

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

Received 6-24-14 @ 10:54am
(Signature)

Applicant/Program: Start the Heart Foundation

Executive Summary of Request:

The Start the Heart Foundation will use community training and education to improve survival after cardiac arrest. They will accomplish this by utilizing medical interns who will teach CPR to the community. Using data from the LMEMS, Start the Heart will then focus on the highest risk neighborhoods. The foundation will teach at churches, schools, local business and community centers.

Funds will be used for program materials such as pamphlets/handouts, take home dummies, demonstration dummies, and training defibrillator among other items listed inside.

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.

10 *Jim King* \$2,870.00 6/5/14
 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:

_____ 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 7-9-14 TIME 11:36am

Applicant/Program: Start the Heart Foundation

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.

5 Cheri B. Hamblin 1,000 6-10-14
District # Council Member Signature Amount Date

13 Vicki Aubrey Walsh 1,000 6/10/14
District # Council Member Signature Amount Date

15 Marianne Butler 1,000 6/10/14
District # Council Member Signature Amount Date

4 Denise Jendryk \$1000 6/10/14
District # Council Member Signature Amount Date

8 Thomas J. Gorman \$650 6/11/14
District # Council Member Signature Amount Date

23 James Pehr \$650 6-12-14
District # Council Member Signature Amount Date

09 Tina Wood-Lynch \$750 06/12/14
District # Council Member Signature Amount Date

Applicant/Program:

Start the Heart Foundation

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>22</u> District #	<u>Robin Engel</u> Council Member Signature	<u>\$650.00</u> Amount	<u>6-12-14</u> Date
- <u>14</u> District #	<u>Cindi Fowler</u> Council Member Signature	<u>\$650-</u> Amount	<u>6-12-14</u> Date
- <u>16</u> District #	<u>Kelly Brown</u> Council Member Signature	<u>\$1,000.⁰⁰</u> Amount	<u>6-13-14</u> Date
- <u>17</u> District #	<u>Stewart</u> Council Member Signature	<u>\$1,000</u> Amount	 Date
- <u>18</u> District #	<u>Mindy Parker</u> Council Member Signature	<u>\$650.⁰⁰</u> Amount	<u>6/17/14</u> Date
<u>1</u> District #	<u>Attica C. Scott</u> Council Member Signature	<u>\$650.⁰⁰</u> Amount	<u>6/19/2014</u> Date
- <u>6</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$700.⁰⁰</u> Amount	<u>6-17-14</u> Date

Applicant/Program:

Knoxville Nature Center / Outdoor Nature Education

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.

[Empty box for additional disclosure]

<u>17</u> District #	<u><i>[Signature]</i></u> Council Member Signature	<u>\$200</u> Amount	<u>6/18/14</u> Date
<u>13</u> District #	<u><i>Vicki Aubrey Welch</i></u> Council Member Signature	<u>\$200-</u> Amount	<u>6/19/14</u> Date
<u>15</u> District #	<u><i>[Signature]</i></u> Council Member Signature	<u>200-</u> Amount	 Date
 District #	 Council Member Signature	 Amount	 Date
 District #	 Council Member Signature	 Amount	 Date
 District #	 Council Member Signature	 Amount	 Date
 District #	 Council Member Signature	 Amount	 Date



LOUISVILLE METRO COUNCIL



NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: Start the Heart Foundation
 (as listed on: <http://www.sos.ky.gov/business/records/>)

Main Office Street & Mailing Address: 7611 Wolfpen Ridge Court, Prospect, KY 40059

Website: Starttheheartfoundation.org

Application Contact: Bill Dillon Title: President
 Phone: 502-228-3280 Email: wdillon@twc.com

Financial Contact: Bill Dillon Title: President
 Phone: 502-228-3280 Email: wdillon@twc.com

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): none

Council District(s): all districts **Zip Code(s):** Jefferson County Zips

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: Hands Only CPR Training w/ *wh*

Total Request: \$\$ 15,870.00 **Total Metro Award (this program) in previous year:** \$ none

The following are required attachments:

- | | |
|--|---|
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter | <input type="checkbox"/> Signed lease if rent costs are being requested |
| <input checked="" type="checkbox"/> Current Year Projected Budget | <input checked="" type="checkbox"/> IRS Form W9 |
| <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) | <input type="checkbox"/> Evaluation forms if used in the proposed program |
| <input type="checkbox"/> Current financial statement | <input type="checkbox"/> Annual audit (if required by organization) |
| <input type="checkbox"/> Most recent IRS Form 990 or 1120-H | <input type="checkbox"/> Faith Based Organization Certification Form, if required |
| <input checked="" type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Staff Including the 3 highest paid staff |
| <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | |

Agency Fiscal Yr Start Date: November 1, 2013

For the current fiscal year ending June 30, list all funds 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: None Amount: \$

Source: Amount: \$

Source: Amount: \$

Has the applicant contacted the BBB Charity Review for participation? Yes No

Has the applicant met the BBB Charity Review Standards? Yes No

SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "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.

Signature of Legal Signatory: *William C. Dillon* **Date:** 4-1-2014

Legal Signatory (please print): William C. Dillon **Title:** President

Phone: 502 228 3286 **Extension:** **Email:** wdillon@twc.com

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of the Start the Heart Foundation is to use community training and education to improve survival after cardiac arrest.

Sudden death from cardiac arrest is a leading cause of death in this country. Survival rates vary by geography. In greater Louisville, the survival rate for cardiac is only 6-14%. In cities like Seattle and Rochester, MN, which have robust CPR education, survival after cardiac arrest approaches 50%.

Studies show that as the percent of individuals in a community learn CPR, the chance of survival increases. A person who has been taught CPR once is more than 50% more likely to perform bystander CPR if the need arises. The cost of CPR training is seen as a major barrier to implementation of a community based training program. We will offer hands-only CPR training at no cost to the recipient.

The foundation will train and certify pre-medical student interns to become CPR instructors. Our interns will then teach CPR to community groups at no cost to the recipients. This service will increase the number of trained individuals in our community and will likely improve cardiac arrest survival rate.

Training sites will include schools, community centers and local businesses. Special emphasis will be placed in areas of highest cardiac arrest.

The foundation will work with Louisville Metro EMS (LMEMS) to target the highest risk areas and attempt to spread our CPR instruction throughout the community by tracking zip codes of citizens taught CPR.

This will be a long term commitment because of the number of people needed to be taught CPR to make a significant impact.

SECTION 5 - PROGRAM NARRATIVE

A: Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

B: 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):

The interns will teach CPR to the community between May 20, 2014 through August 8, 2014. A second teaching period will be between January 6, 2015- January 24, 2015. A Third period will begin May 19, 2015.

Each STHF intern will have a goal of teaching a minimum of 1,000 people CPR during the first period. Initially, we will concentrate on teaching high school students in the public school system. Because of the diversification of the public schools we feel this fits into our focus of trying to spread CPR instruction throughout the county.

Using the data of locations of cardiac arrests obtained through LMEMS we will then begin to focus our efforts in the highest risk neighborhoods. This will require close cooperation with local city councilmen to introduce to neighborhood leaders and help facilitate instruction. The foundation will teach at churches, schools and local businesses and community centers.

Using the data of locations of cardiac arrests obtained through LMEMS, we will then begin to focus our efforts in the highest risk neighborhoods. This will require close cooperation with local city councilmen to introduce the STHF to neighborhood leaders and help facilitate instruction. The foundation will teach at churches, schools and local businesses and community centers.

C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):

Funding will primarily be spent on training equipment and program materials needed to teach hands only CPR. This includes reusable dummies for each student, 4 large dummies for instructor demonstrations, blow up give away dummies, disinfectant wipes, a training defibrillator, a projector, a computer, training hand outs and water bottles.

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

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
 - ✓ 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 be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with 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.

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

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 specifically.

The STHF will work closely with LMEMS to improve survival of cardiac arrest victims in Jefferson County. LMEMS will train our interns to become hands only facilitators and supervise our interns as they teach hands only classes in the community.

We have a collaborative relationship with the American Heart Association (AHA). The AHA will be working closely with us to develop our curriculum, seek grant prospects, supply some training materials, supply instructional videos and identify training strategies.

University of Louisville's Office of Diversity and Inclusion will be helping us with the intern search process and possibly with a community engagement grant that could be used for intern salaries.

Northwest AHEC will be helping to identify training locations and facilitate class scheduling.

G: 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:

Cardiac arrest can affect anyone at any time without warning. In fact up to 10% of cardiac arrest victims are under the age of 40. Evidence shows that up to 3/4 of cardiac arrest victims will have symptoms of chest discomfort or shortness of breath in the 60 minutes prior to cardiac arrest.

When a person suffers a cardiac arrest the electrical system in the heart does not work and the patient collapses. Literally, seconds and minutes will decide the outcome. Every minute that passes before the heart gets restarted leads to a 10% increase in mortality. The goal in treatment of cardiac arrest is early recognition and treatment in order to prevent sudden cardiac death

Seventy to eighty percent of cardiac arrests happen in private residences. After activating 911, CPR is a bridge to keep the victim alive until EMS can arrive and deliver more advanced and definitive therapy.

Current, statistics report that only 25% of cardiac arrest victims receive bystander CPR. People are often hesitant to perform CPR through lack of education, fear of harm or merely panic stricken. With increased public awareness and training these barriers can be broken down. A person who has been taught CPR once is more than 50% likely to perform bystander CPR if the situation arises.

In Louisville last year, there were approximately 720 cardiac arrests. The average response time by LMEMS is 6-8 minutes. LMEMS is able to resuscitate and transport to the hospital approximately 28% of cardiac arrest victims. Of those cardiac arrest victims that make it to the hospital, 20-50% survive to return to normal lives.

There is an unmet need for an easily accessible, comprehensive and free hands only CPR/AED training in our community. The research and metrics clearly state the value of immediate bystander CPR for a person suffering a cardiac arrest. There is no one entity that can provide CPR training at no cost and in a strategic manner.

We will train pre-medical students to facilitate hands only CPR classes for free in the community. Through these classes, citizens will learn proper use of an Automated External Defibrillator (AED), hands only CPR and important warning signs of impending life threatening cardiac illness. The STHF will track each person taught CPR by zip code. We will focus efforts in neighborhoods with the greatest number of cardiac arrest cases. LMENS will track return of spontaneous circulation numbers and survival statistics.

SECTION 6 - PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. Enter whole-dollar amounts.

Program Expenses	Column 1	Column 2*	Column 3
	Proposed Metro Funds	Non-Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits	\$6,000.00		\$6,000.00
B: Rent/Utilities			
C: Office Supplies	\$1,000.00		\$1,000.00
D: Telephone			
E: In-town Travel			\$500.00
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	\$3,750.00		\$3,750.00
I: Community Events & Festivals (Attach Detailed List)			
J: Machinery & Equipment	\$6,870.00		\$6,870.00
K: Capital Project			
L: Other Expenses (Attach Detail List)	\$1,250.00	\$6,500.00	\$7,750.00
18,870 SUBTOTAL	\$18,870.00	\$6,500.00	\$25,870.00
% of Program Budget -	73 %	27 %	100%
Value of volunteer services and how computed:	N/A	\$5,000.00	\$5,000.00
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. (Detail on Next Page)	N/A	\$2,500.00	\$2,500.00
Total Program Funds			

*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	
United Way	
Private Contributions	\$10,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	\$10,000.00

STHF Projected expenses for Summer Intern Program. Most expenses will be incurred in May and June of 2014 to prepare for CPR classes to be taught in Summer of 2014.

Program Materials

Training pamphlets and handouts	\$1,500.00
Water Bottles/give away	\$ 500.00
Take home dummies	\$1,750.00
	<hr/>
	\$3,750.00

Equipment for Classes

Large dummies for demonstrations (4 pack, \$100 per dummy)	\$420.00
School training pack (4 packs, 10 per pack, \$600 each)	\$2,400.00
Disinfectant Wipes (\$10.00/50, need 50 pack)	\$500.00
Computer for data entry and training dvd	\$1,800.00
Projector	\$500.00
Intern and volunteer uniform t-shirts	\$750.00
Training defibrillator	\$500.00
	<hr/>
	\$6,870.00

Intern Salaries (2 at \$3,000.00 for summer) \$6,000.00

Office Supplies \$1,000.00
Ink, stationary, paper, folders

OTHER: Metro Funds

Marketing and Advertising

hand outs, flyers, promotional folders	\$1,000.00
(\$250.00 incurred before March 25, 2014)	(\$250)
Web updates and consultation	\$500.00
	<hr/>
	\$1,250.00

OTHER: Non Metro Funds:

Start up costs

Marketing-promotional folders	\$250.00
Legal	\$2,500.00
Web Design	\$500.00
501 c3 app	\$900.00
Logo development	\$600.00
	<hr/>
	\$4,500.00

Administrative costs

D& O insurance	\$1,000.00
Accounting	\$1,000.00
	<hr/>
	\$2,000.00

PROGRAM BUDGET SUMMARY (CONTINUED)

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
LMEMS/ volunteers	\$2,500.00-\$5,000.00	175 to 350 hours during 11 Weeks at \$15.00 per hour
American Heart Association	\$2500.00	Curriculum development and foundation consultation
Total Value of In-Kind <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$5,000.00 to \$7,500.00	

* 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)

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:

Next year we hope to hire more interns as we raise our goals to teach a greater number of people CPR. We will also train more volunteers in order to teach classes through out the year. This will require more training equipment for the additional volunteers and classes.

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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.

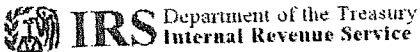
Standard Assurances

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. 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. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. 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.

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.



Department of the Treasury
Internal Revenue Service

P.O. BOX 2508
CINCINNATI OH 45201

In reply refer to: 9999999999
Dec. 12, 2013 LTR 3367C S0
46-3998988 000000 00

00033310
BODC: TE

START THE HEART FOUNDATION
7611 WOLF PEN RIDGE CT
PROSPECT KY 40059



Mr. Burns - 0194190

026980

Employer Identification Number: 46-3998988
Tax Form: 1023
Document Locator Number: 17053-330-38103-3
For assistance, call: 1-877-829-5500

Dear Applicant,

We received your application for exemption from Federal income tax and your user fee payment.

During the initial review process, applications for exemption are separated into three groups:

1. Those that can be processed immediately based on information submitted,
2. Those that need minor additional information to be resolved, and
3. Those that require additional development.

If your application falls in the first group or second group, you will receive your determination letter stating that you are exempt from Federal income tax or a request for information via phone, fax, or letter. If your application falls within the third group, you will be contacted when your application has been assigned to an Exempt Organizations specialist for technical review. You can expect to be contacted within approximately 90 days from the date of this notice.


IRS does not issue "tax exempt numbers" or "tax exempt certificates" for state or local sales or income taxes. If you need exemption from these taxes, contact your state or local tax offices.

General information about the application process and tax-exemption can be found by visiting our website, www.irs.gov/eo. If you are unable to locate the information needed, you may call our toll free number shown above Monday through Friday. When communicating with us, please refer to the employer identification number and document locator number shown above.

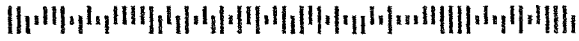
Sign up for Exempt Organizations' EO Update, a regular e-mail newsletter that highlights new information posted on the Charities pages of irs.gov. To subscribe, go to www.irs.gov/eo and click on "EO Newsletter."


irs.gov

where is my exemption app?

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. BOX 2508
CINCINNATI OH 45201

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 START THE HEART FOUNDATION
7611 WOLF PEN RIDGE CT
PROSPECT KY 40059

026980

Applying for Tax-Exempt Status

Receiving an EIN from the IRS is not the same thing as receiving IRS recognition of tax-exempt status. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, *Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 12192
Covington, KY 41012-0192

Publication 557, *Tax Exempt Status for Your Organization*, has details on the application, process as well as information on returns you may need to file.

Additional information

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you don't have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can contact us using the phone number or address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you don't need to write us, please don't complete and return this stub.

Your name control associated with this EIN is STAR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Revenue	Year 2014	Year 2015	Year 2016
Donations (grants)	25,000	30,000	35,000
Expenses			
Application for 501c3	900		
Legal	2,100		
Equipment (mannequins, kits)	6,000	10,000	8,000
Computer, projector, printer	3,000	2,000	2,000
Accounting	1,000	1,000	1,000
Student salaries	6,000	12,000	18,000
Business expenses (stationary, business cards, clothing, insurance, bank account)	2,500	2,000	2,000
Travel (gas)	1,000	1,000	1,000
Website	500		
Logo development	600 pd		
D&O insurance	1,000	1,000	1,000
Marketing	1,000	1,000	2,000
Total	25,000	30,000	35,000



START THE HEART BOARD OF DIRECTORS:

Term beginning November 19, 2013

William Dillon, President, 1st 3 year term

Timothy Cahill, Vice, President, 1st 2 year term

Bill Precious, Treasurer, 1st 3 year term

Sally Dillon, Secretary, 1st 2 year term

Roz Cordini, board member, 1st 3 year term

John Mandrola, board member, 1st 2 year term

Steve Carr, board member, 1st 3 year term

0871257.09

BAlimonos
ADD

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:
11/4/2013 11:20 AM
Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF
THE START THE HEART FOUNDATION, INC.**

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky, KRS 273.161 et seq., in accordance with the following provisions.

ARTICLE I

The name of this corporation is THE START THE HEART FOUNDATION, INC.

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The purpose of the corporation shall be to provide free CPR classes in the Louisville Metropolitan area and surrounding counties.

In order to carry out the foregoing purposes, this corporation may take and hold by bequest, devise, gift, grant, purchase, lease, or otherwise, any interest in property, real, personal, tangible or intangible, or any undivided interest therein, without limitation as to the amount of value; to sell, convey or otherwise dispose of any such property, and to invest, reinvest, or deal with the principal or the income there of in such manner as in the judgment of its Board of Directors deems best to promote the purposes of the corporation.

The corporation shall have the power to do any other act or thing incidental to or connected with the foregoing purposes or advancement thereof, but not for the pecuniary profit or financial gain of its directors or officers, except as permitted by law. In furtherance of its corporate purposes, and not in limitation thereof, the corporation shall have all general powers conferred by the laws of the Commonwealth of Kentucky upon corporations created thereunder.

ARTICLE IV

The corporation is organized exclusively for charitable, religious, educational, or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or such corresponding section of any future federal tax code. The corporation is to be operated so as to attract substantial support directly or indirectly from interested persons and from contributions from the general public and local businesses. The corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the

corporation is distributable to or will inure to the benefit of its directors, officers, employees and staff except reasonable compensation permitted by law. No 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 any candidate for public office. Notwithstanding any other provision of this certificate, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States revenue law, or by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue law.

ARTICLE V

No part of the income of the corporation shall inure to the benefit of any member, director, officer of the corporation, or any private individual, except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes, and no members, officers of the corporation, or any private individual shall be entitled to share in the distribution of any of the activities on dissolution of the corporation.

ARTICLE VI

In the event of dissolution, all of the remaining assets and property of the corporation shall after necessary expenses thereof be distributed to such organizations as shall qualify under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended.

ARTICLE VII

The name and mailing address of the initial registered agent of the corporation is:

Patrick T. Schmidt
401 West Main Street, Suite 1400
Louisville, KY 40202

ARTICLE VIII

A Board of Directors consisting of at least three (3) but no more than eleven (11) persons shall conduct the affairs of the corporation. Elected directors shall hold office for a term of one (1) year. A director may be removed, with or without cause, by a majority vote of the Board of Directors of THE START THE HEART FOUNDATION, INC. The initial Board of Directors also shall serve a one (1) year term. The names and addresses of the initial directors are:

William Dillon
7611 Wolf Pen Ridge Court
Prospect, Kentucky 40059

Sarah Dillon
7611 Wolf Pen Ridge Court
Prospect, Kentucky 40059

Timothy E. Cahill
5103 Olde Creek Way
Prospect, Kentucky 40059

Rosalind Cordini,
1500 Sylvan Wynde
Louisville, Kentucky 40205

John Mandrola
2500 Meadow Road
Louisville, Kentucky 40205

Janice Morgan
1805 S. Brook Street
Louisville, Kentucky 40209

William Precious
9908 Fringe Tree Court
Louisville, Kentucky 40241

ARTICLE IX

The mailing address of the corporation's initial principal office is as follows: 7611 Wolf Pen Ridge Court, Prospect, Kentucky 40059.

ARTICLE X

The Board of Directors of THE START THE HEART FOUNDATION, INC. shall have the authority to adopt such by-laws and regulations as may be necessary for the government of the corporation and elect such officers as it deems necessary to carry out the work of said corporation. It shall have the power to fill all vacancies in its body; elect and appoint officers and agents that it may deem appropriate; and fill vacancies created by death or resignations from time to time; provide for a quorum of its membership to transact business; and, generally, such other rules and regulations for the conduct of its business as it deems appropriate.

ARTICLE XI

The corporation shall indemnify any and all persons who may serve or who have served at any time as directors or officers or who at the request of the Board of Directors of the corporation may serve or at any time have served as directors or officers of another corporation merged into this corporation and their respective heirs, administrators, successors, and assigns, against any and all expenses, including amounts paid upon judgments, counsel fees, and amounts paid in settlement (before or after suit is commenced), actually and necessarily incurred by such persons in connection with the defense or settlement of any claim, action, suit or proceeding in which they, or any of them, are made parties, or a party, or which may be asserted against them or any of them by reason of being or having been directors or officers or a director or officer of the corporation or of such other corporation except in relation to matters as to which any such

director or officer or former director or officer or person shall be adjudged in any action, suit or proceeding to be liable for his own negligence or misconduct in the performance of his duty. Provided further, this provision shall not eliminate or limit the liability of a director:

(a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation.

(b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

(c) For any transaction from which the director derived an improper personal benefit.

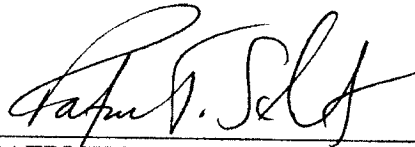
Such indemnification shall be in addition to any other rights to which those indemnified may be entitled under any law, bylaw, agreement, or action by the Board of Directors.

ARTICLE XII

The name and address of the incorporator is:

Patrick T. Schmidt
401 W. Main Street, Suite 1400
Louisville, Kentucky 40202

IN TESTIMONY WHEREOF, witness our signatures this the 30th day of October, 2013.



PATRICK T. SCHMIDT
INCORPORATOR

CONSENT OF INITIAL REGISTERED AGENT

Pursuant to the provisions of KRS Chapter 273, the undersigned, as the initial registered agent identified in Article VII of the Articles of Incorporation of **THE START THE HEART FOUNDATION, INC.**, hereby consents to serve **THE START THE HEART FOUNDATION, INC.** in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Nonprofit Corporation Act.

A handwritten signature in cursive script, appearing to read "Patrick T. Schmidt", written over a horizontal line.

PATRICK T. SCHMIDT

**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)
Start the Heart Foundation

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
7611 Wolfpen Ridge Ct

City, state, and ZIP code
Prospect, KY 40059

List account number(s) here (optional)

Requester's name and address (optional)

Print or type on page 2.
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 Line 1 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

or

Employer identification number
40: 3998988

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).

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 4.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *3-28-14*

General Instructions

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

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

THE START OF THE HEART FOUNDATION, INC**General Information**

Organization Number	0871257
Name	THE START OF THE HEART FOUNDATION, INC
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/4/2013
Organization Date	11/4/2013
Last Annual Report	N/A
Principal Office	7611 WOLF PEN RIDGE COURT PROSPECT, KY 40059
Registered Agent	PATRICK T. SCHMIDT 401 WEST MAIN STREET SUITE 1400 LOUISVILLE, KY 40202

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

Director	<u>WILLIAM DILLON</u>
Director	<u>TIMOTHY E. CAHILL</u>
Director	<u>JOHN MANDROLA</u>
Director	<u>WILLIAM PRECIOUS</u>
Director	<u>SARAH DILLON</u>
Director	<u>ROSALIND CORDINI</u>
Director	<u>JANICE MORGAN</u>
Incorporator	<u>PATRICK T. SCHMIDT</u>

Images available online

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

<u>Articles of Incorporation</u>	11/4/2013	5 pages	<u>tiff</u>	<u>PDF</u>
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Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Add	11/4/2013 11:20:09 AM	11/4/2013	

Microfilmed Images

Start The Heart Foundation
\$ 1,000

Hughes, Susan

From: Butler, Marianne
Sent: Saturday, June 07, 2014 8:19 AM
To: Jim King
Cc: Peers, Carrie G; Hughes, Susan
Subject: RE: Start the Heart Foundation

D15 will do \$1000

Marianne

ok to peers

Marianne Butler

From: Jim King [jimking@mail.kingcorporategroup.com]

Sent: Saturday, June 07, 2014 4:52 AM

To: Derouen, Andrea; Webster, Angela; Scott, Attica W; Shanklin, Barbara; Stenberg, Beth; Ackerson, Brent; 'Brent Ackerson'; Morgan, Briana S; Peers, Carrie G; Smith, Chanelle Emily; 'Cheri Bryant Hamilton'; Hamilton, Cheri; Lewis, Chris W; Fowler, Cindi; Johnson, Dan D; James, David A; Tandy, David; Yates, David; Carroll, Debbie; Sanders, Donna; Hoffman, Elizabeth K; Hinson, Erin; Stuckel, Glen; Peden, James; Noble, Jeffrey T; Miller, Jerry T; Helton, Jessamyn; Torsky, John N; King, Keidra; Downard, Kelly; Fleming, Ken; Kramer, Kevin; Triplett, Kevin D; Eatherly, Kip; Ethridge, Kyle; Chapman, Lisa E.; Franklin Gray, Lisa A.; Kennedy, Liz; 'Luke Markushewski'; Flood, Madonna; Butler, Marianne; Parker, Marilyn; Meyer, Marty; Whitlock, Mary; Woolridge, Mary; Bowman, Michael; Hodge, Monica; Friend-Ellis, Myra; Schuhmann, Paul; Blackwell, Rick; Engel, Robin; Harrington, Scott; Brown, Sharron; May, Shellie; Ott, Stephen; Haag, Steve; Benson, Stuart; Hughes, Susan; Long, Terra L; Ward-Pugh, Tina; Owen, Tom; Hyatt, Tony W; Gaines, Tracy; Welch, Vicki A; Smith, Wanda M

Cc: Peers, Carrie G; 'CC'

Subject: Start the Heart Foundation

Colleagues

You will recall Dr Bill Dillon, interventional cardiologist (mine in full disclosure) came to speak to us about a new foundation he is forming with others to educate the public in high risk areas on how to restart the heart during cardiac arrest. I think I recall him saying that Portland would be his first area of education and he will work through churches, community centers and other institutional facilities.

The start heart foundation has filed an NDF request for us for \$18, 870 for equipment and other costs associated with their program. I have asked Beth to review it and she gave their paperwork high grades so I think all is in order.

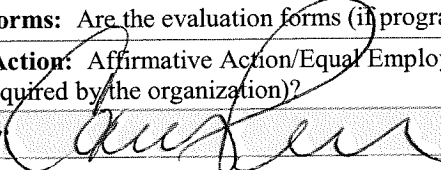
I plan to provide \$2870 from my NDF account and am asking each of you for help in funding the remaining \$16,000. **Could each of you contribute \$650 to \$1,000 to fill in the gap?** It's a wonderful use of NDF and a relatively low cost to make such a profound difference in saving lives her in our city. Please help.

If you can respond to me, that would be great or have your LA let Carrie Peers know.

Pres Jim

This e-mail, including attachments, is confidential information intended only for the use of the individual or entity named above and may be legally privileged. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this message is strictly prohibited. If you receive this email in error, please immediately notify the sender, and destroy the original message. Thank you.

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Start the Heart Foundation	
Program Name: Hands Only CPR Training Request Amount \$18,870.00	Yes/No/NA
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?	n/a
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
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?	n/a
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Pending
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.	Yes
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?	Yes
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: 4/9/14