Non-Hispanic/Latino

HOW LIKELY WOULD YOU BE TO PERFORM HANDS-ONLY CPR IN AN EMERGENCY? circle one

Very Likely Likely Neutral Unlikely Very Unlikely

ZIP CODE: _____ AGE: _____

ID # _____

GENDER circle one

- a. Male
- b. Female

HIGHEST LEVEL OF EDUCATION circle one

- a. Middle School (specify grade) _____
- b. Some High School (grade) _____
- c. High School Diploma or GED
- d. Some College
- e. College Graduate (Associates degree)
- f. College Graduate (Bachelor's degree)
- g. Graduate School

RACE circle one

- a. White
- b. African American
- c. Asian/Pacific Islander
- d. Native American/Alaska Native
- e. Other

ETHNICITY circle one

- a. Hispanic/Latino
- b. Non-Hispanic/Latino

HOW LIKELY WOULD YOU BE TO PERFORM HANDS-ONLY CPR IN AN EMERGENCY? circle one

Very Likely Likely Neutral Unlikely Very Unlikely



START THE HEART FOUNDATION 30 MINUTE HANDS-ONLY CPR CLASS

- Taught by trained pre-medical student interns
- Review emergency response procedures
- Learn when to call 911
- View Vinnie Jones' Hard & Fast Hands-only video, produced by the British Heart Association
- Practice hands-only CPR on dummies
- Learn how to use an Automated External Defibrillator (AED)
- Learn about a heart healthy life style
- Wallet sized participation card given to every attendee



MISSION:

Our mission is to improve survival after cardiac arrest through community training and education.

In Louisville, 1 out of 10 survive cardiac arrest and 1 in 4 cardiac arrest victims receive bystander CPR. In cities with robust CPR education, survival after cardiac arrest approaches 50%.

Start the Heart is increasing access to CPR education and training by offering FREE hands-only CPR classes to the community. Over the last year our pre-medical student interns have taught hands-only CPR to over 8,000 people in businesses, community centers, churches and most Jefferson County private and public 9th grade health classes.

Most cardiac arrests occur in the home. Learn this life saving skill today.

FREE HANDS-ONLY CPR CLASSES:

Taught by trained pre-medical students

30 minute class

Learn when to call 911

Practice hands-only CPR on dummies

Learn how to use an Automated External Defibrillator (AED)

SCHEDULE CLASSES TODAY:

Contact us to schedule a class for your group. We can teach a 30 minute class for between 10 and 30 students. If needed, we can teach several classes in a row or on different days and times. Contact Sally Dillon at sdillon@twc.com or 228-3280 to schedule or ask questions.

VISIT OUR WEBSITE @ WWW.STARTTHEHEARTFOUNDATION.ORG

Community Center Schedule

Center	Contact	e-mail	taught '14	Scheduled for '15
Baxter Community Center	Rene Douglass 574-2670	niletta.douglas@louisvilleky.gov	***	
Beechmont Community Center	Sandra Shepherd 361-5484			***
California CC				***
Cyril Allgeier Community Center	Myra Summers 456-3261			***
Douglass Community Center	Brent Priddy 456-8148		*****	*****
Flaget Senior Center	Joe Pilbean 574-2831		****	***
Parkhill Community Center	Lisa Samuels 637-3044			
Portland Community Center	Mark Hoover 776-0913	mark.hoover@louisvilleky.gov	***	****
Newburg Community Center	Keith Abell 456-8122	Keith.Abell@louisvilleky.gov		
Shawnee Arts and Cultural Center	Portia White 775-5268	portia.muhammadr@louisvilleky.gov	*****	*****
Shelby Park Community Center	Kevin Kinney 574-1780	Kevin.kinney@louisvilleky.gov	***	
South Louisville Community Center	Laneisha Beasley 574-3206			*****

Community Center - P. 2

Center **Contact** **e-mail** **taught '14** **Scheduled for**
'15

Southwick Community Center **Dee Dee Polk** **3621 Southern Avenue, 40211**

Sun Valley Community Center **Bobby Wilson** **937-8802** ********

Wilderness Road Senior Center **Bill Hinklin** **964-5151**

Schools taught in 2014-15 school year

PUBLIC HIGH SCHOOLS

	e-mail	Equip	Fall '14	Jan '15	Spring '15
Academy at Shawnee					
Attherton	Mark Tudor		X	X	
Ballard	Terrie Gupton		X	all in fall	
Brown (block)	Diane Courington		X	X	
Butler Traditional HS	Mary Wurst		X	X	X
Butler Traditional HS	Corey Cullen			X	
Central High School					X
DuPont Manual (two days)	Sarah Miller		X	X	
Eastern (2 days)	Kent McNally		X	X	
ELS Newcomer Academy	Constance Christian		X		
Jefferson County					
Jeffersontown HS	Martha Phillips		X	X	
Jeffersontown HS	Casey Laskie		X		
Male	Todd Driskell		X	X	
Pheonix School of Discovery*	Steve Rickner		X		
Seneca	Amanda Temple			X	

PUBLIC TRIMESTERS

Buechel_troubled students					
Doss	Terry Williams		X	X	
Fairdale	Alex Bumpas		X		
Iroquois*	Bob Ward		X	X	X
Moore*					X
Pleasure Ridge Park*	Richie Hawkes		X	X	
Shawnee*					
Southern	Brienne Wolf			X	
Valley*	Chrissy Bynum				X
Waggoner*					X
Western*	Emily LePlante		X	X	
Fern Creek*	Diane Polley		X	X	

PRIVATE HS

Assumption	Stasia Polston	stasia.polston@ahsrockets.org		X
Christian Academy	LaVonne Reiser-Girls	lreiser@cassschools.us		X
Christian Academy	Nick McCullum -Boys Health	mmccullum@cassschools.us		
DeSales	Terry Barney	terry.barney@desaleshs.com	X	
Holy Cross	Todd Crumbaker	tcrumbaker@holycrosshs.com		X
Mercy Academy (block)	Melissa Schoenbacher	mschoenbacher@mercyaguars.com	X	
Presentation	Jana King	jking@shslou.org	X	
Sacred Heart (block)	Jim Wagoner	jwagoner@saintx.com	X	
St. Xavier	Joe Bryant (2 days)	bryant@throck.net	X	
Trinity High School				
KCD				
Collegiate				
Bullitt County				
Bullitt Central HS	Brittany Kripp	brittany.kripp@bullitt.kyschools.us		X
Bullitt East	Dona Hare	dona.hare@bullitt.kyschools.us		X
North Bullitt	Kathy Abell	kathy.abell@bullitt.kyschools.us		X
Riverview Opportunity Center	Andrew Hundley	andrew.hundley@bullitt.kyschools.us	getting CPR at Bullitt	
Oldham County HS	Richard Gravis - principal-Scott Gerlach, Teacher contact	richard.graviss@oldham.kyschools.us		X
Oldham County HS				
North Oldham	Craig Wallace	craig.wallace@oldham.kyschools.us		
South Oldham	Jeff Griffin and Mike Herakovic cell 472-4178 & work 241-6681 ext 315	jeff.griffin@oldham.kyschools.us & michael.herakovic@oldham.kyschools.us		X
Arvin Center				

THE START OF THE HEART FOUNDATION, INC

General Information

Organization Number	0871257
Name	THE START OF THE HEART FOUNDATION, INC
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/4/2013
Organization Date	11/4/2013
Last Annual Report	5/10/2015
Principal Office	7611 WOLF PEN RIDGE COURT PROSPECT, KY 40059
Registered Agent	PATRICK T. SCHMIDT 401 WEST MAIN STREET SUITE 1400 LOUISVILLE, KY 40202

Current Officers

President	William C Dillon
Vice President	Tim Cahill
Secretary	Sarah C Dillon
Treasurer	William Precious
Director	William C Dillon
Director	Sarah C Dillon
Director	Tim Cahill

Individuals / Entities listed at time of formation

Director	WILLIAM DILLON
Director	TIMOTHY E CAHILL
Director	JOHN MANDROLA
Director	WILLIAM PRECIOUS
Director	SARAH DILLON
Director	ROSALIND CORDINI
Director	JANICE MORGAN
Incorporator	PATRICK T SCHMIDT

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.

[Annual Report](#)

5/10/2015

1 page

[PDF](#)

[Annual Report](#)

5/23/2014

1 page

[PDF](#)

[Articles of Incorporation](#)

11/4/2013

5 pages

[tiff](#)

[PDF](#)

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/10/2015 4:40:16 PM	5/10/2015 4:40:16 PM	
Annual report	5/23/2014 5:51:25 PM	5/23/2014 5:51:25 PM	
Add	11/4/2013 11:20:09 AM	11/4/2013	

Microfilmed Images
