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Received

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

Applicant/Program: PRP Alumni Association Scholarship

Executive Summary of Request:

This funding will be used to provide financial assistance for PRP High School students to be used exclusively for tuition, room and board, textbooks and other essential fees and expenses to defray the cost of college for young men and women in our community.

Tracking # :

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and

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

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

<u>12</u> District #	<u>Rick Blackwell/srk</u> Primary Sponsor Signature	<u>\$2000.00</u> Amount	<u>7/21/14</u> Date
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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:

_____ Date _____
Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 7-23-14 TIME 4:09 pm

Applicant/Program: PRP Alumni Association Scholarship

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
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NDF NON-PROFIT APPLICATION CHECKLIST

	Yes/No/NA
Legal Name of Applicant Organization: PRP Alumni Association Inc.	
Program Name: Scholarship Request Amount \$5000	
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	n/a
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	n/a
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	- yes - yes - yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	no - 37%
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization’s current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	no
Board Members: Is the entity’s board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	- no - volunteer
Annual Audit: Is the most recent annual audit (if required by organization) included?	n/a
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a
Prepared by: <i>[Signature]</i>	Date: 7/21/14

Kennedy, Liz

From: Blackwell, Rick
Sent: Monday, July 21, 2014 11:58 AM
To: Smith, Chanelle Emily
Cc: Kennedy, Liz
Subject: NDF for PRP Alumni Association

Chanelle –

I have authorized Liz to sign the paperwork for the PRP Alumni Association scholarship NDF application for \$2000.

Thank you,
Rick



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: <i>PRP Alumni Association Inc</i> <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: <i>PO Box 58051 Louisville KY 40208</i>			
Website: <i>PRPHS.org</i>			
Applicant Contact:	<i>Vince Jarboe</i>	Title:	<i>Treasurer</i>
Phone:	<i>(502) 641-2210</i>	Email:	<i>Vince@jarboeagency.com</i>
Financial Contact:	<i>Same</i>	Title:	<i>Same</i>
Phone:		Email:	
Organization's Representative who attended NDF Training: <i>Vince Jarboe</i>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	<i>Students generally live in Southwest Louisville</i>		
Council District(s):	<i>12</i>	Zip Code(s):	<i>40258, 72, 16</i>
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: <i>PRP Alumni Association Scholarship fund</i>			
Total Request: (\$)	<i>5000</i>	Total Metro Award (this program) in previous year: (\$)	<i>0</i>
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 <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	<i>0</i>
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 PRP Alumni Association provides financial assistance to deserving PRP High School graduates to be used exclusively to pay for tuition, room and board (if applicable), textbooks and other essential fees and expenses, thereby enabling young women and men from our community to attend college when they may not otherwise be able to afford the costs.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

School year 2014, generally August to July of
2014 2015.

We have been awarding scholarships for 13 years
and have had dozens of students benefit
from our help.

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

All related expenses for college students including
tuition, room and board, textbooks and related
expenses.



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.

Possible that the grant funds could be awarded after school has started, so this could be reimbursement of an expense after the application date



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:

Over the course of 13 years, the Association has awarded scholarships to approximately 60 graduates of Pleasure Ridge Park High School, which has enabled young men and women to attend college when they may have struggled to afford it. We have past recipients who have attended Vanderbilt University, American University and most of the other State colleges in Kentucky. Although it is impossible to determine the exact statistic, the Association believes that the college graduation rate of recipients is at least 90%. Several graduates have come back to join the Association.

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.

Several members of the Association are also leaders of other community organizations, such as a local business association and the non-profit South West Dream Team. All have the belief that college graduates are the key to more successful communities.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies		250	
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)	5000	8000	
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	37 %	63 %	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)	8250
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses	8250

*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

SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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Private Contributions (do not include individual donor names)	8250
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Other (please specify)	
Total Revenue for Column 2, Non-Metro Funds	8250

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

**Must equal or exceed total in column 2.





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

* 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:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

Michael Britton - Director of Kentucky works *Andrea Deroven*

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.

legislative aide to Madam Flood

Signature of Legal Signatory:	<i>Vince Jarboe</i>	Date:	<i>6/16/14</i>
Legal Signatory: (please print):	<i>Vincent H Jarboe</i>	Title:	<i>Treasurer</i>
Phone:	<i>502 641-2210</i>	Extension:	
		Email:	<i>Vince@jarboeagency.com</i>

PRP Alumni Associations Financial Statement

2013

Beginning Balance \$10,816.13

Scholarship Expense \$12,409.08

Other Expenses \$4220.58

Donations \$19,115.00

Ending Balance \$13,301.47

2014

Beginning Balance \$13,301.47

Scholarship Expense \$5198.05

Other Expenses \$4519.35

Donations \$13,375.00

Ending Balance \$16,959.07

2014 PRP Alumni Associations Budget January to December

Expenses

\$290 Postal Expenses

\$5198.05 Scholarship recipient payments

\$4229.35 2014 PRP Alumni Association Hall of Fame Dinner expense

Income

\$13,375.00 Contributions to PRP Alumni Association

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) PRP Alumni Association Inc	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) PO Box 58051	Requester's name and address (optional)
City, state, and ZIP code Louisville KY 40268	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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												
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Employer identification number												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">3</td> <td style="width: 25%;">2</td> <td style="width: 25%;">-</td> <td style="width: 25%;">6</td> </tr> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">8</td> <td style="width: 25%;">7</td> <td style="width: 25%;">7</td> </tr> <tr> <td style="width: 25%;">3</td> <td style="width: 25%;">0</td> <td style="width: 25%;">-</td> <td style="width: 25%;">0</td> </tr> </table>	3	2	-	6	0	8	7	7	3	0	-	0
3	2	-	6									
0	8	7	7									
3	0	-	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 on page 3.

Sign Here	Signature of U.S. person ▶ <i>[Handwritten Signature]</i>	Date ▶ <i>6/6/14</i>
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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 www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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

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

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

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

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

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

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

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

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



Exempt Organizations Select Check[Exempt Organizations Select Check Home](#)**990-N (e-Postcard) filer Information****Tax Period:**

2013 (01/01/2013 - 12/31/2013)

Employer Identification Number (EIN):

32-0087730

Legal Name:

PRP ALUMNI ASSOCIATION INC

Mailing Address:PO Box 58051
Louisville, KY 40268
United States**Doing Business As:****Gross receipts not greater than:**
\$50,000**Organization has terminated:**

No

Principal Officer's Name and Address:Vince Jarboe
5101 New Cut Rd
Louisville, KY 40214
United States**Website URL:**

Related 990-N (ePostcard) Filings:

If the organization has filed additional Forms 990-N (e-Postcards), link(s) to additional e-Postcard filings are displayed below. Click on the link(s) to see the information included in those filing(s).

[Tax Year 2007](#)[Tax Year 2008](#)[Tax Year 2009](#)[Tax Year 2010](#)[Tax Year 2011](#)[Return to Search Results](#) [Return to Search Page](#)

Multi-page document. Select page: 1 2

0561495.09 PBlavins
NAOI
John Y. Brown III
Secretary of State
Received and Filed
08/05/2003 1:46:26 PM
Fee Receipt: \$3.00

**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
------------------	---------------------	----------------------------

Multi-page document. Select page: 1 2

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

Form **872-C**

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

GMB No. 1545-0056

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

(See instructions.)

To be used with
Form 1023. Submit
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

PRP ALUMNI ASSOCIATION, INC.
(Exact legal name of organization as shown in organizing document)

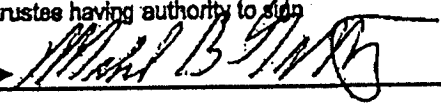
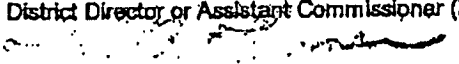
2115 BOULEVARD NAPOLEON LOUISVILLE KY 40205
(Number, street, city or town, state, and ZIP code)

} and the
District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year DECEMBER 31, 2003
(Month, day, and year)

Name of organization (as shown in organizing document)	Date
PRP ALUMNI ASSOCIATION, INC.	6/27/04
Officer or trustee having authority to sign	Type or print name and title
Signature 	MICHAEL GRITTON PRESIDENT
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date
	JUN 10 2004

By 

For Paperwork Reduction Act Notice, see page 7 of the Form 1023 Instructions.

PRP ALUMNI ASSOCIATION, INC.**General Information**

Organization Number 0561495
Name PRP ALUMNI ASSOCIATION, INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 6/5/2003
Organization Date 6/5/2003
Last Annual Report 6/25/2013
Principal Office 5101 NEW CUT RD
 LOUISVILLE, KY 40214
Registered Agent DEBRA K STAMPER
 5009 LONG KNIFE RUN
 LOUISVILLE, KY 40207-1174

Current Officers

President SCOTT DICKENS
Vice President VINCE JARBOE
Secretary SHEILA WOOSLEY
Director Michael Gritton
Director Vincent Jarboe
Director Scott Dickens

Individuals / Entities listed at time of formation

Director MICHAEL GRITTON
Director KRISTI L SPEER
Director VINCE JARBOE
Director DEBRA K STAMPER
Incorporator 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.

<u>Annual Report</u>	6/25/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/27/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/15/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/15/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/24/2009	1 page	<u>PDF</u>	
<u>Reinstatement</u>	4/3/2008	3 pages	<u>tiff</u>	<u>PDF</u>

<u>Principal Office Address Change</u>	4/3/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	4/3/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution Return</u>	12/7/2007	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution Annual Report</u>	12/1/2007	1 page	<u>PDF</u>	
<u>Annual Report</u>	8/31/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/18/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	12/14/2004	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/9/2004	1 page	<u>PDF</u>	
<u>Articles of Incorporation</u>	6/5/2003	2 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
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

PRP Alumni Association Board of Directors *

President Mandy Mullins

Vice President Michael Gritton

Secretary Scott Dickens

Treasurer Vince Jarboe

Board members

Linda Ilnick

Mary Ann Pieper

Shelia Woosley

Andrea Derouen

PRP Board members are not subject to term limits *

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

DEPARTMENT OF THE TREASURY

Date: JUN 16 2004

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

Employer Identification Number:
32-0087730
DLN:
17053125012044
Contact Person:
RENEE RAILLEY 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

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: PRP Alumni Association Inc.	
Program Name: Scholarship Fund	Request Amount: \$5000
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	★
Request form: Is the funding proposed less than or equal to the request amount?	★
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	yes n/a
Application Page 8: Is the application properly signed and dated by authorized signatory? <i>★ new initial</i>	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	n/a
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	n/a
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	n/a
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included <i>★</i> 	-yes -yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	no - 37.90
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? <i>★</i>	★
Operating Budget: Is the organization’s current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	no
Board Members: Is the entity’s board member list (with term length/term limits) included? <i>new team (initials) ★</i>	★
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	n/a
Annual Audit: Is the most recent annual audit (if required by organization) included?	n/a
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a
Prepared by:	Date:

Kennedy, Liz

From: Kennedy, Liz
Sent: Tuesday, June 17, 2014 6:32 PM
To: Vince Jarboe
Cc: Blackwell, Rick (Rick.Blackwell@louisvilleky.gov)
Subject: PRP Alumni Scholarship NDF Application
Attachments: NDF - Supporting Dox.pdf; NDF Application.pdf

Vince –

I've had a chance to review the application and there are a few documents missing and a couple of loose ends:

- Form 990
- Tax Exempt status of 501©3,4,6,19, 1120-H
- Board List has term lengths, but does not list the years served/when they will roll off
- Each page of the application has to be initialed by someone with signatory authority for the organization – you can print, initial and send back the attached application or I can bring it along the next time I know we'll be in the same place.

We have until 7/7/14 at noon for the next Appropriations Item Deadline so we have some time to get these things in order.

Please let me know if you have any questions.

Thanks,
Liz



Liz Kennedy, Legislative Assistant
Office of Councilman Rick Blackwell
601 W. Jefferson Street - Louisville, KY 40202
☎ (502) 574-1112 (502) 574-3363
www.RiverviewFestival.com

Kennedy, Liz

From: Vince Jarboe <vince.jarboe.jyr0@statefarm.com>
Sent: Thursday, July 31, 2014 10:32 AM
To: Kennedy, Liz
Subject: RE: PRP Alumni Scholarship

I will scan this page to you now Liz. I totaled the columns and the detail of the \$5000 is that is the NDF grant for scholarships. The \$8000 is the amount we expect to give in scholarships from our fund raising. Let me know if this is what you need. Thanks.

Vince Jarboe



Find us on
Facebook

Phone (502) 380-3800
Fax (502) 361-1961
Email vince@jarboeagency.com
Website: www.vincejarboe.com

From: Kennedy, Liz [<mailto:Liz.Kennedy@louisvilleky.gov>]
Sent: Thursday, July 31, 2014 10:09 AM
To: Vince Jarboe
Subject: FW: PRP Alumni Scholarship

Good Morning Vince –

This item will be heard at next week's Appropriations committee meeting. Below are our finance advisor's comments on the application. If you could re-work that budget page and scan or fax it over to me, that should take care of it.

Thank you!
Liz

From: Stenberg, Beth
Sent: Wednesday, July 30, 2014 6:01 PM
To: Kennedy, Liz
Cc: Blackwell, Rick; Stenberg, Beth
Subject: RE: PRP Alumni Scholarship

P. 6 , the budget needs totals in Column 3 and on the total line.
Need detail of the \$5,000 and \$8,000 from Line L
Otherwise, looks good.

Beth

From: Kennedy, Liz
Sent: Wednesday, July 30, 2014 5:06 PM
To: Stenberg, Beth
Cc: Blackwell, Rick
Subject: RE: PRP Alumni Scholarship