

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

RECEIVED  
 DATE 11-3-14 TIME: 11:20am

**Applicant/Program:** New Roots, Inc. /The Fresh Stop Project

**Executive Summary of Request:** New Roots, Inc. works to provide Louisville residents who live in food deserts access to fresh fruit and vegetables. The Fresh Stops are the heart of New Root's labors where families pick up their share of fresh foods at a neighborhood site. Additionally, New Roots educates on home cooking and healthy eating habits to inspire communities to transform their lives through their food justice classes. The \$10,000 that New Roots, Inc. is requesting cover the cost of the phones and copy materials for the fresh stop. Additionally, the funding will help to cover the cost of the refrigerated box truck to help expand the types of produce that the organization can have at the fresh stops.

File ID 0-532-14

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.

4  
District #

  
Primary Sponsor Signature

\$ 2,000  
Amount

8/15/2014  
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.

Kidreking

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_

Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK

REVIEWED

DATE 11-7-14 TIME 1:03pm

Applicant/Program:

### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

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

<u>5</u> District #	<u>Cheri B. Hamilton</u> Council Member Signature	<u>\$2000</u> Amount	<u>8/21/14</u> Date
<u>6</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$500</u> Amount	<u>8-21-2014</u> Date
<u>1</u> District #	<u>Attica C. Scott</u> Council Member Signature	<u>\$1500 acs</u> <del>\$2000</del> Amount	<u>8/11/2014</u> Date
<u>21</u> District #	<u>[Signature]</u> Council Member Signature	<u>2000.</u> Amount	<u>9/11/2014</u> Date
<u>      </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>      </u> District #	<u>      </u> Council Member Signature	<u>      </u> Amount	<u>      </u> Date

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> New Roots, Inc.	
Program Name: The Fresh Stop Project Request Amount: \$10,000	<b>Yes/No/NA</b>
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?	Yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?	Yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?	Yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?	Yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Yes
<b>Application Budget Page 6:</b> 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
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?	NA
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?	Yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?	NA
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>	Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
<b>Small Cities:</b> 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)	NA
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?	Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	Yes
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?	Yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?	Yes
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?	NA
<b>Rent Requests:</b> Is a copy of signed lease included?	NA
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?	Yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?	Yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?	NA
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	NA
Prepared by: Keidra King	Date: 10/31/14





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		<b>New Roots Inc.</b>	
<small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
Main Office Street & Mailing Address: 4509 W. Market Street, Louisville, KY 40212			
Website: <a href="http://www.newrootsproduce.org">www.newrootsproduce.org</a>			
Applicant Contact:	Karyn Moskowitz	Title:	Executive Director
Phone:	502-509-6770	Email:	<a href="mailto:kmoskowitz@sbcglobal.net">kmoskowitz@sbcglobal.net</a>
Financial Contact:	Karyn Moskowitz	Title:	Executive Director
Phone:	502-509-6770	Email:	<a href="mailto:kmoskowitz@sbcglobal.net">kmoskowitz@sbcglobal.net</a>
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	New Roots Fresh Stop Training Institute (FSTI)		
Council District(s):	Multiple/ More here...	Zip Code(s):	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: New Roots Inc. - The Fresh Stop Project			
Total Request: (\$)	\$10,000.00	Total Metro Award (this program) in previous year: (\$)	\$10,000
Purpose of Request (check all that apply):			
<input checked="" 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 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 checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" 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			
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:	EAF	Amount: (\$)	\$12,900
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:

Many residents of the inner city of Louisville do not have access to fruits and vegetables but do face an abundance of inexpensive, high carbohydrate foods. Diet-related illnesses such as diabetes, high blood pressure and obesity have become chronic health issues. Consumption of fresh food can reverse many of these conditions.

New Roots, Inc. is a 501c3 nonprofit organization based in Louisville, Kentucky. New Roots mission is to ignite communities to come together, share knowledge, and build relationships with farmers to secure access to fresh food. Our vision is that affordable fresh food is accessible and enjoyed year round in the communities we serve. New Roots was founded in 2009 on the premise that one family alone may not be able to afford farm fresh or even grocery store produce at retail prices. However, if families pool their resources, they can become volume purchasers from local farmers and eligible for wholesale prices. This cooperative economic model, based in a church, school or community center, is created, driven and sustained by community leaders from primarily under-invested neighborhoods, in alliance with New Roots, and is called the Fresh Stop Project.

Fresh Stops are the fruit of New Root's labor where families pick up their "share" of fresh food (which feeds 2-4 people) at a neighborhood church or school during the growing season (May - November). New Roots also shares knowledge about home cooking and healthy eating habits to inspire community leaders to help people transform their lives through their "Food Justice Classes".

We have a track record of implementing successful community-based Fresh Stop programs. In 2013, we connected 550 families to 30 farmers who purchased a total of ~2000 shares. We are excited about the prospect of continuing and expanding our efforts in the future through a new program, outlined below.

Our Fresh Stops are open to everyone. Some operate on a sliding scale. Produce shares are ordered one to two weeks in advance and are full of the bounty of Kentuckiana's seasonal produce. With each share, there is a newsletter with recipes and information from our farmers.

Shawnee Neighborhood Fresh Stop  
at Redeemer Lutheran Church  
3640 River Park Drive  
Louisville, Kentucky 40211  
(502) 776-5945  
<http://redeemerlouky.com/freshstop.php>

Shawnee Presbyterian Church Fresh Stop  
101 S. 44th Street  
Louisville, KY 40212  
Call Ms. Roxana Walker or William Hardy:  
502.776.6280

Fourth Ave. UMC Fresh Stop  
in Old Louisville  
318 W. St. Catherine Street  
Louisville, KY 40203  
<http://louisvillefreshstop4umc.blogspot.com>

Wellington Fresh Stop  
at Wellington Elementary School  
4800 Kaufman Lane  
Louisville, KY 40216  
Call Karyn Moskowitz:  
(502) 509-6770  
[info@newrootsproduce.org](mailto:info@newrootsproduce.org)

Wesley House Fresh Stop  
at The Wesley House  
5114 Preston Highway  
Louisville, KY 40213  
Call Stella Lewis:  
(502) 968-8231



## 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.):**

#### The Fresh Stop Project

The neighborhoods that the Fresh Stops serve are considered "food deserts" by the USDA and are primarily low-income. For example, the Smoketown Neighborhood has a population of 2,699, of which 13.1% is white, 81.2% is black, 1.8% is listed as other, & 3.8% is Hispanic. The median household income is \$19,901, 58.3% are below poverty, and 50% are without vehicles and more than one-half mile from a supermarket. Fresh Stop shareholders come from a variety of zip codes and council districts.

In 2015, we hope to open Fresh Stops in the Smoketown/Shelby Park Neighborhood, Parkland, University of Louisville, and possibly Newburg. The Fresh Stop organizing and training will begin August 19th with an initial meeting in Smoketown and proceed till June 2015. The Fresh Stops run from June through October, every other week, during the growing season. While the classes are operating, existing Fresh Stops are still operating and in need of better transportation.

We work with a consortium of 13 African-American farmers. Presently, they do not own an appropriate vehicle to carry produce from south central Kentucky to Louisville. We need to purchase a refrigerated box truck so that the food can arrive safely and in good condition.

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

Funding will be spent on a box truck for the various neighborhood Fresh Stops throughout Metro Louisville, plus some telephone fees and copies for Fresh Stop materials. Specially, we need funding for a box truck. Currently, the food is transported in a hot trailer and we have very limited ability to bring all vegetables because they are at high risk of spoilage (i.e., greens, lettuces, etc). A box truck is necessary because it is refrigerated and will keep our fruits and vegetables fresh as we are transporting them from south central Kentucky to Louisville's neighborhood Fresh Stops. The box truck will sustain and expand the Fresh Stop operations that already exist and will help launch the proposed new Fresh Stops. We also need operational items and materials for the Fresh Stop.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

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

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





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

New Roots' efforts are already changing lives in the current Fresh Stops (listed above). In 2013, 2,000 adults and children participated in the Shawnee Neighborhood Fresh Stop. More than 95% said they ate more fruits and vegetables, cooked more using fruits and vegetables and reduced their own and their family's intake of sugar-sweetened food and beverages. The health changes have been equally as dramatic – 41% percent lost weight, 16% decreased their dependence on pharmaceuticals, and 24% controlled their blood pressure.

The impact New Roots has had on local and regional farmers is equally impressive, opening new markets for aspiring farmers, and injecting \$50,000 into the State's economy each year.

Our specific measurable outcomes and indicators for this proposal include:

**OUTCOME #1:** Increase knowledge of existing and new Fresh Stop leaders as it relates to operations of a Fresh Stop Project and Sustainability

**INDICATOR:** # and % of leaders who increase knowledge of components within the system.

**DATA COLLECTION:** Pre-and post surveys of leaders.

**OUTCOME #2:** Within one year New Roots will increase access to fresh and local food for the benefit of those living within a food desert.

**INDICATOR:** # and % of those participants enrolling in the Fresh Stop Training Institute

**DATA COLLECTION:** Sign in sheets for trainings and # of shareholders.

**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.**

Collaboration is important and vital to New Root's success as a small, grassroots organization, and we partner with many organizations in Louisville and in the region, leveraging funding and resources. Key partners for Fresh Stops include Louisville Grows, a food justice organization (neighborhood canvassing and outreach as well as supplying produce from their Urban Grower's Cooperative); Kentuckians for the Commonwealth, a social justice organization (canvassing); Robin Burke, (neighborhood structural improvement, photo-documentation of our efforts and government advocacy); Dare to Care, (volunteer coordination and produce gleaning); the Housing Authority, (access to their facilities for the Fresh Stop); Youth Build, a youth-focused food and employment justice organization, (organizing, cooking classes and chef demos); Kentucky State University (supplies mobile cooking education facility); area churches (leadership and shareholder recruitment); University of Louisville, various departments (interns and technical assistance); Community Farm Alliance (volunteers); Fuller Center for Housing (office space); and, Sustainable Agriculture Louisville (mentorship and training).

New Roots also partners with the churches and schools that serve as a pick-up for the Fresh Stops, which include Fourth Avenue United Methodist Church, Redeemer Lutheran Church, Wesley House, and Wellington Elementary School (JCPS). New Roots has many other partners in the neighborhoods they serve to provide outreach and marketing, including Shawnee Arts & Cultural Center (outreach and drop off point for shareholders), Shawnee Christian Health Care Center (childhood obesity prevention initiative), Presbyterian Hunger Program (consultation and funding), Slow Food Bluegrass (chefs for cooking demos), and many more.

New Roots also partners with local and regional farms, many from multi-generation Black family farms, to provide the fruits, vegetables, eggs, and other items to the communities in the food deserts of Louisville. The farm partners from the South Central (KY) Produce Growers consortium include these minority farmers: Andre Barbour, Joseph Jewell, Ronald Massey, Travis Cleaver, William and Scott Curle, Rossneau Ealom, Anwar and Hank Barbour.



## 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		31,200	31,200
B: Rent/Utilities		1,200	1,200
C: Office Supplies			
D: Telephone	2340	0	2,340
E: In-town Travel		425	425
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	660	9340	10,000
I: Community Events & Festivals (Attach Detail List)		5,000	5,000
J: Small Equipment		1,035	1,035
K: Capital Equipment			
L: Other Expenses (Attach Detail List)	7000	500	7500
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<b>10,000</b>	<b>48,700</b>	<b>58,700</b>
<b>% of Program Budget</b>	<b>17 %</b>	<b>83 %</b>	<b>100%</b>

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

Other State, Federal or Local Government	12,900
United Way	
Private Contributions (do not include individual donor names)	35,800
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<b>48,700</b>

\*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
Space	500	Negotiated
Volunteers	3566	20 volunteers @ \$17.83/hr for 10 hours each
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	4,066	

\* 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: 1/1/15

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.

Keidra King (Board Member, New Roots)

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Karyn Moskowitz	Date:	7/14/14
Legal Signatory: (please print):	Karyn Moskowitz	Title:	7/14/14
Phone:	502-509-6770	Extension:	
Email:	info@newrootsproduce.org		

Kentucky Office of the Secretary  
TREY GRAYSON

0734320.09

mstratton  
NAOI

Trey Grayson  
Secretary of State  
Received and Filed  
07/21/2009 12:56:19 PM  
Fee Receipt: \$8.00

Division of Corporations  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
<http://www.sos.ky.gov>

Articles of Incorporation  
Non-Profit Corporation

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter KRS 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the corporation is

New Roots, Inc.

Article II: The purpose for which the corporation is organized

Education

Article III: The name of the registered agent is

Karyn Moskowitz

and the street address of the corporation's initial registered office in Kentucky is

1510 E. Breckinridge St. Louisville, KY 40204  
Street Address (No Post Office Box Numbers) City State Zip Code

Article IV: The mailing address of the corporation's principal office is

1510 E. Breckinridge St. Louisville, KY 40204  
Street or PO Box Number City State Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is

3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Name	Street or PO Box Number	City	State	Zip Code
<u>Virgil Boyd</u>	<u>PO Box 2441</u>	<u>Louisville</u>	<u>KY</u>	<u>40201</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Shelia Boyd</u>	<u>PO Box 2441</u>	<u>Louisville</u>	<u>KY</u>	<u>40201</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Haven Harrington III</u>	<u>Box 31</u>	<u>Louisville</u>	<u>KY</u>	<u>40211</u>

Article VI: The name and mailing address of the incorporator is

Virgil Boyd PO Box 2441 Louisville, KY 40201  
Name Street Address or Post Office Box Number City State Zip Code

Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code

Executed by

Virgil Boyd  
Printed name of an incorporator

[Signature]  
Signature of aforementioned incorporator

on

July 2, 2009  
Date

Karyn Moskowitz

Type/Print Name of Registered Agent  
or Corporation serving as Registered Agent

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

Karyn Moskowitz  
Signature of Registered Agent or individual signing on behalf of the  
corporation serving as Registered Agent

[Signature]  
Title of individual signing on behalf of the corporation serving as Registered  
Agent (if applicable)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor    ☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶☒ Other (see instructions) ►

**Non Profit Corporation**

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

4509 W. Market Street

City, state, and ZIP code

**Louisville, Kentucky 40204**

List account number(s) here (optional)

Requester's name and address (optional)

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)	
--	--

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.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

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

Employer identification number

[illegible]

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 ►

Date ▶

## General Instructions

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

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://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 under 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.



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

DEPARTMENT OF THE TREASURY

Date: JUN 28 2009

NEW ROOTS INC  
PO BOX 4421  
LOUISVILLE, KY 40204-4421

Employer Identification Number:

DLN:

17053090301021

Contact Person:

PAULA J MOLL-MALONE

ID# 31262

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

July 21, 2009

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



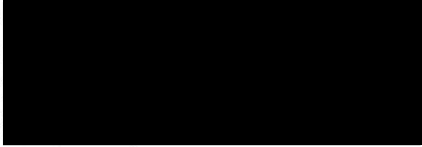
Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC

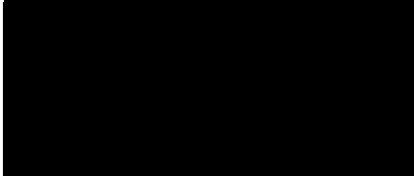
Letter 947 (DO/CG)

## New Roots Board of Directors and Advisory Council 2014

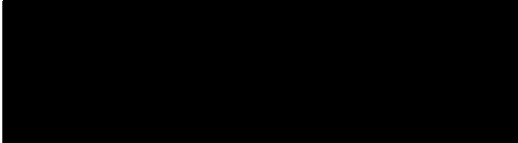
Chris Chase—Board President  
CEO and President, Discernity  
2013-2016



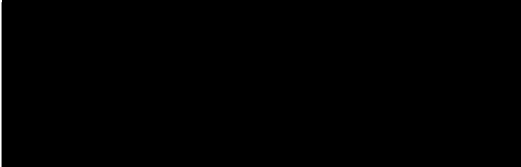
Gregg Rochman—Secretary  
Partner, Shine Contracting, LLC (Portland Investment Initiative)  
Former Treasurer, Bloom Elementary School PTSA  
2013-2016



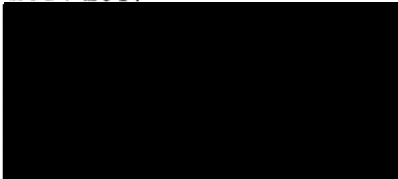
Brandon Fields—Treasurer  
Owner, Twin Spires Cabinetry  
2013-2016



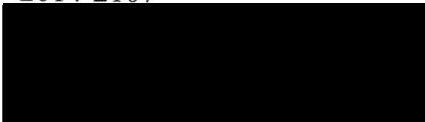
Stephanie Barnett  
Founder and Owner, ChooseWell-Louisville  
Board, Passionist Earth and Spirit Center  
Leader, Compassionate Louisville Health Care Constellation  
2012-2015



Mike Battaglia  
Strategic Advisor & Investor @  
Independent Advisory (Hospital and Health Care)  
2014-2017

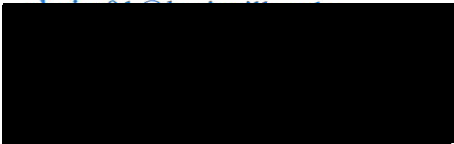


Tameka Copeland  
Wellcare  
2014-2107




## New Roots Board of Directors and Advisory Council 2014

2014-2017

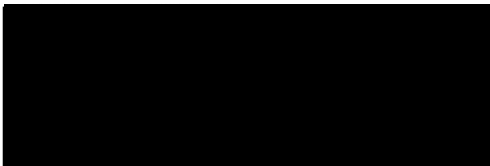


### Advisory Council

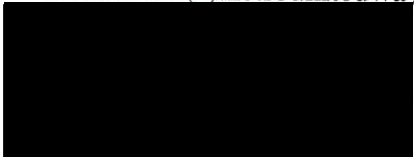
Myrna Marshall Brame  
Employed by Kentucky Department of Juvenile Justice  
Shawnee Youth Advocates  
Shawnee Neighborhood Association  
Shawnee Neighborhood Fresh Stop  
St. Stephens Baptist Church  
Former New Roots Board Member, 2012-2014  
2012-2015




Mary Montgomery  
Employed by Cardiovascular Specialists  
Shawnee Neighborhood Fresh Stop Coordinator  
Former New Roots Board Member, 2012-2014  
2012-2015



Benjamin Dolan  
Business Intelligence Analyst, Metro United Way  
2014-2017  
[ben.donlon@metrounitedway.org](mailto:ben.donlon@metrounitedway.org)



Angelo Boone  
Owner, Angelo Boone Produce  
2014-2017





**Information copy. Do not send to IRS.**

Form **990-N**  
Department of the Treasury  
Internal Revenue Service

**Electronic Notice (e-Postcard)**  
for Tax-Exempt Organizations not Required To File Form 990 or  
990-EZ

OMB No. 1545-  
2085

**2013**

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013.

**B** Check if applicable

☐ Terminated, Out of

Business

☒ Gross receipts are normally  
\$50,000 or less

**C** Name of organization: NEW ROOTS  
d/b/a:

PO Box 4421  
Louisville, KY, US, 40204

**F** Name of Principal Officer: Karyn Moskowitz

**E** Website:

www.newrootsproduce.org

1510 E Breckenridge St  
Louisville, KY, US, 40204

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

New Roots, Inc. Financial Statement, 2013

Beginning Balance	\$8,535
Deposits:	\$53,034
Total:	\$61,569

**Expenses:**

Program Supplies	\$9,558.82
Bank Charges	\$3.36
Computer and Internet	\$1,002.00
Compensation	\$34,090.00
Insurance	\$1,063.00
Legal Fees	\$75.00
Maintenance and Repairs	\$186.67
Mileage	\$3,240.00
Office Supplies	\$869.70
Parking	\$34.50
Postage	\$583.62
Rent	\$600.00
Telephone	\$188.77

Total: \$51,495.44

**Ending Balance: \$10,073.56**

New Roots Staff—2014

**Karyn Moskowitz, *Executive Director***

Salary: \$55,000/year (FTE)

B.A. from Boston University, Biology

MBA, University of Washington Foster School of Business, Environmental Management,  
and ESCP Europe.

**Amber Burns, *Assistant Director***

Salary: \$31,200 (FTE)

B.A. University of Louisville, Pan African Studies

**Mary Montgomery, *Fresh Stop Organizer***

Salary: \$7,800 (.25 FTE)

PRP High School



<b>Incoming Funds</b>	
Foundation Grants	46,586.00
Grants submitted and pending	78,205.65
Grants to be submitted	16,007.01
Fundraisers	20,122.92
Corporate Contributions	2,000.00
Earned Income	900.00
Portland Neighborhood House	
Individual Contributions	
Special Events (net income)	
<b>TOTAL Incoming Funds</b>	<b>163,821.58</b>
<b>Expenses</b>	
Management	118,585.00
Office Supplies	2,919.58
Fresh Stop Supplies	12,040.00
Travel	8,573.00
Rent	1,200.00
Utilities	2,244.00
Equipment	1,270.00
Makeba Lee Fund plus transportation vouchers	8,000.00
Membership fees	240.00
Expenses for Executive Director	1,200.00
Training	1,500.00
Contractors	1,300.00
Contracts and Fees	4,750.00
<b>TOTAL Expenses</b>	<b>163,821.58</b>
Gain/Loss	(0.00)

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**NEW ROOTS, INC.**

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**General Information**

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Organization Number	0734320
Name	NEW ROOTS, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/21/2009
Organization Date	7/21/2009
Last Annual Report	6/5/2014
Principal Office	4509 W. MARKET STREET LOUISVILLE, KY 40212
Registered Agent	KARYN MOSKOWITZ 1510 E. BRECKINRIDGE ST LOUISVILLE, KY 40204

**Current Officers**

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President	<a href="#">Chris Chase</a>
Secretary	<a href="#">Gregg Rochman</a>
Treasurer	<a href="#">Brandon Fields</a>
Director	<a href="#">Chris Chase</a>
Director	<a href="#">Gregg Rochman</a>
Director	<a href="#">Brandon Fields</a>
Director	<a href="#">Mark Grundy</a>
Director	<a href="#">Stephanie Barnett</a>
Director	<a href="#">Tameka Copeland</a>
Director	<a href="#">Gen Howard</a>
Director	<a href="#">Anna Rosales Crone</a>
Director	<a href="#">Charlotte Stites</a>
Director	<a href="#">Keidra King</a>
Director	<a href="#">Mike Battaglia</a>

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

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Director	<a href="#">VIRGIL BOYD</a>
Director	<a href="#">SHELIA BOYD</a>
Director	<a href="#">HAVEN HARRINGTON III</a>
Incorporator	<a href="#">VIRGIL BOYD</a>

**Images available online**

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned