

NDF021721PRPA#12

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

**Applicant/Program:** PRP Alumni Association Inc./PRP Alumni Scholarships  
**Applicant Requested Amount:** \$2,000  
**Appropriation Request Amount:** \$2,000

**Executive Summary of Request**  
The PRP Alumni Association provides college financial assistance for Pleasure Ridge Park High School Students based on need and academic and extracurricular performance. This funding will go toward the scholarship awards for current PRP Seniors.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

12                      Rick Blackwell                      \$2,000                      2/1/2021  
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.  
  
N/A

**Approved by:**  
Rick Blackwell                      2/19/2021  
Appropriations Committee Chairman                      Date  
Final Appropriations Amount: \_\_\_\_\_

Sh  
2/1/21

**Applicant/Program:**

PRP Alumni Association Inc./PRP Alumni Scholarships

**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.

Councilman Blackwell has been recognized as an honorary PRP Alumna.

**Council Member Signature and Amount**

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

**Applicant/Program:**

PRP Alumni Association Inc./PRP Alumni Scholarships

**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**

<b>Legal Name of Applicant Organization</b>	PRP Alumni Association Inc.
<b>Program Name and Request Amount</b>	PRP Alumni Scholarships \$2,000
	<b>Yes/No/NA</b>
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
<b>Prepared by:</b> Liz McQuillen	<b>Date:</b> 02/01/2021

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> PRP Alumni Association Inc			
<b>Main Office Street &amp; Mailing Address:</b> PO Box 58051 Louisville KY 40268			
<b>Website:</b>			
<b>Applicant Contact:</b>	Vince Jarboe	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 380-3800	<b>Email:</b>	vince@jarboeagency.com
<b>Financial Contact:</b>	Vince Jarboe	<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Organization's Representative who attended NDF Training:</b> Vince Jarboe			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	Students who attend PRP High School		
<b>Council District(s):</b>	12	<b>Zip Code(s):</b>	40258
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> PRP Alumni Scholarships			
<b>Total Request: (\$)</b>	\$ 2,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 0.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<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 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 applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The PRP Alumni Association's vision and mission is to provide financial assistance in the form of college scholarships for deserving PRP graduates based on need and academic/extracurricular performance. We also recognize PRP faculty (current and retired), alumni and other supporters who have distinguished themselves by being positive examples to our youth.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Board Member	Term End Date
Michael Gritton	
Vince Jarboe	
Scott Dickens	
Andrea Derouen	
Mary Ann Pieper	
Linda Ilnick	
Jason Cook	
Loris Spencer	

**Describe the Board term limit policy:**  
 Our group of volunteers has worked together for over 20 years in raising scholarships. We do not have a Board policy of a term limit

Three Highest Paid Staff Names	Annual Salary

## 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.):**

PRP Senior high students graduate sometime in May of 2021. We will take applications for scholarship money and make a decision before graduation. The money will then be spent when we know which college or university the student will be attending. We pay the money to the school and it is deposited in the students account. We do not give any money directly to students.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**  
The money will only be spent on school expenses, including tuition, books and other expenses.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The money is only spend on college expenses for the students that are chosen as recipients of the scholarship.

**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:**

Education is a cornerstone of a civilized society and the benefit of these funds go to the expenses that the student incurs by attending a college or university. We follow up with the students and have information on numerous students graduating from college and becoming productive members of society. We use those stories to continue on to the next year and raise more money for these scholarships.

**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.**

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			\$ 0.00
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>			\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>	\$ 2,000.00	\$ 15,000.00	\$ 17,000.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 2,000.00	\$ 15,000.00	\$ 17,000.00
<b>% of Program Budget</b>	11.76%	88.24%	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)	<del>\$ 10,000.00</del> 15,000.00
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<del>\$ 10,000.00</del> 15,000.00

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Money raised from the general public for scholarship	2,000.00	\$ 15,000.00	<del>\$ 15,000.00</del> 17,000
			\$ 0.00
			\$ 0.00
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			\$ 0.00
			\$ 0.00
<b>Total</b>	2,000.00 <del>\$ 0.00</del>	\$ 15,000.00	<del>\$ 15,000.00</del> 17,000

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>	<p align="center">\$ 0.00</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:** 01/12/2021

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

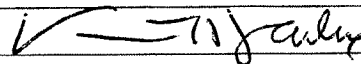
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	01/12/2021
<b>Legal Signatory: (please print):</b>	Vincent H Jarboe	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 380-3800	<b>Extension:</b>	
<b>Email:</b>	vince@jarboeagency.com		



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: PRP Alumni Association Inc

Grantee Representative Name: Vince Jarboe

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

Please check:



I viewed the NDF training material on the website

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

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

Vince Jarboe  
Grantee Representative Signature

11/21/2021  
Date

**NOTE:** Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PRP Alumni Association Inc	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	<b>4</b> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. PO Box 58051	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code Louisville KY 40268	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>												
<table 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> <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>												
<b>or</b>												
<b>Employer identification number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> </tr> </table>	3	2	-	0	0	8	7	7	3	0		
3	2	-	0	0	8	7	7	3	0			

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ►	Date ► 1/20/21
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## General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



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

DEPARTMENT OF THE TREASURY

Date: JUN 10 2004

PRP ALUMNI ASSOCIATION INC.  
C/O MICHAEL GRITTON  
2115 BOULEVARD NAPOLEON  
LOUISVILLE, KY 40205

Employer Identification Number:  
32-0087430  
DLN:  
17053125012044  
Contact Person:  
RENEE RAILBY NORTON ID# 31172  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Foundation Status Classification:  
509(a)(1)  
Advance Ruling Period Begins:  
June 5, 2003  
Advance Ruling Period Ends:  
December 31, 2007  
Addendum Applies:  
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

-4-

PRP ALUMNI ASSOCIATION INC

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure(s):  
Form 872-C

Letter 1045 (DO/CG)



HELP ⓘ

MENU ☰

[Home](#) > [Tax Exempt Organization Search](#) > Prp Alumni Association Inc.

< [Back to Search Results](#)

## Prp Alumni Association Inc.

EIN: 32-0087730 | Louisville, KY, United States

> **Other Names**

### Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

### Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> **Tax Year 2019 Form 990-N (e-Postcard)**

**Tax Period:**  
2019 (01/01/2019 - 12/31/2019)

**EIN:**

32-0087730

**Legal Name (Doing Business as):**  
Prp Alumni Association Inc

**Mailing Address:**  
PO Box 58051  
Louisville, KY 40268  
United States

**Principal Officer's Name and Address:**  
Vince Jarboe

5101 New Cut Rd  
Louisville, KY 40268  
United States

**Gross receipts not greater than:**  
\$25,000

**Organization has terminated:**  
No

**Website URL:**

> **Tax Year 2018 Form 990-N (e-Postcard)**

> **Tax Year 2017 Form 990-N (e-Postcard)**

> **Tax Year 2016 Form 990-N (e-Postcard)**

> **Tax Year 2015 Form 990-N (e-Postcard)**

> **Tax Year 2014 Form 990-N (e-Postcard)**

> **Tax Year 2013 Form 990-N (e-Postcard)**

> **Tax Year 2011 Form 990-N (e-Postcard)**

> **Tax Year 2010 Form 990-N (e-Postcard)**

## PRP Alumni Association Financial Statement for 2020-2021

Beginning Balance for 2020 \$5702

Expenses for 2020

Hall of Fame Dinner \$ \$8404

Plaques for inductees \$260

Scholarships awarded \$10725

Post office box \$106

Fund raising donations \$ 21,575

Ending Balance for 2020 \$7783

Beginning balance for 2020 \$7783

No expenses expected. All fund raising goes to scholarships

## PRP Alumni Association Projected Budget for 2021

Goal of fundraising for scholarships \$15000

All funds will go toward scholarships. No other expenses for this year

2021 Hall of Fame dinner cancelled for this year, due to Covid 19

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**0561495.09**

PBlarvine  
NAOI

John Y. Brown III  
Secretary of State  
Received and Filed  
08/05/2003 1:46:26 PM  
Fee-Receipt: \$5.00

**Articles of Incorporation of  
PRP ALUMNI ASSOCIATION, Inc.  
A Nonprofit Corporation**

For the purposes of forming a nonprofit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator(s) hereby submits the following Articles of incorporation to the Secretary of State for filing:

ARTICLE I. The name of the corporation is PRP Alumni Association, Inc ("Corporation").

ARTICLE II. The Corporation is organized exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution and winding up of Corporation, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation organized and operated exclusively for the purposes specified in Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may be hereafter amended, and which has established its tax-exempt status under that section.

ARTICLE III. The name of the initial registered agent of the Corporation is Debra K. Stamper and the street address of the Corporation's initial registered office is 1938 Roanoke Ave., Louisville, Kentucky, 40205.

ARTICLE IV. The mailing address of the principal office of the Corporation is 2115 Boulevard Napoleon, Louisville, Kentucky 40205.

ARTICLE V. The number of directors constituting the initial board of directors is four (4). The names and addresses of the persons who are to serve as the initial board of directors are as follows:

Michael Gritton	2115 Blvd. Napoleon	Louisville, KY 40205
Kristi L. Speer	2611 Drayton Drive	Louisville, KY 40205
Vince Jarboe	4409 Mt. Vernon Road	Louisville, KY 40220
Debra K. Stamper	1938 Roanoke Ave.	Louisville, KY 40205

ARTICLE VI. The name and address of the incorporator is as follows:

Debra K. Stamper	1938 Roanoke Avenue	Louisville, Kentucky 40205
------------------	---------------------	----------------------------

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Multi-page document. Select page: 1 / 2

Executed by the incorporator on this 3rd day of June 2003.

Debra K. Stamper

I, Debra K. Stamper, consent to serve as the registered agent on behalf of the corporation.

Debra K. Stamper  
Debra K. Stamper

Multi-page document. Select page: 1 / 2





# Kentucky Secretary of State

## Michael G. Adams

### PRP ALUMNI ASSOCIATION, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

#### General Information

<b>Organization Number</b>	0561495
<b>Name</b>	PRP ALUMNI ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	6/5/2003
<b>Organization Date</b>	6/5/2003
<b>Last Annual Report</b>	6/16/2020
<b>Principal Office</b>	5101 NEW CUT RD LOUISVILLE, KY 40214
<b>Registered Agent</b>	DEBRA K STAMPER 5009 LONG KNIFE RUN LOUISVILLE, KY 40207-1174

#### Current Officers

<b>President</b>	MICHAEL GRITTON
<b>Vice President</b>	SCOTT DICKENS
<b>Secretary</b>	MANDY MULLINS
<b>Treasurer</b>	VINCE JARBOE
<b>Director</b>	Michael Gritton
<b>Director</b>	Vincent Jarboe
<b>Director</b>	Scott Dickens

**Individuals / Entities listed at time of formation**

<b>Director</b>	MICHAEL GRITTON
<b>Director</b>	KRISTI L SPEER
<b>Director</b>	VINCE JARBOE
<b>Director</b>	DEBRA K STAMPER
<b>Incorporator</b>	DEBRA K STAMPER

**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	6/16/2020	1 page	PDF	
Annual Report	5/29/2019	1 page	PDF	
Annual Report	6/12/2018	1 page	PDF	
Annual Report	6/20/2017	1 page	tiff	PDF
Annual Report	6/27/2016	1 page	tiff	PDF
Annual Report	6/25/2015	1 page	tiff	PDF
Annual Report	6/25/2014	1 page	tiff	PDF
Annual Report	6/25/2013	1 page	tiff	PDF
Annual Report	6/27/2012	1 page	tiff	PDF
Annual Report	6/15/2011	1 page	tiff	PDF
Annual Report	6/15/2010	1 page	tiff	PDF
Annual Report	4/24/2009	1 page	PDF	
Reinstatement	4/3/2008	3 pages	tiff	PDF
Principal Office Address Change	4/3/2008	1 page	tiff	PDF
Registered Agent name/address change	4/3/2008	1 page	tiff	PDF
Administrative Dissolution Return	12/7/2007	2 pages	tiff	PDF
Administrative Dissolution	12/1/2007	1 page	PDF	
Annual Report	8/31/2006	1 page	tiff	PDF
Annual Report	5/18/2005	1 page	tiff	PDF
Reinstatement	12/14/2004	3 pages	tiff	PDF
Administrative Dissolution	11/9/2004	1 page	PDF	
Articles of Incorporation	6/5/2003	2 pages	tiff	PDF

**Assumed Names****Activity History**

<b>Filing</b>	<b>File Date</b>	<b>Effective Date</b>	<b>Org. Referenced</b>
Annual report	6/16/2020 10:23:54 AM	6/16/2020 10:23:54 AM	
Annual report	5/29/2019 11:32:41 AM	5/29/2019 11:32:41 AM	
Annual report	6/12/2018 10:36:00 AM	6/12/2018 10:36:00 AM	
Annual report	6/20/2017 8:31:43 AM	6/20/2017	
Annual report	6/27/2016 11:17:54 AM	6/27/2016	

Annual report	6/25/2015 12:13:24 PM	6/25/2015
Annual report	6/25/2014 8:10:32 AM	6/25/2014
Annual report	6/25/2013 5:13:28 PM	6/25/2013
Annual report	6/27/2012 4:16:24 PM	6/27/2012
Annual report	6/15/2011 12:56:31 PM	6/15/2011
Annual report	6/15/2010 2:52:53 PM	6/15/2010
Annual report	4/24/2009 1:14:36 PM	4/24/2009 1:14:36 PM
Registered agent address change	4/3/2008 1:47:07 PM	4/3/2008
Principal office change	4/3/2008 1:46:19 PM	4/3/2008
Reinstatement	4/3/2008 1:45:37 PM	4/3/2008
Admin Dis. A. report not in	12/1/2007	12/1/2007
Admin Dis. A. report not in	12/1/2007	12/1/2007
Annual report	8/31/2006 11:14:24 AM	8/31/2006
Reinstatement	12/14/2004 3:21:02 PM	12/14/2004
Admin Dis. A. report not in	11/9/2004	11/8/2004
Add	6/5/2003 1:46:26 PM	6/5/2003

## Microfilmed Images

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

Annual Report	5/18/2005	1 page
Reinstatement	12/14/2004	3 pages
Administrative Dissolution	11/9/2004	1 page
Articles of Incorporation	6/5/2003	2 pages

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Kentucky Unbridled Spirit