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

errent Installation
o control speeding within their city. The total f \$4,439.00.
☐ Yes ■ No
Yes No
Yes No
d Application and have found it complete and ng in the following amount(s). I have read the ne funds requested and I agree that the public tion below, if required. \$4,439 Amount Date
aily or your legislative assistant have with this pard of directors.
Date

Legal Name of Applicant Organization City of Green Spring, Kentucky Program Name and Request Amount Speed Deterrent Device Installation --- \$4,439.00 Yes/No/NA Yes Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Yes Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Yes Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside the No legal responsibility of that taxing district? Note: Metro Parmership Document Is the entity in good standing with: Included ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? Yes ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Yes N/A Is recommended funding less than 33% of total agency operating budget? Yes Does the application budget reflect only the revenue and expenses of the project/program? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? N/A Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? N/A Are the Articles of Incorporation of the Agency included? Is the IRS Form W-9 included? Yes N/A Is the IRS Form 990 included? N/A Are the evaluation forms (if program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant N/A met the BBB Charity Review Standards? Prepared by: D. Carroll Date: 10-24-18

SECTION 1 - APPLICANT INFORMATION						
Legal Name of Applicant Organization: City of Green Spring						
(as listed on: http://www.sos.ky.gov/business/records						
Main Office Street &	Mailing A	ddress: PO Box 261				
Website: www.cityof	greensprin	ig.com				
Applicant Contact:	Trevor	Trevor Cravens Title: Mayor				
Phone:	859-492	2-9492	Email:	trevor.cravens@gmail.com		
Financial Contact:	Stuart R	Ries	Title:	Finance Commissioner		
Phone:	502-228	3-1775	Email:	stuart.ries@gmail.com		
Organization's Repres	sentative v	who attended NDF Trainin	g: Trevor Cravens			
GEOG	RAPHICA	L AREA(S) WHERE PROGRA	M ACTIVITIES ARE (V	VILL BE) PROVIDED		
Program Facility Loca	tion(s):	City of Green Spring				
Council District(s):		16	Zip Code(s):	40241		
	SECTION	ON 2 - PROGRAM REQUES	T & FINANCIAL INFO	RMATION		
PROGRAM/PROJECT	NAME: SI	oeed Deterrent Device Insta	llation			
Total Request: (\$)	4,439	Total Metro Aw	ard (this program) in	previous year: (\$)		
Purpose of Request (check all t	hat apply):				
Operating F	unds (gen	erally cannot exceed 33% o	of agency's total opera	iting budget)		
Programmir	ng/service	s/events for direct benefit	to community or qual	ified individuals		
Capital Project	ect of the	organization (equipment, f	urnishing, building, et	c)		
The Following are Rec	quired Att	achments:				
IRS Exempt Status De	terminatio	n Letter	Signed lease if rent c	osts are being requested		
Current year projecte	d budget		IRS Form W9			
Current financial stat	ement		Evaluation forms if u	sed in the proposed program		
Most recent IRS Form	990 or 11	20-H	Annual audit (if requ	red by organization)		
Articles of Incorporat	ion (currer	nt & signed)	Faith Based Organiza	tion Certification Form, if applicable		
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:	None		Amount: (\$)			
Source:			Amount: (\$)			
Source:	Source: Amount: (\$)					
Has the applicant contacted the BBB Charity Review for participation?						
Has the applicant met the BBB Charity Review Standards? ☐ Yes ■ No						

	SECTION 3 - AGENCY DETAI	IS .
Describe Agency's Vision, Mission an	nd Services:	of Jefferson County. Our mission is to
provide municipal services and maintain	in the city's assets for our resident	s and the surrounding community.
		· ·

Board Member	Term End Date
Frevor Cravens	12/31/2018
Stuart Ries	12/31/2018
Sam Mason	12/31/2018
Chris Von Allmen	12/31/2018
Tom Phillips	12/31/2018
**All commissioners and mayor are running for reelection	and are currently unopposed.
Describe the Board term limit policy:	
There is no term limit policy for this board.	
Three Highest Paid Staff Names	Annual Salary
Tillee Highest raid Stail Names	

Aug.		SECTION 5 - PROGRAM/PROJECT NARRATIVE
with desi The C nelp (h regards to specific client populigns, event permits, proposals to put of Green Spring seeks to put	urchase and install three (3) speed deterrent devices to place throughout the city that trafficked areas, especially on Green Spring Drive, which is frequently used as a
	project is slated to begin as soon d devices will remain in place as	as fund eligibility is determined and will take a few weeks to complete. The spermanent fixtures.
B: [Describe specifically how the fu	unding will be spent including identification of funding to sub grantee(s): the purchase of the speed deterrent devices.
.11 11	unding will go directly towards	the purchase of the speed deterrent devices.

C: I	f this request is a fundraiser, please detail how the proceeds will be spent:
А	1/A
/ ($I^{\prime\prime}$
	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
	ds to be spent before the grant award period, identify the applicable circumstances:
_/	The familiar are supplying a reign harmon and of the following expenditures that will probably be incurred after the
اکل	The funding request is a reimbursement of the following expenditures that will probably be incurred after the
V	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.
П	Reimbursements should not be made before application date unless an emergency can be demonstrated
_	by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
	invoices or proof of payment):
	✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
	identified in this application.
	✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work
	plan identified in this application.

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: The City of Green Spring is seeing an increase in young families with children in our neighborhood as homesteader residences are turning over to new buyers. This also results in increased foot traffic activity in and around the city, which only has sidewalks in limited areas. As such, it is vital that drivers maintain low speeds and pay attention at all times. The proposed speed deterrent devices have many features which will help achieve these goals.
The Elan City product is a highly visible 14" speed digits, enabled by 3 rows of ultra-bright, tri-color, LEDs combined with the simultaneous display of programmable messages. The speed deterrent devices have been shown to help correct driver behavior with an average decrease of 25% in overall speed. Also, the devices collect and report multiple traffic data points for monitoring traffic volume, high speed times and averages per hour for police monitoring assistance and average speed reduction to measure success of program.
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. $\rm N/A$

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone		,	
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	\$4439.00	\$4439.00	\$8878.00
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	4439.00	4439.00	8878.00
% of Program Distret	50 %	50 %	100%

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

Other State, Federal or Local Government	4439.00
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total an actula figure at the contract **	4439.00

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

^{**}Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Tota			

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency). **Method of Valuation Value of Contribution Donor*/Type of Contribution** Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) * 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: July 1Does 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:

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- 2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- 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.
- 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.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- 7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal

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.
- 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.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signatur	e of Legal Signatory:	Tievra Craver		Date:	10/23/2018
Legal Sig	natory: (please print):	Trevor Cravens		Title:	Mayor
Phone:	859-492-9492	Extension:	Email:	trevor.craven	s@gmail.com

11:37 AM 05/11/18 Cash Basis

Green Spring Kentucky Profit & Loss Budget Overview July 2018 through June 2019

	Jul '18 - Jun 19
Income Court Fee Distribution (A13) Insurance Receipts (A11) Municipal Aid (A07) Property Tax (A01)	4,800.00 72,000.00 14,400.00 125,000.00
Telecommunications Tax (A13)	6,240.00
Total Income	222,440.00
Expense Administrative (F) Insurance (F01) Legal (F04) Non-Itemized Expenses (F06) Supplies (F05) Tax Bill Preparation (F03)	1,400.00 2,500.00 4,800.00 3,700.00 3,950.00
Total Administrative (F)	16,350.00
City Services (B) Electricity (B02) Trash Collection (B01) Water (B03)	15,500.00 77,796.00 5,250.00
Total City Services (B)	98,546.00
Contingency Fund (H01) Maintenance & Beautification Holiday Decorations (C05) Lawn Care (C01)	2,700.00 37,000.00
Total Maintenance & Beautification	39,700.00
Mayors Discressionary Fund (H) Road Maintenance (D) Repair (D02) Signs, Lights & Other (D03) Snow Removal (D01)	4,000.00 17,000.00 0.00 14,000.00
Total Road Maintenance (D)	31,000.00
Security (E)	22,080.00
Social (G) Directory (G02) Newsletters G01) Social Functions (G03)	1,000.00 3,000.00 1,450.00
Total Social (G)	5,450.00
Total Expense	221,126.00
et Income	1,314.00

COMMONWEALTH OF KENTUCKY REVENUE CABINET Frankfort 12/18/91

GREEN SPRING, CITY OF P O BOX 261 HARRODS CREEK KY 40027

PURCHASE EXEMPTION NUMBER:

Location Address: P O BOX 261 HARRODS CREEK KY 40027

EFFECTIVE DATE: 09/23/77

SUBJECT: Purchases Exempt from Sales & Use Tax

Based on the information submitted in your "Application for Purchase Exemption", you are hereby authorized to purchase tangible personal property or services without paying or reimbursing the vendor for the sales or use tax with respect to such purchases. A copy of this letter should be presented to the vendor to be retained by him as authorization to make such sales.

Every vendor making such sales must require an official or an employee exercising comparable authority of the federal, state or local governmental unit to sign and acknowledge in writing on a copy of the invoice that the sale and delivery of the property was actually made to a unit of federal, state or local government. The invoice shall be retained by the vendor as documentary evidence in support of his deduction of the sale from gross receipts on his sales tax return. For proper reporting, the vendor must deduct receipts from these sales on Line 6 of his return.

If any of the property or service is not used for an exempt purpose, the purchaser will be required to pay any tax due on purchases made tax free under this exemption.

Any official or employee of a unit of federal, state or local government who uses his position to make tax free purchases for his own personal use or that of any other person will be subject to the penalties provided in KRS 139.990 and other applicable laws.

In the event there is a change in your name, address or operations from the information submitted in your application, you must notify the Cabinet in writing of the change immediately.

Charlotte Quarles, Supervisor

Sales Tax Section
Division of Compliance
and Taxpayer Assistance

Tel. Number (502) 564-4581

City of Green Spring Municipal Order No. 3, Series 2006

A Municipal Order Acknowledging Participation in the Metro Capital Improvement Program

WHEREAS, the Louisville/ Jefferson County Metro Government Council has enacted its Ordinance No. 110, Series 2006, Section 97.100 of the Louisville/Jefferson County Metro Government Code of Ordinances (LMCO) establishing a Metro Partnership with Suburban Cities for a Capital Improvement Program (the "Program"), and

WHEREAS the City of Green Spring, (the "City") wishes to participate in the Program pursuant to LMCO 97.100(F).

NOW, THEREFORE, BE IT ORDERED BY THE CITY AS FOLLOWS:

Section. 1. The City hereby elects to participate in the Program for capital projects which are authorized by LMCO 97.100.

Section 2. The City agrees to construct projects funded in whole or in part by the Program in accordance with standards established in compliance with LMCO 97.100.

Section 3. This municipal order shall take effect from and after passage and approval as required by law.

Entered this 17 day of August, 2006

1 777.	7dul D
William M. Huff	14-
Mayor	

Attest: Jane 9. Ca	eto	
Joyce T. Lato		
Čity Clerk		
Introduced by: William 1	Iff	
Commission Members	Yea	Nay
Leslie Carmichael	_	***********
Joseph Marini		
Kathy Norrenbrock		
Thomas Phillips		· ·

- 1 1

Green Spring, Kentucky

Search Again

Class (ending Dec. 31, 2014): 6

Class (effective Jan. 1, 2015): Home Rule

Status:

Active

Incorporated:

1974-12-16

County:

Jefferson

Area Development

KIPDA

There are no pictures for Green Spring, Kentucky. Post one on our website today. Click

County Seat No

Form Of Government:

Mayor - Commission

Here.

Type of Election (City Officials): Non-Partisan City Waives Primary Election

(City Officials):

Yes

Interactive Map

(Courtesy Kentucky Geography Network)

City Links:

ADD Website County Website

County Links:

Jefferson County Clerk Jefferson County Genealogy

Jefferson County History & Genealogy

Jefferson County PVA

Jefferson County Sheriff

Meeting Times: 3rd Thu 7:00pm @ Republic Bank Springhurst

Population Estimates:

1990: 773

1991: 789

1992: 807

1993: 812

1994: 814

1995: 814

1996: 808

1997: 809

1998: 810

1999: 830

2000: 760

2001: 764

2002: 768

2003: 774

*Compiled by the Ky. State Data

Center. Population Estimates may change as city boundaries are

adjusted.

U.S. Decennial Census (April 1):

Mayor

Office Hours:

Website:

2000: 759

David Shapero

No Regular Hours

1990: 768

1980: 634

1970: ...

Current Filings (KRS 81.045 to present date)

www.neighborhoodlink.com/gs/greenspring

Date Filed	Туре	Ordinance	Map Status	Notes
2018- 05-24	Population Estimate			U. S. Census Bureau Population Estimate as of July 1, 2017: 748
2016- 05-19	Population Estimate			U. S. Census Bureau Population Estimate as of July 1, 2015: 740
2015- 05-21	Population (2010)			Population Total per 2010 U.S. Decennial Census: 715
2014- 09-19	Declaration (TIFF) (PDF)	pursuant to HB 331 (2014)		Acknowledgment of Reclassification (Home Rule), Statement of Form of Government (Mayor-Commission), Name of City, & Year of Incorporation
2002- 03-08	Appointment		,	City Commissioner
2002- 01-22	Notice of Vacancy			City Commissioner
2001- 07-09	Resignation		·	City Commissioner
2000- 03-28	Resignation			City Commissioner
1991- 04-17	Resignation			City Commissioner
1989- 03-13	Resignation & Appointment			Mayor & City Commissioner
1987- 02-17	Resignation			City Commissioner
1981- 06-09	KRS 81.045 Filing		MAPPABLE	

Pre KRS 81.045 Filings (1942 to July 15, 1980)

Date Filed	Туре	Ordinance	Notes
1974-12-18	Incorporation	#193903, Bk. 167, pgs. 35-6	Jefferson Circuit Court Judgment

Contact Site Map

Privacy Security Disclaimer Accessibility

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Kentucky Unbridled Spirit

Department of the Treas

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Interna	Revenue Service				
	Name (as shown on your income tax return)				
ci n	City of Green Spring				
page	Business name, if different from above	The second section of the second second section sectio		<u> </u>	
E .					
Print or type Specific Instructions on	Check appropriate box: Individual/Sole proprietor Corporation	☐ Partnership			
Ē,Š	Limited liability company. Enter the tax classification (D=disregarded en		aip) ▶	Z Exempt payee	
2 5	Other (see instructions)		•••	payee	
Print or type Instructions	Address (number, street, and apt. or suite no.)	Requ	ester's name and a	address (optional)	
م ت	PO Box 261				
Ş	City, state, and ZIP code				
Š	Harrods Creek, KY 40027-0261				
See	List account number(s) here (optional)				
a					
Par	Taxpayer Identification Number (TIN)				
			Г а		
	your TIN in the appropriate box. The TIN provided must match the r up withholding. For individuals, this is your social security number (St		144	rity number	
	sole proprietor, or disregarded entity, see the Part I instructions on p				
	employer identification number (EIN). If you do not have a number, se			or	
	If the account is in more than one name, see the chart on page 4 for	or guidelines on whose	1 ".	dentification number	
numb	number to enter. 61 0929570				
Par	Part II Certification				
Unde	penalties of perjury, I certify that:				
1. T	ne number shown on this form is my correct taxpayer identification n	number (or I am waiting for a	a number to be is	ssued to me), and	
2. 1	arn not subject to backup withholding because: (a) I am exempt from	backup withholding, or (b)	I have not been	notified by the Internal	
	evenue Service (IRS) that I am subject to backup withholding as a re otified me that I am no longer subject to backup withholding, and	sult of a failure to report all	interest or divide	ends, or (c) the IRS has	
	am a U.S. citizen or other U.S. person (defined below).				
	ication instructions. You must cross out item 2 above if you have t	neen notified by the IRS that	t vou are current	ly subject to backup	
withh	olding because you have failed to report all interest and dividends or	n your tax return. For real es	state transactions	s, item 2 does not apply.	
For n	ortgage interest paid, acquisition or abandonment of secured proper gement (IRA), and generally, payments other than interest and divider	rty, cancellation of debt, cor	ntributions to an	individual retirement	
arran provi	pement (IHA), and generally, payments other than interest and divide the your correct TIN. See the instructions on page	nds, you are not required to	sign the Certific	auon, but you must	

Sign Here		Date 1	- 3/3/	14	
		<i>}</i>		ral tax purposes, you are	
	neral Instructions	considered a U.S. person		ai tax purposes, you are	
	on references are to the Internal Revenue Code unless	 An individual who is a 	*	U.S. resident alien,	
	wise noted.	 A partnership, corpora 	ation, company,	or association created or	
	pose of Form	organized in the United States,	States or under	the laws of the United	
IRS I	rson who is required to file an information return with the nust obtain your correct taxpayer identification number (TIN)	An estate (other than	a foreign estate), or	
to re	oort, for example, income paid to you, real estate	A domestic trust (as d	lefined in Regul	ations section	
trans	actions, mortgage interest you paid, acquisition or donment of secured property, cancellation of debt, or	301.7701-7). Special rules for partners		mhine that candinat -	
andi	doutions or dooring brokers) amanages as and a	Special rules for partner	ersoins, Marinel	SOROS INST CONQUEL 8	

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.

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.

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

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,



ELAN CITY 10-34 44th Drive Long Island City, NY 11101 United States

Phone.:

(646) 878-6259

Fax. : Email: (646) 770-3906 sales@elancity.net

Shipping address:

City of Green Spring Attn: Trevor Cravens 4422 Deepwood Drive Green Spring, KY 40241 United States Invoice address:

City of Green Spring Attn: Trevor Cravens 4422 Deepwood Drive Green Spring, KY 40241

United States

City of Green Spring Attn: Trevor Cravens 4422 Deepwood Drive Green Spring, KY 40241

United States

Quote N° SO2331

Customer Reference	Quote Date	Quote Date Contact 08/02/2018 Hugo BARR		Terms of payment	
	08/02/2018			Net	Net 30 Days
Description		QTY	Each	Disc.(%)	Ext. price
[01112] 14" Solar Evolis Rada EVOLIS Radar Speed Sign with Message Display; Internal Sola Traffic Data Collection + Analy Subscription Fee; Bluetooth & Mounting Kit (Mounting bar)	n Programmable ar Power Regulator; ysis Software with NO	3.00 Unit(s)	3,250.00	0.00	\$ 9,750.00
[028] 12V 22Ah Battery 12V 22Ah Battery		6.00 Unit(s)	0.00	0.00	\$ 0.00
[0223] 80W solar panel with mounting kit and connect	tion cables	3.00 Unit(s)	0.00	0.00	\$ 0.00
[99900] TWIN PACK SPECIAL D	DISCOUNT	1.00 Unit(s)	-1,252.00	0.00	\$ -1,252.00
Delivery Charge		1.00 Unit(s)	380.00	0.00	\$ 380.00
			Total:		\$ 8,878.00
			Taxes:		\$ 0.00
			Total:		\$ 8.878.00

To place an order, please fill out and sign the quote / warranty (bottom of the last page) and email it back to us along with your tax exempt form.

CUSTOMER CONTACT INFO:

- Name: Trevor Cravens
- Phone:
- Email: trevor.cravens@gmail.com

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QUOTE PRICING AND EXPIRATION

- · Quote valid until: 30 Days
- PROMO CODE / OFFER:TWIN18 -\$1252

2-year warranty included.

Taxes not included.

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(see "Battery Warranty")



ELAN CITY
10-34 44th Drive
Long Island City, NY 11101
United States
Phone.: (646) 878-6259
Fax.: (646) 770-3906
Email: sales@elancity.net

Phone. :	(646) 878-6259					
=ax. : =mail: s	(646) 770-3906 ales@elancity.net					
Description	ales@elancity.net	Tax	Quantity	Unit Price	Disc.(%)	Price
						•
GENERAL TERMS A	AND CONDITIONS O	F SALES AND DEL	IVERY – WARRANT	Υ		
City Inc. Accessorie warranty", include	nditions as cited in the season of the seaso	es, are covered by on and signature o	a separate and di f this document is	fferent warrar a binding con	nty labeled "bat tract. This docu	tery ıment must
DELIVERY OF GOO	DS					
refuse the entire of client is required to packages are in go anomaly directly of liability of potential Elan City Inc. after	Il goods, the client lelivery if the packa o verify that the quood condition but the transporter's all damage to deliver delivery and suite	age(s) are not in grantities noted on the quantity is incostory of the delivered goods and / or	ood condition, and the packing list ar mplete as to the p ery-note and must r missing package	I contact Elan e in accord wit eacking list, the immediately i s cannot be at	City Inc immed th those deliver deliver the client must in inform Elan City tributed to the	iately. The red. If dicate this / Inc. The
must also be teste payment cannot b / or malfunctioning	d correct quantity of d within these 5 da e contested by the g and / or missing. I usly established on	ays of delivery to e buyer if the devic Full payment of th	establish its correc e and its accessor e complete order :	t functionality ies are found	. Beyond the 5 to be "dead on	days, the delivery" and
,,,,,,,,,,,,,,,,						
RETENTION OF TIT	LE					
the buyer. Paymer (quote). In the eve	nall fully remain the nt must be made w ent of late payment er 8 days to make the buyer.	rithin 30 days of re t, a certified notice	ceiving the invoice for account deline	e as indicated quency will be	on the signed sent to the but	contract yer, which will
WARRANTY						
Delivered goods at delivery fees associated months from the d	re fully covered by ciated with its repa late of delivery arri	irs and / or replace	ement suite to def	ects approved	l by Elan City Ir	ic. for a full 24

Swift: FAMBUS44 / ABA: 071922777





ELAN CITY 10-34 44th Drive Long Island City, NY 11101 United States

Phone.:

(646) 878-6259 (646) 770-3906

Fax. : Email:

sales@elancity.net

Description	Tax	Quantity	Unit Price	Disc.(%)	Price
In the case of device malfunction, their approval, in order to identify in-shop repairs, if needed.					

WARRANTY DISCLAIMER: The Warr	anty does not apply to	any damage ca	used by but no	ot exclusive to:	:

- Vandalism, fire, falls or impact
- Abuse or mishandling

......

- Unauthorized modifications and / or unauthorized additional / replacement accessories or products
- Damage caused during transportation (see clause "Delivery of Goods")
- Malfunctions due to improper connection or battery cable polarity inversion
- Problems suite to improper installation non-compliant to our recommendations
- Problems suite to wearing parts and / or accessories including the following but not exclusive to: batteries over 6 months old, broken / worn pole straps, broken / worn pole, etc.

Any repairable device, not or no longer covered by the warranty, which is returned to our after-sales service, will automatically undergo a refurbishment / repair quote, which will be submitted to the customer for acceptance or rejection. In case of rejection, the client will be liable for delivery costs and diagnostic testing costs incurred by Elan City Inc.

RETURNS PROCEDURE: The client must inform the Customer Service department and describe the problem encountered in detail. The Elan City technicians will assist the client and attempt to identify the problem by performing remote diagnostic tests. If remote testing concludes defective device and / or components, the technician will attribute an RMA (Return Merchandise Authorization) or Claim Number to the customer, authorizing product return to the After Sales Service Department. This RMA / Claim number will be confirmed by email, along with a form outlining the After Sales Service Return Policy. The form must be completed, signed and dated by the client, and returned to the Elan City logistics department who will then process the request. A transportation request will then be sent by email to the customer and the removal of the package will be organized through an Elan City Inc. authorized carrier.

In the case of customer refusal of the initial remote diagnostic testing, resulting in the independent and unauthorized sending of device / product(s), the devices / product(s) found non-defective, will not be covered by the warranty. The customer will then receive a quote from the After Sales Service Department for the in-shop diagnostic tests and the delivery costs for device / product(s) retrieval, the payment of which will need to be agreed upon before releasing the device / product(s).

TERMS OF TRANSPORT : Failure to comply with the terms of transportation below, will cancel the RMA and the package will be returned to sender.

- Batteries must not be present in the device or the device's packaging during the transportation
- The device must be sent back in its original packaging. This includes properly packaging the device in the original foam and the original box.
- Protective foam must protect all four corners of the device, in accordance to its original packaging when initially received.
- The package must be sealed with security tape at both ends.
- If the original packaging was not kept or was lost, a quote for replacement packaging will be sent to the client.
- If the package is being shipped by pallet, the package must be put upright and film-wrapped before shipment.



ELAN CITY 10-34 44th Drive Long Island City, NY 11101 United States (646) 878-6259 Phone.: (646) 770-3906 Fax.: Email: sales@elancity.net **Description** Tax Quantity Unit Price Disc.(%) Price **BATTERY WARRANTY** Batteries are under warranty by Elan City Inc. for 6 months. The same conditions of "delivery of goods" and "retention of title" are true for the batteries as for the device. Replacement batteries must be purchased from Elan City Inc. Use of non Elan City Inc. batteries and / or accessories, can annul the warranty(s), including the device's warranty. (See clause "warranty disclaimer"). Battery wires cannot be sold separately and must be purchased as a battery pack. **TERMS & CONDITIONS AND REIMBURSEMENT** All sales are final: no returns, exchanges and / or reimbursements. Elan City Inc. is not liable and will not reimburse or exchange goods for the following reasons but not exclusive to these reasons: · Product's non-accordance with current and / or future local laws and / or regulations regarding the following but not exclusive to: radar speed sign specifications, road / zone placement, installation / mounting • Product's non-accordance with Department of Transportation's regulation or choice of approval / authorization. • Customer's dissatisfaction with product and / or customer service, company policies, etc. • Change of personnel (original buyer change of post or title). · Purchase made by unauthorized personnel. Warranty active upon delivery of goods. TO PLACE AN ORDER, PLEASE COMPLETE THE FOLLOWING: Title: Name (First, Last): ___ Check this box: □ I have read, understood and agree to the terms of the Elan City Inc. : "General Terms of Sales and Delivery - WARRANTY." Signature:

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Date: (m/ d/ y): __/__/

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ELAN CITY 10-34 44th Drive Long Island City, NY 11101 United States

Phone.:

(646) 878-6259 (646) 770-3906

Fax.: Email:

sales@elancity.net

Description

Tax

Quantity

Unit Price Disc.(%)

Price

generated by OpenERP.com

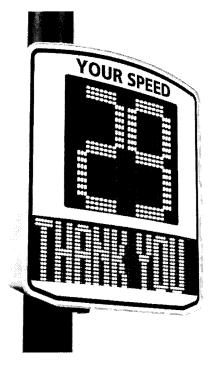
Phone: (646) 878-6259 | Fax: (646) 770-3906 | Email: sales@elancity.net | Website: www.elancity.net Bank data: First American Bank, 700 Busse Road, Elk Grove Village, IL 60007

Swift: FAMBUS44 / ABA: 071922777





...Portable, Affordable and EXTREMELY Effective



The portable, pole-mounted **EVOLIS Radar Speed Sign** is the ideal traffic-calming tool for any traffic scenario and environment. At only 19lbs, constructed from robust ABS Injection Molded Resin, the Evolis RSS was ingeniously designed for easy portability and product longevity.

The superior Doppler radar technology incorporated within the Evolis Radar Speed Sign offers an extended vehicle detection range of over 1,000 feet. The high visibility of the 14" speed digits, enabled by 3 rows of ultra-bright, tri-color, LEDs combined with the simultaneous display of programmable messages, helps correct driver behavior with an average decrease of 25% in overall speed!

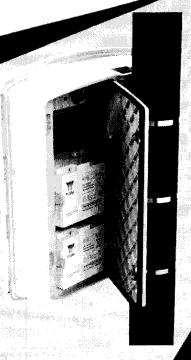
The EVOLIS RSS is available as a battery-operated or solar-powered, full-option package, including all the necessary power accessories for immediate functionality. Each pack also includes bi-directional traffic data collection and comprehensive traffic analysis software, elevating the EVOLIS Radar Speed Sign from an effective traffic calming device to an indispensable ally in speed infraction prevention and enforcement. This sophisticated service has **NO** subscription fees and the updates are entirely **FREE** for life!

The GLOBAL favorite!

13,000+ EVOLIS Radar Speed Signs installed in **8,000+** communities WORLDWIDE!

Each Package Includes:

- √ 28"X 28" Evolis Radar Speed Sign (2 power choices)
- ✓ Highly visible 14" speed digits: 3 rows of tri-color LEDs
- ✓ Customizable message display
- ✓ Bi-directional traffic data collection
- ✓ Comprehensive analysis & configuration software
- ✓ FREE updates & NO subscription fees!
- √ Bluetooth® + smartphone app
- ✓ Mounting kit & specific accessories for solar or battery-operated packs
- √ 2 year warranty







The EVOLIS Radar Speed Sign

...Portable, Affordable and EXTREMELY Effective

SPEED DISPLAY	
SPEED DIGITS	Height: 14", Display: 7 segment
"YOUR SPEED" legend	1.26" Highway-Gothic font
LEDs	Ultra-bright, 3-row thick LEDs. Amber-only mode or tri-color: Amber, Green and Red.
LED ANGLE	30° cone angle, auto-dimming
VISIBILITY	1,000+ feet
POWER CONSUMPTION	Ultra-low power consumption. Average <5W
FLASH RATE	Default setting: 54 cycles/minute. Configurable
TEXT DISPLAY	
LEDs	Ultra-bright, Amber
MESSAGES	Pre-programmed or entirely personalized
SIZE-FONT / GRAPHICS	Choice of size and font, 1 or 2 lines of text
DETECTION 1	
DOPPLER RADAR	Bidirectional, K-Band, 24.125 GHz (FCC part 15 compliant)
ACCURACY	+/- 1 Mph, 99% accuracy
BEAM WIDTH	12° Horizontal – 25° Vertical
SPEED DETECTION	5 – 160 Mph
DETECTION RANGE	500ft to 1,000ft (configurable)
CASING	And the state of t
MATERIAL	Robust, anti-corrosive ABS injection molded resin; Curved polycarbonate front face
SIZE / WEIGHT	Dimensions: 28"H x 28"W x 6"D Weight: 19lbs. (without batteries)
WATERPROOF RATING	NEMA 4R / IP 65
COLOR	UV treated light grey (other colors available)
TEMPERATURE RESISTANCE	-40° F to +140° F (operational in extreme weather conditions)
ELECTRICAL SAFETY FEATURES	Two fuses (internal and external), internal pressure safety valve
BATTERY ENCLOSURE	Capacity to hold up to 2 batteries; manual dial for factory setting speed thresholds + SP
CONFIGURATION	
EVOCOM Software	Software for radar configuration + FREE updates
COMMUNICATION	USB, Bluetooth, EVOMOBILE Smartphone application and GPRS (Optional)
THRESHOLDS	Speed (min, limit, max), anti-racing, flashing, color change (if activated)
TIMER MODE (School-zone mode)	Alternative speed threshold: up to 2 settings / 4 time slots per day
STEALTH MODE	Continuous traffic data collection with blank display
TRAFFIC DATA ANALYSIS	是是一种,这种有种的,是这样,但是是是一种的。
EVOGRAPH Software	Software for traffic data analysis + FREE updates & NO subscription fees ever
SPEED	Average and maximum speed, 85th percentile, distribution per speed group
COUNT	Estimated vehicle count
TYPE	Bi-directional, time-stamped data
MEMORY STORAGE	Up to 1 million vehicles
FORMAT	Charts and graphs in Excel and/or Pdf form, for easy report printing
POWER OPTIONS TO LETTER TO	。 第一章
"Solar-Mobile": Solar-powered	Portable, fully autonomous, powered through solar panel and batteries
"Ultra-Mobile": Battery-operated	Portable, fully battery-powered with average 7 day autonomy, includes external charger
"AC": City lighting (available in certain states)	Stationary, powered by battery charged through and dependent on city lighting
ACCESSORIES	
MOUNTING KITS	Curved, ABS-injected resin, universal mounting-bar (pole and pole straps not included)
SOLAR PANEL	32" X 37", 80 watt solar panel w/ aluminum bracket mounting kit
BATTERIES	12V/22AH batteries included: AC X 1, Solar-Mobile X 2, Ultra-Mobile X 4
EXTERNAL CHARGER	12V external battery charger (included in Ultra-Mobile pack)

