

Memo

To: Rick Blackwell and Robin Engel, Appropriations Committee Chair and Vice Chair
From: Beth Stenberg and Jess Helton
Date: April 14, 2016
Re: Proposed changes to the NDF/CIF forms

The Louisville Metro Policy and Procedures give authority to change NDF and CIF forms to the Appropriation NDF and CIF Committee. continue to have many of the same problems with many NDF applications.

We have discussed some changes we believe will reduce and maybe eliminate the recurring problems we have with many NDF applications and some of the transmittal forms.

Attached is a summary of the proposed changes and the proposed forms. We appreciate your consideration and are requesting you allow the proposed changes be considered at a future Appropriations Committee meeting. Please let us know if you have any questions or concerns.

Summary of Proposed Changes to the NDF CIF Forms

April 2016

Proposed Change	Reason for Change
<p>Council Originated NDF:</p> <ol style="list-style-type: none"> 1. Changed Council Member to Primary Sponsor 2. Added requirement to describe the public purpose and acknowledgement that the funds will be spent for a public purpose. 3. Added Entity Contact Information 4. Added Conflict of Interest Disclosure 5. Removed Clerk Only Section 	<ol style="list-style-type: none"> 1. The first page is designated for primary sponsor – others sign on the second page. Changing the signature line reduces confusion. 2. Required on “regular” NDF requests directly from non-profit applications but not required on a Council Originated Application. This change would make both requests consistent. 3. The Clerk’s office needs this information in order to mail the grant agreement to the organization and who to contact with a question. 4. The current form does not have a place to disclose conflict of interest between the entity and Metro Louisville. 5. The section is no longer used by the Clerk’s Office.
<p>Not-for-Profit Transmittal and Approval Form:</p> <ol style="list-style-type: none"> 1. Changed Council Member to Primary Sponsor 2. Moved “Applicant Requested Amount” from Clerk’s Only block to first block and added “Appropriation Request Amount:” 3. Removed “Requested Amount, Committee Amended Appropriation, Original Appropriation, Council Amended Appropriation” for the Clerk’s Section and added “Final Appropriation Amount.” 	<ol style="list-style-type: none"> 1. The first page is designated for primary sponsor – others sign on the second page. Changing the signature line reduces confusion. 2. Both amounts at the top of the form will be completed by the Primary Sponsor and available for the Clerk to write the title and the Committee for requested amount versus amount to be appropriated. 3. Eliminated the information moved in #2 above and added a line to report the total appropriation to be in the grant agreement.
<p>Louisville Metro Council City Agency Request: Added : “... and have attached documentation from the receiving department concerning the project/expenditure.” To the disclosure statement required by the Council Member.</p>	<p>The Clerk’s office often has to remind District Offices to include document from the department explaining the project and funding requirements</p>
<p>All Transmittal and Approval Forms: Changed the signature lines to preprinted district numbers.</p>	<p>Preprinting the district numbers will eliminate the risk of charging funding to the wrong council</p>

	district because the Clerk or OMB misread the writing.
<p>NDF application Section 2 –</p> <ol style="list-style-type: none"> 1. Deleted “List of Board of Directors (include term and term limits)” 2. Deleted “Staff including the 3 highest paid staff” 3. Added “(current & signed)” after Articles of Incorporation 4. Changed “if required” to “if applicable” after Faith Based Organization Certification Form 	<ol style="list-style-type: none"> 1. A new page and new section 4 of the application is being proposed to eliminate the confusion of what is required and minimize time looking for the information in the application packet. A large percentage of applications do not include a description of board term limits and some do not include the end of the term for each board member. 2. The second part of the new page described in #1 above is a place for the required information concerning paid staff. Many applications do not include the salary amount of the 3 highest paid employees. The information being requested on this new page should eliminate that confusion. 3. Many applicants do not provide a signed or current copy of their Articles of Incorporation. This change is to clarify what is needed. 4. Clarified that we only need that form if the entity is a Faith Based Organization.
<p>NDF application Section 6 Program/Project Budget Summary and new page 8 Changed wording from “(Attach Detailed List)” to “(see Detailed List on page 8). A new page 8 has been added</p>	<p>Applicants are required to detail expenses for Client Assistance, Community Events & Festivals and Other Expenses on a separate sheet. Those sheets are sometimes hard to find or not in the packet. If they are in the packet, the majority of the time they only include the detail of the Metro requested funds and not the Non-Metro Funds. By adding another page the needed information is in a chart to be completed by the applicant and eliminates the confusion of the needed information.</p>

**Louisville Metro Council
Council Originated NDF**

Council Member: _____

Appropriation Amount Request: _____

Specifically describe the charge to NDF attaching supporting documentation to fully describe the expenditure and describe the public purpose:

Describe the public purpose:

Entity Hosting the Event:

Entity Contact:

Contact Phone:

- Attachment required:**
- **Sponsorship of an event:** Attach an event flyer and/or details regarding how the event was publicized.
 - **Admittance to an Event:** Attach a list of persons whose admission was paid by this expenditure.
 - **Fundraiser:** Specifically disclose how the net proceeds of this fundraiser will be used.

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

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.

Effective April 2016

FOR CLERK'S OFFICE USE ONLY

District (s) & Amount _____

To OMB: _____

Prepared/Approved by _____

Additional Disclosure and Signatures

Applicant/Program:

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.

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	_____	\$ _____

Additional Disclosure and Signatures

Applicant/Program:

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 _____ \$ _____

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

Applicant/Program: <u>Applicant Requested Amount:</u> <u>Appropriation Request Amount:</u>

Executive Summary of Request

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

District #	Primary Sponsor Council Member Signature	Amount	Date

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

Approved by: <table style="width:100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%;"></td> </tr> <tr> <td>Appropriations Committee Chairman</td> <td>Date</td> </tr> </table>			Appropriations Committee Chairman	Date
Appropriations Committee Chairman	Date			
<u>Final Appropriation:</u> _____				
Clerk's Office Only: Request Amount: _____ Committee Amended Appropriation: _____ Original Appropriation: _____ Council Amended Appropriation: _____				

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.

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:

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

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address:			
Website:			
Applicant Contact:		Title:	
Phone:		Email:	
Financial Contact:		Title:	
Phone:		Email:	
Organization’s Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):			
Council District(s):		Zip Code(s):	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:			
Total Request: (\$)		Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input 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 type="checkbox"/> IRS Exempt Status Determination Letter <input type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input type="checkbox"/> Articles of Incorporation <i>(Current & Signed)</i> <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 type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <i>applicable</i> <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Section 4 – Board of Directors and Paid Staff

Board Member	Term End Date

Describe the Board term limit policy:

Three Highest Paid Staff Names	Annual Salary

New Page

Page 3
Effective April 2016

Applicant's Initials _____



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - 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.):

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

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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.



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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			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List) <i>see on page 8)</i>			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List) <i>see on page 8)</i>			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List) <i>see on page 8)</i>			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	%	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

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

**Must equal or exceed total in column 2.

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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
Total			

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Effective 2016

New Page

Applicants Initials _____



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> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & 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:

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:



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SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	
Legal Signatory: (please print):		Title:	
Phone:	Extension:	Email:	