

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

Applicant/Program: The Way Center of Hope, Inc.
Applicant Requested Amount: \$2,000
Appropriation Request Amount: \$2,000

Executive Summary of Request
Appropriation for young women's group to accomplish family restoration, education,, personal development and community building.

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.

13 *Mary Stoditz* \$2,000⁰⁰ 8-29-17
District # Primary Sponsor Signature Amount Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization The Way Center of Hope, Inc.

Program Name and Request Amount \$2,000

	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"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<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"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> NA
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"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: <i>Donna Sanders</i>	Date: <i>8/24/17</i>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: The WAY Center of Hope, Inc <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3107 Wayside Drive., Louisville, KY 40216 - PO Box 16527, 40256			
Website:			
Applicant Contact:	D.Nicole Griffin	Title:	Executive Director
Phone:	502-639-7756	Email:	innerbeautyclinic@yahoo.com
Financial Contact:	Natasha Smith	Title:	Board Member
Phone:	502-407-0126	Email:	
Organization's Representative who attended NDF Training: Nicole Griffin and Kristi Garth			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	St. Stephen United Church of Christ; 1875 Farnsley Rd. Lou., KY 40216		
Council District(s):	Mary Woolridge	Zip Code(s):	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:			
Total Request: (\$)	2,000.00	Total Metro Award (this program) in previous year: (\$)	0.00
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter 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) Cost estimates from proposed vendor if request is for capital expense		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) <input checked="" type="checkbox"/> 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 WAY Center of Hope is a organization dedicated to the transformation of lives, families and communities. Our mission is accomplished via the following principles: Family Restoration, Education and Training, Personal Development, and Community Building.

Why Do We Need TWCOH in our community? 1) Family Restoration - Louisville ranks 40 out of the top 101 cities with the highest percentage of single parent households. 59% of the city's households are headed by a single parent. 2) Education and Training - The Greater Louisville Project states... there is a troubling gap between minority and white degree attainment. In 2010, 21% of Hispanics and 16.5% of American Americans held a Bachelors Degree or higher compared to 33.3% of whites age 25 and older. 3) Personal Development - Healthy Louisville 2020 (HL 2020) is a public health agenda to Louisville Metro that outlines measureable goals and onjectives aimed to make the Louisville community healthier by 2020.

TWCOP supports this initiative via its programs as it creates avenues that promotes positive lifestyles choices for individuals and their families. Conflict Resolution Workshops, Mediation Counseling, Mental Health First Aid Assistance, Healthy Lifestyle Workshops - Self Esteem Programs- Inner Beauty Clinic (Soft Skills) Training, - LIFTED (substance abuse recovery programs). 4) Community Building - Communities thrive when people are better connected. Local economies expand, business succeed, education grows, support systems become mroe efficient, etc. When things become difficult, its those who have a strong community support system that are best off. Annual Health Fair - Annual Back to School Drive - Community Gatherins and Events 5) Education and Training - Activities, GED Training, Interviewing Skills, Resume Writing, Tutoring for Students (elementary through college), College Prep, Career Development - Job Skills Training

The IBC (Inner Beauty Clinic) Education and Mentorship Program is the most visible program in the agency. It has empowered, supported, and uplifted 100's of young girls ages 7-17years old. Specificially in the areas of education and mentorship, the program educates in every area to help the girls win 1,000 ways.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Edward D. Griffin (BM)	Ongoing/Founder
Diondrea Griffin (BM)	Ongoing/Founder
Natasha Smith (BM)	2018
Teresa Jack (BM)	2018
Quannie Johnson (BM)	2018
No paid staff	

Describe the Board term limit policy:

From The WAY Center of Hope, Inc Bylaws Article IV Section 4.03 Election and Term of Directors/Board Members

(a) The terms of the directors shall be staggered. Initial Board members shall serve a term of one year. Thereafter, Boad members shall serve two-year terms with approximately half of the directors elected at each annual meeting. Each director shall hold office until the annual meeting when his/her term expires and until his/her succesor has been elected and qualified.

Three Highest Paid Staff Names	Annual Salary
N/A	

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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.):

Did you know? 75% of girls with low self-esteem engage in negative activities like cutting, bullying, smoking, drinking or disordered eating. Over 70% of girls avoid normal activities such as attending school because of their looks. 30% of adolescents have thoughts of suicide. Between 5th and 9th grade, gifted girls often perceive that being smart isn't sexy and starts to "dummy-down" to fit in. 85% of girls experience sexual harassment in school. Young girls who have parents, teachers, mentors providing them with positive feedback about their abilities have higher esteem. 20% of girls will experience depression before they reach adulthood. 72% of girls feel tremendous pressure to be beautiful. The list goes on. We know how they can lose. The IBC gives them 1,000 ways to WIN!

The IBC Education and Mentorship Program is an initiative of TWCOH and is hosting on October 7th 2017 a "Louisville's Uniquely Bold N' Beautiful Girls Conference" from 10am-3pm. During this time the girls ages 7-17 years old will participate in workshops such as conflict management, community unity, diversity, hygiene, etiquette, self-esteem, decision making, character/integrity lessons, body image, mental health wellness, drama, poetry, physical education, vision boards, career development, drug prevention, and more. It is all in an effort to enhance them as individuals, encourage higher education, excellence in school, social involvement and personal development. We will recognize girls who are excelling in academics and in volunteer work in the community. The official flyer will be created once all of the facilitators have confirmed their attendance and all funding is secure. An unofficial flyer is attached for your reference.

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

Attendance Expectation: 100 girls in Metro Louisville

Continental Breakfast - \$150.00; Lunch - \$500.00; Photographer - \$200.00; Rental Facility - \$150.00; School Supplies - Three-ring binders, notebooks, dividers, pens, pencils, calculators, loose leaf paper, glue sticks, rulers, and backpack for 100 students - \$800.00; Feminine Hygiene and Sanitary items - \$200.00; Snacks - \$100.00; Tee shirts - 5@50=\$500.00; DJ - \$100.00; Decor - \$150.00; Gift Certificates to Volunteers - \$200.00; Award Plaques - \$100.00 - Vision Board Materials/Information Tables on Drug Prevention - \$200.00; Doo Wop Shop Rental - Projector, lights - \$100.00

Total Budget \$3,450.00

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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.

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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:

Our mission is to give girls in Louisville 1,000 ways to win at home, in school, with friends, in our community and in life through healthy mentorship. Giving the negative statistics described on an earlier page of this application, we are striving to empower girls to overcome their challenges that leads to drug abuse, mental disorders, dropping out of school, bullying, not focusing in school, working through depression, learn how to overcome peer pressure, be confident with their looks, body image and uniqueness.

TWCOH desires to forge beneficial partnerships with the girls and give them a helping hand even once the event is over. At its most basic level, mentoring helps because it guarantees a young person that there is someone who cares about them. Mentors provide their mentees with an experienced friend who is there to help in any number of situations. Mentees reiterate the positive virtues taught by parents and teachers giving the child a greater change for success. Mentors help keep students in school; Students who meet regularly with their mentees are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class. Mentors help with homework and can improve their mentees academic skills. After doing extensive research on the various ways a mentorship program can impact the girls in years to come, we joined Dove's Campaign for Real Beauty to boost girls esteem and got some projections and statistics from their informative website -

<http://www.examiner.com/article/dove-s-campaign-for-real-beauty-boosts-girls-self-esteem-for-back-to-school>

We seek to see a reduction in drug use, depression, bullying, and at risk behaviors.

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.

TWCOH has partnered with educators from JCPS, therapist, nurses, counselors, social workers, other agencies in the community such as The Butterfly Center, She Reads, female entrepreneurs, and more. These relationships are used to benefit the girls in the areas of career choices, skill developments, mentorship relationships, scholarship opportunities, reduce the feelings of isolation knowing that there are professionals who care for the students. When we work together as a community it enhances metro Louisville. We need one another in a time of much hostility, distraught race relations, poverty, depression, drug abuse, homelessness, broken homes and other challenges. The more we positively impact the girls the greater change they have to be and remain as a productive citizen of our community and the world.

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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
A: Personnel Costs Including Benefits			
B: Rent/Utilities	50.00	125.00	175.00
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	200.00	300.00	500.00
H: Program Materials	50.00	150.00	200.00
I: Community Events & Festivals (See Detailed List on Page 8)	1700.00	1075.00	2,775.00
J: Machinery & Equipment		200.00	200.00
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	2000.00	1,850.00	3,850.00
<i>% of Program Budget</i>	55 %	45 %	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)	Asking for donations
<i>Total Revenue for Column 2 Expenses **</i>	

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

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

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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
Continental Breakfast (danishes, fruit, juice); turkey, bread, condiments, chips, juice, water, snacks	500.00	350.00	850.00
Photography		200.00	200.00
Doo Wop Shop Rental		100.00	100.00
Supplies (binders, dividers, pens, pencils, calucators, paper, glue, rulers, backpacks	700.00	300.00	1,000.00
DJ		100.00	100.00
Vision Board Materials for girls activities; Drug prevention, mental health, hygiene pamphlets and brochures	300.00	100.00	400.00
Feminine Hygiene Items	200.00		200.00
Award Plaques/Certificates to volunteers	100.00	200.00	300.00
Uniquely Bold Tee-shirts	200.00	300.00	500.00
Projector for Movie Clip and Equipment		200.00	200.00
Total	2,000.00	1,850.00	3,850.00

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 (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i></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: June-July

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.

Signature of Legal Signatory:	<i>D. Nicole Griffin</i>	Date:	<i>9-19-17</i>
Legal Signatory: (please print):	<i>D. Nicole Griffin</i>	Title:	<i>Executive Director</i>
Phone:	Extension:	Email:	

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

DEPARTMENT OF THE TREASURY

Date: FEB 06 2015

THE WAY CENTER OF HOPE INC
C/O NICOLE GRIFFIN
3107 WAYSIDE DR
SHIVELY, KY 40216

Employer Identification Number:

██████████

17053332304014

Contact Person:

DAVID A DOEKER

ID# 31168

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

November 3, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

For important information about your responsibilities as a tax-exempt organization, go to 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.

Sincerely,



Director, Exempt Organizations



The WAY Center of Hope, P.O.Box 16527, Louisville, KY 40256
Family Restoration, Education, Training, Personal Development & Community Service
(a 501c3 Faith-based, non profit organization)

The WAY Center of Hope, Inc
STATEMENT OF FINANCIAL POSITION

For year ended July 2017

2017 ASSETS

Current assets

Bank Account Cash	\$63.27
Donations & Revenue	\$800.00
Total Assets	\$863.27

Expenses

Program Services	\$800.00
Salaries	\$0.00
Total Expenses	\$800.00

Total assets **\$63.27**



Confirmation

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[e-Postcard Profile](#)

[Select EIN](#)

[Organization Details](#)

[Contact Information](#)

[Confirmation](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** WAY CENTER OF HOPE
- **EIN:** [REDACTED]
- **Tax Year:** 2016
- **Tax Year Start Date:** 07-01-2016
- **Tax Year End Date:** 06-30-2017
- **Submission ID:** 10065520172281370048
- **Filing Status Date:** 08-16-2017
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

[< MANAGE FORM 990-N SUBMISSIONS](#)

Articles of Incorporation
Of
The WAY Center of Hope, Incorporated

First: The name of the Corporation shall be The WAY Center of Hope, Incorporated

Second: The purpose of the organization is as follows: The WAY Center of Hope, Incorporated, is a faith based organization *dedicated to the transformation of lives, families, and communities. Our mission is accomplished via the following principles; Family Restoration, Education and Training, Personal Development, and Community Building.*

Third: The street address of the corporation's initial registered office is 3107 Wayside Drive, Shively, KY 40216, and the name of the initial registered agent is Nicole Griffin.

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 3107 Wayside Drive Shively, KY 40216.

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:

Edward Griffin
3107 Wayside Drive, Shively, KY 40216

Nicole Griffin
3107 Wayside Drive, Shively, KY 40216

Teresa Jack
3107 Wayside Drive, Shively, KY 40216


Natasha Smith
3107 Wayside Drive, Shively, KY 40216

Montonius Dudley
3107 Wayside Drive, Shively, KY 40216

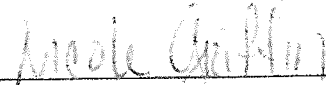
Sixth: The name and address of the incorporator of the corporation is Tarsha Semakula, 7531 Connor Way, Suite #2, Louisville, KY 40214.

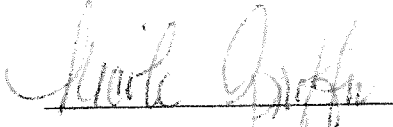
IN WITNESS WHEREOF the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: September 22nd, 2014

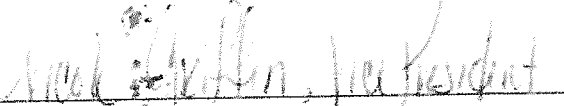


Tarsha Semakula, Incorporator

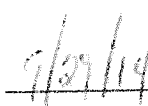
I,  consent to serve as the registered agent on behalf of the corporation.



Signature of Registered Agent



Print Name and Title



Date

THE WAY CENTER OF HOPE, INCORPORATED

General Information

Organization Number 0901285
Name THE WAY CENTER OF HOPE, INCORPORATED
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 11/3/2014
Organization Date 11/3/2014
Last Annual Report 4/26/2017
Principal Office 3107 WAYSIDE DRIVE
SHIVELY, KY 40216
Registered Agent NICOLE GRIFFIN
3107 WAYSIDE DRIVE
SHIVELY, KY 40216

Current Officers

President Edward D Griffin
Vice President Diondrea N Griffin
Treasurer Natasha Smith
Director Edward D Griffin
Director Diondrea N Griffin
Director Natasha Smith

Individuals / Entities listed at time of formation

Director EDWARD GRIFFIN

Director NICOLE GRIFFIN
Director TERESA JACK
Director NATASHA SMITH
Director MONTONIUS DUDLEY
Incorporator TARSHA SEMAKULA

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>Annual Report</u>	4/26/2017	1 page	<u>PDF</u>
<u>Annual Report</u>	9/8/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	8/11/2015	1 page	<u>PDF</u>
<u>Articles of Incorporation</u>	11/3/2014	2 pages	<u>tiff</u> <u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/26/2017 2:56:54 PM	4/26/2017 2:56:54 PM	
Annual report	9/8/2016 8:59:35 PM	9/8/2016 8:59:35 PM	
Annual report	8/11/2015 8:29:15 PM	8/11/2015 8:29:15 PM	
Add	11/3/2014 11:35:41 AM	11/3/2014	

Microfilmed Images

**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return)
The WAY Center of Hope, Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ **501c3 Non-Profit**

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
3107 Wayside Dr.

City, state, and ZIP code
Louisville, Ky 40214

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number	
-	-

Employer identification number

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.

Sign Here	Signature of U.S. person ▶ Dwanda R. Griffin	Date ▶ 8/17/17
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General Instructions

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

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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

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

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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

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

Legal Name of Applicant Organization:

The WAY Center of Hope, Inc

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

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

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

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

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

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

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

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization.

Signature of Legal Signatory:

Diandrea N. Griffin

Date:

8/17/17

Legal Signatory (please print):

Diandrea N. Griffin

Title:

Vice President

Phone:

Extension:

Email: