

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

**Applicant/Program:** The Gap Felony Prevention Program  
**Applicant Requested Amount:** \$ 9,000.00  
**Appropriation Request Amount:** \$2,250.00

**Executive Summary of Request**

Program requesting funding for the felony prevention program for disenfranchise youth that reside in under served communities. The program mission is to build character and leadership development, civic engagement, cultural naturalization and global citizenship. The program will be operating in districts 1 @ Trinity family life center, 3811 Hale Ave, Louisville, KY 40211 & St Stephens family life center, 1508 W Kentucky St, Louisville, KY 40210

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>1</u>		<u>\$1,500.00</u>	<u>Oct 28, 2016</u>
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.  
None

**Approved by:**

_____	_____
Appropriations Committee Chairman	Date
Final Appropriations Amount: _____	

**Applicant/Program:**

The Gap Felony Prevention Program

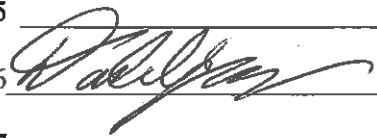
**Additional Disclosure and Signatures**

**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.

None

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6		\$750.00
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** The Gap Felony Prevention Program

**Program Name and Request Amount** The Gap Felony Prevention Program

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

Prepared by: **Charles Weathers**

Date: Oct 28, 2016

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <b>The Gap Felony Prevention Program Inc.</b> <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
Main Office Street & Mailing Address: <b>3500 Algonquin Pkwy, 40211 Louisville, KY</b>			
Website:			
Applicant Contact:	Richard Whitlock	Title:	Creator
Phone:	502-457-5270	Email:	gettingallp@yahoo.com
Financial Contact:	Richard Whitlock	Title:	President
Phone:	502-457-5270	Email:	r.whitlockjr2@gmail.com
Organization's Representative who attended NDF Training: <b>Richard Whitlock</b>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	3811 Hale Ave. and 1508 W. Kentucky St		
Council District(s):	1st and 6th	Zip Code(s):	40210, 40211
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: <b>The Gap Felony Prevention Program</b>			
Total Request: (\$)	9,000.00	Total Metro Award (this program) in previous year: (\$)	0.00
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"/> 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		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	N/A	Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The purpose of this organization is as follows: The Gap Felony Prevention Program Inc. is a non profit organization whose vision is to provide multiple services for disenfranchised youth that reside in under-served communities. Our mission is achieved via the pursuit of; Character and Leadership Development; Civic Engagement; Cultural Naturalization; and Global Citizenship).

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF</b>
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Board Member	Term End Date
Grady Foster	07/01/16 - 07/01/19
James Linton	07/01/16 - 07/01/17
Brian Wright *	07/01/16 - 01/01/17
Richard Whitlock	07/01/16 - 07/01/19
O' Farrell Washington *	07/01/16 - 01/01/17
replaced in 2017 by Darrell Aniton and Terra Levelle	01/01/17 - 07/26/18

**Describe the Board term limit policy:**  
 3 year row over term limits for Board Members.

Three Highest Paid Staff Names	Annual Salary
Richard Whitlock	To be determine by the Board of Directors
All other Board Members are:	Volunteers

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.):**

Starting Wednesday September 20th, 2016 - Ending May 19th, 2017. (32 weeks of programming)

Wednesday at 3811 Hale Ave. (Trinity Family Life Center)

Tuesday and Thursday at 1508 W. Kentucky St. (St. Stephen Family Life Center)

4:00pm to 8:00pm

12 weeks in 2016

20 weeks in 2017

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

-Purchase (30) curriculum packets from the UPS Store (\$141.57)

-Rent from Trinity Family Life Center (\$1,023.99)

-Personnel Cost of The Gap Felony Prevention Program (\$2,955.44)

-Machinery and Equipment

A) 20 Samsung Google Chromebooks from Walmart (\$3,380.00)

B) AverCharge C30i from Averusa.com (\$1,499.00)



## 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.

## 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:**

- JCPS (Cascade Program) will measure each participant's academic performance among their student peer by percentile. Being able to measure if academic performance was increased during the program.

- Spalding University (Dr. Dickie of Restorative Justice) Restorative Justice Louisville is interested in the participants of the program for the collection of their independent data that they are willing to share with the program of program participants.

- Measuring the amount of interactions with LMPD. How many times participants had interactions with LMPD in their community or home?

- Measuring the # of citations/arrest of program participants during the program. Deterring crime is one of the emphasizes of the program for participants.

(24-32 expected participants)

**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.**

Trinity Family Life Center- (128 hours of rented space)

St. Stephen Family Life Center- (256 hours of in-kind space)

Kentucky Youth Career Center- Referrals

Right Turn- Referrals

JCYC- Referrals

Department of Juvenile Justice- Referrals

**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>	\$2,955.44		
<b>B: Rent/Utilities</b>	\$1023.99		
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>	\$141.57		
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>	\$4,879.00		
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
<b>% of Program Budget</b>	100 %	0 %	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 Column 2 Expenses **	

\*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 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
St. Stephen Family Life Center	256 hours of Classroom and Gym	N/A
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      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: July 1st, 2017

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:

This is the first year of existence of The Gap Felony Prevention Program established in 2016. The Gap Program is generating interest from Metro United Way, The Brown Foundation, Yum Brands, and The Mayor's Office.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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


#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b> 	<b>Date:</b> 09/06/16	
<b>Legal Signatory: (please print):</b> Richard Whitlock	<b>Title:</b> President	
<b>Phone:</b> 502-457-5270	<b>Extension:</b>	<b>Email:</b> r.whitlockjr2@gmail.com

LEGAL TITLE	TIN	Home Phone #	Work Phone #	Email Address
THE GAP FELONY PREVENTION PROGRAM, INCORPORATED				

ACCOUNT ADDRESS	FOREIGN ADDRESS

Check appropriate box for federal tax classification (required):

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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other \_\_\_\_\_

**Certification of Owner:** Under penalties of perjury, I certify that:

(1) The number 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, and

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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, you must cross out item (2) in your certification.**

Check this box if you are a non-resident alien and complete W-8 BEN. By checking this box the only purpose this document will serve for is a Signature Card for the account. It will not serve as a W-9.

**Account Agreement:** By signing this Account Registration and Agreement and/or by using the account, by requesting and/or using and/or later adding any account related services, including but not limited to Debit Card/ATM Card, Overdraft Protection, PNC Bank Online services, I agree to be bound by the terms and conditions of PNC Bank's Account Agreement for Checking Accounts and Savings Accounts, PNC Bank's Account Agreement for Certificates of Deposit, or IRA CDs, as applicable, and Schedule of Service Charges and Fees, as well as other terms and conditions that may apply to my PNC Bank account, account features and/or services. I agree that my account is subject to approval by PNC Bank.

ACCOUNT #	PRODUCT	BRANCH	EFFECTIVE DATE	APPLICATION DATE	APPLICATION #
	NPC	00077	11/10/2016	11/10/2016	

(Signer(s) for THE GAP FELONY PREVENTION PROGRAM, INC)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

RICHARD WHITLOCK, DIRECTOR

_____	X	Signature
_____	X	Signature
_____	X	Signature
_____	X	Signature
_____	X	Signature
_____	X	Signature

**PNC Bank internal use only instructions:**  
 Please forward this form in the clear plastic envelope with the red insert to CIF.  
 It can also be mailed via interoffice mail to CIF - Mail Stop: P7-PFSC-04-F



## **Residential Lease Agreement**

This Lease Agreement is made and entered on September 21, 2016 by and between **Trinity Family Life Center** (the "Landlord") and the following tenants: Richard Whitlock - The GAP Program (the "Tenant")

Subject to the terms and conditions stated below the parties agree as follows:

- 1. Property.** Landlord, in consideration of the lease payments provided in this Agreement, leases to Tenant with Office Space Room 110, located at 3811 Hale Ave, Louisville, Kentucky 40211 (the "Property"). No other portion of the building wherein the Property is located is included unless expressly provided for in this Agreement.
- 2. Term.** This Agreement will begin on September 21, 2016 and will terminate on May 2017 and thereafter will be month-to-month on the same terms and conditions as stated herein, save any changes made pursuant to law, until terminated.
- 3. Management.** The Tenant is hereby notified that Trinity Family Life Center is the property manager of the Property. Should the Tenant have any issues or concerns, the Tenant may contact

Trinity Family Life Center by one of the methods below:

**Address:** 3811 Hale Ave, Louisville, Kentucky 40211

**Telephone:** 502-774-8667

**Email:** [shenitarickman1@aol.com](mailto:shenitarickman1@aol.com)

**Payments should be sent to:**

Payment address: 3811 Hale Ave, Louisville, Kentucky 40211, or at such other place as Landlord may designate from time to time. Rental Payment of \$1,023.99

**Payments can be made by using one of the following methods of payment:**

Acceptable forms of payment:

Tenant agrees to submit rent payments by one of the methods above. In the event of roommates, or another form of joint or multiple occupancy, Tenant will be responsible for collecting payment from all parties and submitting a single payment to Landlord. Tenant is responsible for any payment made by mail and not received by the due date stated herein. Mailed payments must be received on or before the due date. If the first month of the lease is a partial month, rent payment will be pro-rated at the rate of 1/30th of the monthly rent payment per day. No pro-rated rent shall be accepted at any other time.

**4. Non-Sufficient Funds.** Tenant will be charged a monetary fee of \$25.00 as reimbursement of the expenses incurred by Landlord for each check that is returned to Landlord for lack of sufficient funds. In addition, a check returned due to insufficient funds will be subject to any and all late payments provisions included in this Agreement (if any). All charges will be immediately due from Tenant and failure to make immediate payment will constitute a default under the terms of this Agreement.





Landlord reserves the right to demand future payments by cashier's check, money order or certified funds on all future payments in the event of a check returned for insufficient funds. Nothing in this paragraph limits other remedies available to the Landlord as a payee of a dishonored check.

Landlord and Tenant agree that three (3) returned checks in any 12 month period constitutes frequent return of checks due to insufficient funds and may be considered a just cause for eviction.

**5. Failure to Pay.** Tenant is hereby notified that a negative credit report reflecting on Tenant's credit history may be submitted to a credit reporting agency if Tenant fails to fulfill the terms of their credit obligations, such as their financial obligations under the terms of this Agreement.

**6. Occupants.** The only persons who may live on the Property during the term of this Agreement are:

- Personal check
- Money order
- Cashier's check

**7. Occupants.** The only persons who may live on the Property during the term of this Agreement are: **Richard Whitlock - The GAP Program**

**Additional Provisions; Disclosures.**

Rental Office Space is Room 110 leased for The GAP Program for each Wednesdays per month: times are 4 pm to 8 pm starting on 09-21-2016 to 05-21-2017, utilizing space for these GAP meetings.

**Landlord:**

Trinity Family Life Center  
3811 Hale Ave, Louisville, Kentucky 40211

**Tenant:**

Richard Whitlock - The GAP Program  
3811 Hale Ave, Louisville, Kentucky 40211

**IN WITNESS WHEREOF**, the Landlord and Tenant have executed this Agreement in The manner prescribed by law as of the Effective Date.

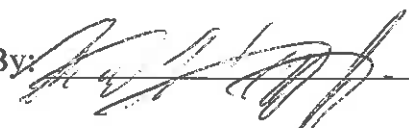
**Landlord:**

Trinity Family Life Center  
3811 Hale Ave  
Louisville, Kentucky 40211

By:  Date: 10-24-16

**Tenant:**

Richard Whitlock - The GAP Program

By:  Date: 10/24/16



Alison Lundergan Grimes  
 Secretary Of State  
 Filings Division  
 P.O. Box 718  
 Frankfort, KY 40602-0718

0958401  
 IMPORTANT NOTICE

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 07/27/2018  
 US POSTAGE \$000.46<sup>5</sup>



ZIP 40601  
 041M12250799

**NOTICE**

**Keep this copy for your records**

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

**How to obtain a full page copy of your business filing**

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at [www.sos.ky.gov](http://www.sos.ky.gov). If you would like to request copies of the document from our office, please download the Records Request Form at [www.sos.ky.gov](http://www.sos.ky.gov) and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

**THE GAP FELONY PREVENTION PROGRAM,  
 INCORPORATED  
 3500 ALGONQUIN PARKWAY  
 LOUISVILLE, KY 40211**

4021132943 C068



0958401.09

mstratton  
ADD

Ailson Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
7/26/2016 7:39 AM  
Fee Receipt: \$8.00

**Articles of Incorporation**  
Of  
**THE GAP FELONY PREVENTION PROGRAM, Incorporated.**

First: The name of the Corporation shall be THE GAP FELONY PREVENTION PROGRAM, Incorporated.

Second: The purpose of the organization is as follows: THE GAP FELONY PREVENTION PROGRAM, Incorporated is a nonprofit organization whose mission is to provide services for disenfranchised youth that reside in underserved communities. Our mission is achieved via the pursuit of the following principles; (Character and Leadership Development, Civic Engagement, Cultural Naturalization, and Global Citizenship)

Third: The street address of the corporation's initial registered office is 3500 Algonquin Parkway, Lou, KY 40211. The name of the registered agent is Richard Whitlock.

This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. This Corporation shall be a nonprofit corporation.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

No substantial 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 or in opposition to any candidate for public office. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Fourth: The mailing address of the corporation's principal office is 3500 Algonquin Parkway, Lou, KY 40211.

Fifth: The number of directors that constitute the initial board of directors is (5) The names and addresses of the individuals who are to serve as the board of directors is as follows:

Richard Whitlock  
3500 Algonquin Parkway, Lou, KY 40211

Brian Wright  
3500 Algonquin Parkway, Lou, KY 40211

O'Farrell Washington  
3500 Algonquin Parkway, Lou, KY 40211

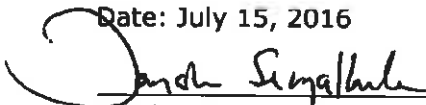
James Linton  
3500 Algonquin Parkway, Lou, KY 40211

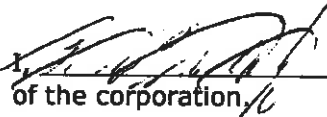
Grady Foster  
3500 Algonquin Parkway, Lou, KY 40211

Sixth: The name and address of the incorporator of the corporation is Tarsha Semakula, 7531 Connor Way, #2, Lou, KY 40214

IN WITNESS WHEREOF the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: July 15, 2016

  
\_\_\_\_\_  
Tarsha Semakula, Incorporator

  
\_\_\_\_\_ consent to serve as the registered agent on behalf  
of the corporation.

  
\_\_\_\_\_  
Signature of Registered Agent

Richard Whitlock - President  
\_\_\_\_\_  
Print Name and Title

07/20/16  
\_\_\_\_\_  
Date

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

DEPARTMENT OF THE TREASURY

Date: SEP 14 2016

THE GAP FELONY PREVENTION PROGRAM  
INCORPORATED  
3500 ALGONQUIN PARKWAY  
LOUISVILLE, KY 40211-0000

Employer Identification Number:

[REDACTED]  
26053611002676

Contact Person: CASEY A SUTFIELD ID# 31474

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
July 31

Public Charity Status:  
170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:  
Yes

Effective Date of Exemption:  
July 26, 2016

Contribution Deductibility:  
Yes

Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.


If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

THE GAP FELONY PREVENTION PROGRAM

Sincerely,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



# THE GAP FELONY PREVENTION PROGRAM

- LEADERSHIP
- CIVIC DUTY
- CULTURAL NATURTALIZATION
- GLOBAL CITIZENSHIP

## JOIN HANDS TO SAVE OUR YOUTH

Our MISSION is to provide service learning activities for DISENFRANCHISE YOUTH that reside in the West Louisville community. Our VISION is achievable through the pursuit of the following (4) Principles: Character-Leadership Development; Civic Engagement; Cultural Naturalization; & Global Citizenship.

# CHILDREN AT-RISK

"...Western Louisville neighborhoods have a 24 percent unemployment rate, an 8 percent bachelor's degree attainment rate and a life expectancy of less than 71 years. The felony rate per 1,000 residents in the nine neighborhoods is as high as 126, according to the Louisville Metro application summary (per a submitted grant) in 2016."

Promise Zone Neighborhood Grant

- WFPL

## Help Raise AWARENESS

Richard Whitlock  
Director  
Getting All People

- ✉ [gettingallp@yahoo.com](mailto:gettingallp@yahoo.com)
- ✉ [r.whitlockjr2@gmail.com](mailto:r.whitlockjr2@gmail.com)
- ⏪ [gettingallpeople.com](http://gettingallpeople.com)







3706 Diann Marie Road  
Louisville, KY, 40241  
502-326-9166  
502-3269433  
[www.walmart.com](http://www.walmart.com)

October 14th, 2016

Richard Whitlock Jr.  
The Gap Felony Prevention  
3500 Algonquin Pkwy  
Louisville, KY 40211

To whom it may Concern:

The Gap Felony Prevention Program will be purchasing (20) 11.6 Samsung Chrome book's at \$169 a piece, This totals \$3,380. The Chrome books will be available for pick up by Thursday October 20th, 2016.

Sincerely,

A handwritten signature in black ink that reads "Ami Desai". The signature is written in a cursive, flowing style.

Ami Desai  
Store Manager #0526  
Walmart Stores, Inc.

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above <i>The Gap Felony Prevention Program</i>		
	3 Check appropriate box for federal tax classification; check only one 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> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <i>3500 Algonquin Pkwy.</i>		Requester's name and address (optional)
	6 City, state, and ZIP code <i>Louisville, KY 40211</i>		
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-	
-	-	-	-						
or									
<b>Employer identification number</b>	[REDACTED]								

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>[Signature]</i>	Date ▶ <i>08/24/16</i>
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**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

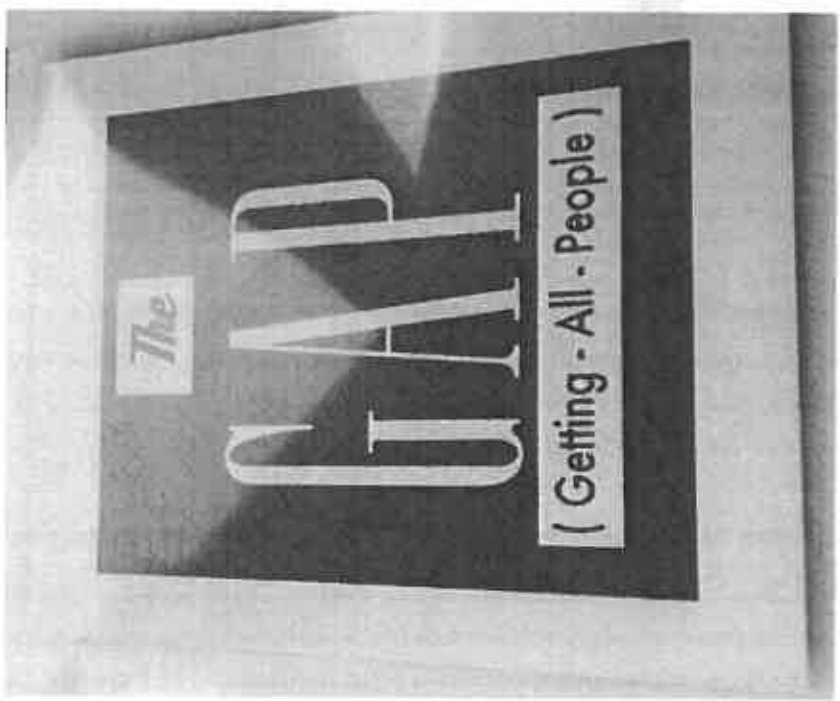
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# THE GAP FELONY PREVENTION PROGRAM



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The Gaps = Chasms	4
Character and Leadership	5
Civic Engagement	6
Cultural Naturalization	7
Global Citizenship	8
Contact	9

## MISSION

The GAP Felony Prevention Program MISSION is to provide service learning activities for **DISENFRANCHISE YOUTH** that reside in Zip Codes: 40210, 40211, 40212, and 40218. Our **VISION** is achievable through the pursuit of the following (4) Principles: Character-Leadership Development/Civic Engagement/Cultural Naturalization/  
Global Citizenship

## "GAPS" COMMUNITY CHASMS THAT AFFECT DISENFRANCHISE YOUTH IN UNDER-SERVED COMMUNITIES...

"...Western Louisville neighborhoods have a 24 percent unemployment rate, an 8 percent bachelor's degree attainment rate and a life expectancy of less than 71 years. The felony rate per 1,000 residents in the nine neighborhoods is as high as 126, according to the Louisville Metro application summary (per a submitted grant) in 2016." Promise Zone Neighborhood Grant - **WFPL**

"Children with incarcerated parents are 7x more likely to become incarcerated themselves." - **YMCA/YNOW**

"80% of the African Americans or the (Black) Community live in Neighborhoods that are 80% African American. 90% of the Anglo Americans or the (White) Community live in Neighborhoods that are 90% Anglo American in the City of Louisville, KY as of 2015." **CULTURAL SEGREGATION - The Courier Journal 2015**

"Over the last two years more than 600 people were treated at University of Louisville Hospital - the region's only level 1 trauma center - for gunshot injuries. They came from across the region, but the largest numbers came from the Algonquin, California, Chickasaw, Park DuValle, Park Hill, Parkland, Portland, Russell, and Shawnee Neighborhoods. These (9) West Louisville Neighborhoods face significant challenges including high unemployment, poverty, and crime. All factors which contribute to an average life expectancy seven years less than the rest of Louisville, KY." - **Kentucky One Health**

## (5) CHARACTER AND LEADERSHIP DEVELOPMENT CURRICULUMS

**The G.A.P Cultivation-Character and Leadership Development Curriculum**  
(16 Weeks)

**Education + Economics = Entrepreneurship Teaching the 17 Principles of Success and Achievement by Napoleon Hill** (16 weeks)

**English + Math = Science-Vocabulary Expansion by using Algorithms for Success**  
(16 Weeks)

**The G.A.P 360- Self, Family, Community Curriculum** (32 Weeks)

**The G.A.P Blueprint- Exploring the Challenges and Achievements of African American MEN in the United States of America** (16 Weeks)

Much attention has been focused recently on “at risk” children, especially those who face poverty, neglect, abuse, physical handicaps, war, mental illness, alcoholism, or the criminality of their parents. Amazingly, while researchers have found that these children do develop more problems than the general population, they have also learned that a great percentage of the children do become healthy competent, young adults (with the assistance of programs and services that teach character and leadership skills).

**Source- Fostering Resiliency In Kids**

**\*\*\*Each Curriculum has a series of documentaries from Network Television\*\*\***

## CIVIC ENGAGEMENT

The **Extension** = is an initiative of The Gap Felony Prevention Program that allows youth to create their very own **COMMUNITY INVOLVEMENT PROJECTS, PROGRAMS, WORKS, and EFFORTS.**



Through youth civic engagement initiatives, young people can make a (+) contribution to social change efforts in their own communities and across the nation. Source- **Evaluating Out of School Time Quality**



## CULTURAL NATURALIZATION

### The 5 Must

Must have Good Moral Character

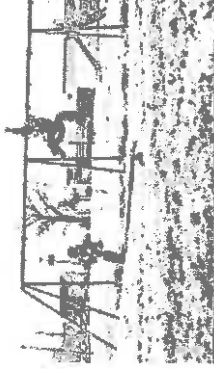
Must Read, Write, and Speak English

Must have a School, Work, or Special Abilities Passport (Program Specific)

Must pass a Socio-Civics Test

Must Pledge Allegiance to the Flag

the  
**WEST  
END**



"In this modern concept of the nation, political affiliation (citizenship) and common descent (kinship) are interfused rather than sedimentary modes of belonging... Naturalization registers change not only in the legal contours of political belonging but also in the terms by which that longing is articulated." - American Cultural Studies

## GLOBAL CITIZENSHIP

### Programs...

**Digital PenPals- (Utilizing Hip Hop Music and Culture as a Platform for Global Correspondence with Youth in another Country)**

**Socio-Emotional Learning- acquiring Knowledge, Worldviews, and Social Skills to Understand and MANAGE Emotions.**



**Through youth civic engagement initiatives, young people can make valuable contributions to social change efforts in schools and communities and across the nation. Source- *Evaluating Out of School Time Quality***

## CONTACT

For more info about The GAP Felony Prevention Program  
please forward an email to Richard Whitlock Jr. via  
[gettingallp@yahoo.com](mailto:gettingallp@yahoo.com)

## THE GAP FELONY PREVENTION PROGRAM, INCORPORATED

### General Information

<b>Organization Number</b>	0958401
<b>Name</b>	THE GAP FELONY PREVENTION PROGRAM, INCORPORATED
<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>	7/26/2016
<b>Organization Date</b>	7/26/2016
<b>Last Annual Report</b>	N/A
<b>Principal Office</b>	3500 ALGONQUIN PARKWAY LOUISVILLE, KY 40211
<b>Registered Agent</b>	RICHARD WHITLOCK 3500 ALGONQUIN PARKWAY LOUISVILLE, KY 40211

### Current Officers

### Individuals / Entities listed at time of formation

<b>Director</b>	<u>RICHARD WHITLOCK</u>
<b>Director</b>	<u>BRIAN WRIGHT</u>
<b>Director</b>	<u>O'FARRELL WASHINGTON</u>
<b>Director</b>	<u>JAMES LINTON</u>
<b>Director</b>	<u>GRADY FOSTER</u>
<b>Incorporator</b>	<u>TARSHA SEMAKULA</u>

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Articles of Incorporation</u>	7/26/2016	2 pages	<u>tiff</u>	<u>PDF</u>
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### Assumed Names

### Activity History

Filing	File Date	Effective Date	Org. Referenced
Add	7/26/2016 7:39:08 AM	7/26/2016	

### Microfilmed Images