Print Form

O-028-23

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

Applicant/Program: Mental Health Lou & You, Inc./Utilizing library spaces to fill gaps in mental health system
Applicant Requested Amount: $10,000
Appropriation Request Amount: $2,000

Executive Summary of Request

Modeled off of programs like New York City's "Spaces to Thrive," this program focuses on utilizing library spaces to fill critical gaps in our mental health system. To do this, libraries will be used as connection points fo mental health education and resources, including promoting 988 and helping people find local providers.

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.

2	Barbara Sheckler	$2,000	02/09/2023
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

_____

Appropriations Committee Chairman Date

Final Appropriations Amount: _____

sh

Howard, Caleb

From: Shanklin, Barbara
Sent: Thursday, February 9, 2023 12:01 PM
To: Howard, Caleb

Flag Status: Flagged

Please allow Caleb Howard to sign the NDF for 2,000. To the Mental Health program being held at the Newburg Library.

Get Outlook for iOS

Applicant/Program:
Mental Health Lou & You, Inc./Utilizing library spaces to fill gaps in mental health system

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.
N/A

Council Member Signature and Amount

District 1 _____ $_____

District 2 _____ $_____

District 3 _____ $_____

District 4 _____ $_____

District 5 _____ $_____

District 6_____ $_____

District 7 _____ $_____

District 8 _____ $_____

District 9 _____ $_____

District 10 _____ $_____

District 11 _____ $_____

District 12 _____ $_____

District 13 _____ $_____

District 14 _____ $_____

District 15 _____ $_____

Applicant/Program:

Mental Health Lou & You, Inc./Utilizing library spaces to fill gaps in mental health system

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.

N/A

District 16 _____ $_____

District 17 _____ $_____

District 18 _____ $_____

District 19 _____ $_____

District 20 _____ $_____

District 21 _____ $_____

District 22 _____ $_____

District 23 _____ $_____

District 24 _____ $_____

District 25 _____ $_____

District 26 _____ $_____

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Mental Health Lou & You, Inc.

Program Name and Request Amount Utilizing library spaces to fill gaps in mental health system / $10,000 requested

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	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?	N/A
Has prior Metro Funds committed/granted been disclosed?	N/A
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 legal responsibility of that taxing district?	N/A
Is the entity in good standing with: ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
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?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	No

Prepared by: Caleb Howard Date: 02/09/2023

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records* MENTAL HEALTH LOU & YOU			
Main Office Street & Mailing Address: 317 Wallace Ave. Suite 216 Louisville, Ky 40207			
Website: www.mentalhealthlou.com			
Applicant Contact:	Amanda Villaveces	**Title:**	Director
Phone:	(502) 806-8816	**Email:**	amanda@mentalhealthlou.com
Financial Contact:	Elizabeth Amick	**Title:**	Board Treasurer
Phone:	(502) 705-2858	**Email:**	liz@alignmentbookkeeping.com
Organization's Representative who attended NDF Training: Amanda Villaveces			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	LFPL (various)		
Council District(s):	8, 2, 18, 25, 4	**Zip Code(s):**	40220, 40218, 40223, 40272, 40203

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Utilizing library spaces to fill gaps in mental health system			
Total Request: ($)	$ 10,000	**Total Metro Award (this program) in previous year: ($)**	$ 0.00

Purpose of Request (check all that apply):

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

The Following are Required Attachments:

☑ IRS Exempt Status Determination Letter	☐ Signed lease if rent costs are being requested
☑ Current year projected budget	☑ IRS Form W9
☑ Current financial statement	☐ Evaluation forms if used in the proposed program
☑ Most recent IRS Form 990 or 1120-H	☐ Annual audit (if required by organization)
☑ Articles of Incorporation (current & signed)	☐ Faith Based Organization 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:		Amount: ($)	$ 0.00
Source:		Amount: ($)	$ 0.00
Source:		Amount: ($)	$ 0.00

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

Has the applicant met the BBB Charity Review Standards? ☐ Yes ☑ No (BBB requires 1yr of business before they will review, we are at 11mo.)

Applicant's Initials ABV

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission:
Keeping mental wellness in the conversation by advocating for access to mental health services and decreasing stigma.

Vision:
Through education and programs we aim to close wellness gaps by centering our work in historically underserved and disconnected communities throughout Louisville.

Services:
We provide free/low free mental health workshops and trainings to community organizations (nonprofits), host events focused on mental health and wellness resources in our community (Mindfest is one example of this) and help community organizations (schools, neighborhood committees etc.) develop their own mini-mental health and wellness fairs promote tools and resources in our Louisville.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Elizabeth Amick	02/28/2025
Shannon Gonter	02/28/2025
Samantha Perkins	02/28/2025
Melina Hettiaratchi	11/02/2025

Describe the Board term limit policy:

SECTION 4.06 Term of Office
4. Terms of office for directors shall be staggered according to a schedule adopted by the Board of Directors in order to minimize the disruption that would result from a complete turnover of the Board at each annual election.
5. A term of office for a director is a period not less than one year and not to exceed 3 years from the date of appointment.
6. A director shall serve no more than two consecutive terms, although there is no limit on the total number of terms a director may serve.
7. A director may leave the Board at any time by notifying the Board Chair in writing.

Three Highest Paid Staff Names	Annual Salary

Applicant's Initials ABV

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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.):

Program start and end dates: March 4, 2023 - May 31, 2023

Description: Modeled off of programs like New York City's "Spaces to Thrive," our program focuses on utilizing library spaces to fill critical gaps in our mental health system. We plan to do this by using libraries as connection points for mental health education and resources, including promoting 988 and helping individuals find local providers.

This pilot program is designed to introduce library patrons to the concept of the "mind-body connection" and consists of a 4 week workshop series led by licensed therapists and other qualified professionals (yoga teachers, breathwork instructors).

The Communtiy Health Assessment of 2019-2020 indicated that in all regions of Louisville metro area mental health accessibility was a listed as a top issue. The report also indicated time and finances were the most reported barriers to accessing mental health care. Our aim is to reduce barriers by providing free, easily accessible workshops at multiple locations and later expanding to staff trainings as well.

At this time7 branches have requested the series and are scheduled for a Spring 2023 launch.
.

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

Funding from this request will go directly towards covering the cost of the workshop leaders (licensed therapists, breathwork practitioners, yoga instructors etc.) for their speaking time and workshop development time ($7200).

Additional funding will go towards personnel costs and program management ($2800). This covers the coordination time, community outreach, marketing and program development by Mental Health Lou.

Mental Health Lou will cover $1000 for materials, printing costs and supplies for workshop leaders. This will include marketing materials, resource material for participants seeking mental health services, stress balls, calm strips and worksheets. Mental Health Lou will also cover the additional $1000 of personnel costs.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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:

☒ 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.

☐ 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.

Applicant's Initials ABV

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:

The anticipated benefits of this program, based off of similar programs in other US cities would be:
Increased access to mental health resources
Increased knowledge of mental health tools for self care and emotional management
Increased likelihood that participants will attend future workshops and/or seek out mental health treatment for self or family members.

We will measure these outcomes via intake and exit self report forms by participants looking at attendees knowledge of mental health resources, tools and level of interest in similar programming along with demographic data. Additionally a headcount will be taken at each event to track participation information for future workshops.

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.

This project is a collaboration between LFPL, Mental Health Lou & You and our speakers (licensed therapists, certified breathworkers and trauma informed somatic bodyworkers).
LFPL is providing the space for these workshops to take place and promoting the workshops to their patrons.

Other community organizations include: Louisville Salt Cave and Tip It Forward who will be offering in-kind workshops that will help offset some of the costs of the program (thus we are only asking for support for 24 out of 28 workshops).

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits	$ 2,800.00	$ 1,000.00	$ 3,800.00
B: Rent/Utilities			$ 0.00
C: Office Supplies			$ 0.00
D: Telephone			$ 0.00
E: In-town Travel			$ 0.00
F: Client Assistance (See Detailed List on Page 8)			$ 0.00
G: Professional Service Contracts	$ 7,200.00		$ 7,200.00
H: Program Materials		$ 1,000.00	$ 1,000.00
I: Community Events & Festivals (See Detailed List on Page 8)			$ 0.00
J: Machinery & Equipment			$ 0.00
K: Capital Project			$ 0.00
L: Other Expenses (See Detailed List on Page 8)			$ 0.00
***TOTAL PROGRAM/PROJECT FUNDS**	$ 10,000.00	$ 2,000.00	$ 12,000.00
% of Program Budget	83.33%	16.67%	**100%**

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	$ 2,000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	$2,000

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

***Must equal or exceed total in column 2.*

Applicant's Initials ABV

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total	$ 0.00	$ 0.00	$ 0.00

Applicant's Initials ABV

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
Tip It Forward	$ 1,200.00	Speaker
Louisville Salt Cave	$ 300.00	Speaker
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$ 1,500.00	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: January 1

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:

Applicant's Initials ABV

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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 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.
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 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.

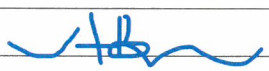
Standard Certifications

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

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

SECTION 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.

Signature of Legal Signatory:		**Date:**	12/15/22
Legal Signatory: (please print):	Amanda Bommer-Villaveces	**Title:**	Director

Phone:	502-806-8816	**Extension:**		**Email:**	amanda@mentalhealthlou.com

Applicant's Initials ABV

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

MENTAL HEALTH LOU & YOU INC
317 WALLACE AVENUE SUITE 216
LOUISVILLE, KY 40207

Date:
05/26/2022
Employer ID number:
88-0593432
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 28, 2022
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053529004172

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

Mental Health Lou & You 501(c)(3) budget 2023

Fiscal year	2023
Organization name	Mental Health Lou & You

	Mindfest			LFPL Phase 1			LFPL Phase 3			Fund for the Arts Phase 1			JCPS Workshops & Events		
	Budget	**Actual**	**Diff**	**Budget**	**Actual**	**Diff**	**Budget**	**Actual**	**Diff**	**Budget**	**Actual**	**Diff**	**Budget**	**Actual**	**Diff**
REVENUE															
Grants				$10,000		($10,000)	$1,500		($1,500)	$10,000		($10,000)			
Contracts													$5,000		($5,000)
Contributions	$20,000		($20,000)	$2,000	$2,000		$500		($500)	$2,000		($2,000)	$1,000		($1,000)
Membership															
Individuals	$2,000		($2,000)												
Fees for services															
Sales															
Fudraising events	$1,500		($1,500)												
Endowment															
Interest income															
Other (define)															
Total cash revenue															
Total in-kind revenue															
TOTAL	$23,500		($23,500)	$12,000	$2,000	($10,000)	$2,000		($2,000)	$12,000		($12,000)	$6,000		($6,000)
EXPENSES															
Sub-grants															
Consultant and professional fees				$7,200		$7,200	$1,500		$1,500				$5,000		$5,000
Staff salary															
Position 1	$1,000		$1,000												
Position 2	$1,000		$1,000												
Position 3	$1,000		$1,000												
Position 4	$1,000		$1,000												
Position 5	$1,000		$1,000												
Venue Rental	$1,000		$1,000												
Insurance	$500		$500												
Equipment	$5,000		$5,000												
Supplies	$5,000		$5,000	$1,000		$1,000	$500		$500				$1,000		$1,000
Printing and copying	$1,000		$1,000												
Telecommunications															
Travel and meetings															
Postage & delivery															
Marketing and advertising	$2,000		$2,000												
Permits/Logistics	$2,000		$2,000												
Contract services															
Other (define)															
Administration	$2,000		$2,000	$3,800		$3,800									
Total cash expenses															
Total in-kind expenses															

TOTAL	$23,500		$23,500	$12,000		$12,000	$2,000		$2,000				$6,000		$6,000
REMAINDER					$2,000					$12,000					

bluevine

BlueVine Inc.
401 Warren St, Suite 300
Redwood City, CA 94063
www.bluevine.com
+1 (888) 216-9619

MENTAL HEALTH LOU & YOU
Amanda Bommer-Villaveces
317 Wallace Avenue 216
Louisville, KY 40207

Account statement

Account Number:
875103228750

Statement Period:
January 2023 (Jan. 1, 2023 - Jan. 31, 2023)

Activity summary

Beginning Balance on 01/01/2023	$0.00
Deposits/credits	$501.00
Withdrawals/debits	$0.00
Ending balance on 01/31/2023	**$501.00**

Transactions

Date	Description	Amount
01/06/23	BlueVine, BlueVine	$1.00
01/31/23	BlueVine, BlueVine	$500.00

In case of errors or questions about your electronic funds transfers or non-electronic transactions, contact Customer Support at **1-888-216-9619** or via email at **banking.support@bluevine.com**. For additional information regarding the error or dispute process, review your Account Agreement, located in your Documents page at app.bluevine.com/dashboard/documents/.

Banking services provided by Coastal Community Bank, Member FDIC. This BlueVine Card is issued by Coastal Community Bank, Member FDIC, pursuant to license by Mastercard International.

bluevine

BlueVine Inc.
401 Warren St, Suite 300
Redwood City, CA 94063
www.bluevine.com
+1 (888) 216-9619

MENTAL HEALTH LOU
Amanda Bommer-Villaveces
2322 Carlton Terrace
Louisville, KY 40205

Account statement

Account Number:
875101093925

Statement Period:
January 2023 (Jan. 1, 2023 - Jan. 31, 2023)

Activity summary

Beginning Balance on 01/01/2023	$660.99
Deposits/credits	$5,668.63
Withdrawals/debits	$-3,139.47
Ending balance on 01/31/2023	**$3,190.15**

Transactions

Date	Description	Amount
01/01/23	HIS*HISCOX INC, 888-202-3007, NY	$-62.06
01/02/23	ACH payment to Emily Vicars	$-300.00
01/02/23	ACH payment to Angelina Harlow	$-75.00
01/03/23	Mobile Deposit 15060818	$4,908.63
01/04/23	ACH payment to Mental Healt...	$-1.00
01/07/23	BONSAI, +17073479765, NV	$-24.00
01/08/23	CANVA* I03659-2716716, +17372853388, DE	$-119.40
01/10/23	MOO PRINT, 857-2657230, DE	$-97.25
01/17/23	DRI*UPRINTING, 888-888-4211, CA	$-214.42

01/18/23	HEINE BROTHERS COFFEE-, LOUISVILLE, KY	$-8.59
01/19/23	FEDEX OFFICE #1612 LOUISVILLE, KY	$-11.32
01/19/23	ETSY.COM - THEMILLENNI 844-6593879, NY	$-9.90
01/22/23	CANVA* I03672-18907010, +17372853388, DE	$-29.00
01/23/23	STRIPE, TRANSFER	$500.00
01/23/23	Mobile Deposit 15446956	$260.00
01/24/23	STAPLES 1803, LOUISVILLE, KY	$-27.10
01/30/23	ACH payment to Mental Healt...	$-500.00
01/30/23	ACH payment to Angelina Harlow	$-75.00
01/30/23	ACH payment to Amanda Bomme...	$-1,260.00
01/30/23	ACH payment to Emily Vicars	$-200.00
01/30/23	ACH payment to Amanda Bomme...	$-1.25
01/30/23	ACH payment to Joshua Bommer	$-100.00
01/31/23	NEXT INSUR* GEN LIAB, +18552225919, CA	$-24.18

In case of errors or questions about your electronic funds transfers or non-electronic transactions, contact Customer Support at **1-888-216-9619** or via email at **banking.support@bluevine.com**. For additional information regarding the error or dispute process, review your Account Agreement, located in your Documents page at app.bluevine.com/dashboard/documents/.

Banking services provided by Coastal Community Bank, Member FDIC. This BlueVine Card is issued by Coastal Community Bank, Member FDIC, pursuant to license by Mastercard International.

Form **990-N**

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the **2021** Calendar year, or tax year beginning **2021-01-01** and ending **2021-12-31**

B Check if available

- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **MENTAL HEALTH LOU & YOU**
317 Wallace Ave Ste 216,
Louisville, KY, US, 40207

D Employee Identification Number **88-0593432**

E Website:

F Name of Principal Officer: **Amanda Bommer-Villaveces**
2322 Carlton Terrace,
Louisville, KY, US, 40205

Information Copy - Do not send to IRS

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 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 the 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.

ARTICLES OF INCORPORATION OF

Mental Health Lou & You, Inc.

Pursuant to KRS 14A and KRS 273, I, the undersigned person, acting as incorporator, hereby submit the following Articles of Incorporation:

ARTICLE 1 - NONPROFIT CORPORATION NAME

The name of the corporation (referred to below as "the Corporation") is Mental Health Lou & You, Inc.

ARTICLE 2 - PURPOSE

2.1. The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any corresponding future provisions of the federal tax law. In furtherance of these purposes, the Corporation may conduct any of the following activities:

2.1.a. Provide educational services that help eliminate the stigma related to mental illness and to make community members aware of available mental health resources,

2.1.b. Provide access to mental health services in underserved communities,

2.1.c. Provide access to mental health services to individuals who are uninsured or underinsured,

2.1.d. Serve as a connector, helping to link mental health providers with underserved communities and community-based organizations.

2.2. In pursuit of its purposes, the Corporation may engage in any educational and charitable activities permitted to an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any corresponding future provisions of the federal tax law.

2.3. The Corporation may exercise all other powers and authority now or later conferred upon a nonprofit organization by the Commonwealth of Kentucky.

2.4. No part of the Corporation's income or principal shall inure to the benefit of any individual, except that the Corporation may pay reasonable compensation for services actually rendered to it, make reasonable payments and distributions that further the Corporation's purposes, and reimburse expenses incurred in the course of conducting business on behalf of the Corporation.

2.5 The Corporation shall not engage in any activity prohibited to an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any corresponding future provisions of the federal tax law.

2.6. The Corporation shall not participate or intervene in any political campaign on behalf of any candidate for public office by publishing or distributing statements, or in any other way. No substantial part of the Corporation's activities shall be the carrying on of propaganda or otherwise attempting to influence legislation.

ARTICLE 3 - RESIDENT AGENT

The name of the Corporation's resident agent and the address of the Corporation's registered office are as follows:

Amanda Bommer-Villaveces
Mental Health Lou, LLC
317 Wallace Avenue
Suite 216, Louisville, KY 40207

ARTICLE 4 - PRINCIPAL ADDRESS

The address of the Corporation's principal office is 317 Wallace Avenue, Suite 216, Louisville, KY 40207.

ARTICLE 5 - BOARD OF DIRECTORS

The initial number of directors of the Corporation shall be three (3), and may be increased according to the Corporation's bylaws. The names and addresses of the directors who shall act until the first meeting or until their successors are duly chosen and qualified are as follows:

Shannon Gonter, 1522 Thackeray Dr., Louisville, KY 40205
Elizabeth Amick, 1895 Ivanhoe Ct., Louisville, KY 40205.
Samantha Perkins, 1204 Park Hills Ct Louisville KY 40207

ARTICLE 6 - INCORPORATOR

The name and mailing address of the Incorporator are as follows:

Amanda Bommer-Villaveces, 317 Wallace Avenue, Suite 216, Louisville, KY 40207

ARTICLE 7 - REGULATION OF INTERNAL AFFAIRS

The Board of Directors shall shall oversee the organization and adopt bylaws that describe the manner in which the Corporation shall be governed.

ARTICLE 8 - ELECTION OF DIRECTORS

The Corporation shall adopt bylaws that describe the manner in which directors shall be elected or appointed. Sole voting power in the Corporation shall be vested in the Board of Directors.

ARTICLE 9 - PROTECTION OF THE BOARD AND OFFICERS

A Corporate director or officer shall have no liability to the Corporation for money damages except (a) to the extent that it is proven that he or she received an improper benefit or profit in money, property or services or (b) if there is a legal judgment that his or her action or failure to act was the result of active and deliberate dishonesty and was material to the cause of action adjudicated in the proceeding. This Article does not affect the liability of a person serving in any capacity other than that of a director or officer of the Corporation.

ARTICLE 10 - MEMBERSHIP

The Corporation shall not have members.

ARTICLE 11 - DURATION

The Corporation shall exist in perpetuity.

ARTICLE 7 - DISSOLUTION

If for any reason the Corporation is to be dissolved or otherwise terminated, no part of its property or any of its proceeds shall be distributed to or inure to the benefit of any of its directors. Upon dissolution, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any corresponding future provisions of the federal tax law. Any assets not disposed this way shall be disposed by a Court of Competent Jurisdiction of the county in which the Corporation's principal office is located at that time. Assets will be disbursed exclusively for tax-exempt purposes or to organizations serving tax-exempt purposes, as the Court shall determine.

I, the undersigned, declare under penalty of perjury under the laws of the Commonwealth of Kentucky that the foregoing is true and correct.

2/9/2022

Amanda Bommer-Villaveces, Incorporator **Date**

I, the undersigned, consent to serve as the registered agent on behalf of the Corporation.

2/9/2022

Amanda Bommer-Villaveces, Resident Agent **Date**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mental Health Lou & You, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ Nonprofit exempt under IRS section 170

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
317 Wallace Avenue Suite 216

Requester's name and address (optional)

6 City, state, and ZIP code
Louisville, KY 40207

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
8 8 - 0 5 9 3 4 3 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 2/9/2023

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Amanda Villaveces
Mental Health Lou & You
317 Wallace Avenue Suite 216
Louisville, KY 40207
(502) 806-8816
amanda@mentalhealthlou.com

20th December 2022

Louisville Metro Council

601 W. Jefferson Street
Louisville, KY 40202

Dear Esteemed Council Members,

I wanted to provide you with additional information demonstrating that our organization, while a new non-profit, has been successful at executing large scale projects in the past few years under our for-profit name. It's our intention to move 75% of our operations to the non-profit Mental Health Lou & You from our current for-profit organization, Mental Health Lou by the end of 2023.

Under Mental Health Lou, we successfully helped raise $20,385.82 to host Mindfest 2022, contracted with LMPHW for $25,000 to develop and host a city-wide provider database that will increase access to providers for our community members, presented 15 free/low fee workshops at four JCPS schools, trained 50 individuals on suicide prevention with AFSP, hosted a mini-mental health fair for the Shelby Park neighborhood, attended multiple fairs/festivals to share mental health resources and much more.

This is all to show that while our non-profit budget was $0 for 2022, we are capable of executing large and small scale projects. I hope this information is valuable to you as you take into consideration our NDF request.

Sincerely,

Amanda Villaveces

Amanda Villaveces, LMFT

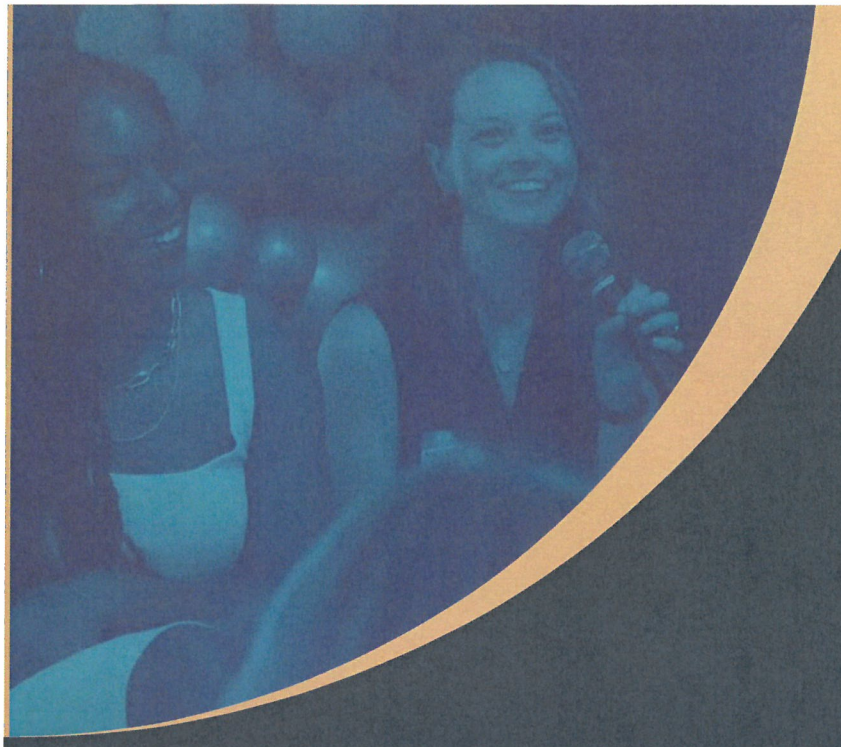
MENTAL HEALTH LOU & YOU

317 Wallace Ave.
Suite 216
Louisville, KY
40207

SPONSORSHIP PROPOSAL

Prepared By
Amanda Villaveces, LMFT, Director

*MENTAL HEALTH LOU & YOU IS A NON-PROFIT 501(C)(3) ORGANIZATION



A MESSAGE FROM OUR DIRECTOR

As we wrap up 2022 and head into a new year, I'm excited to tell you about our upcoming pilot program in collaboration with Louisville Free Public Library.

As a mental wellness hub, we recognize the value in community outreach projects that reach underserved populations, as well as the general public.

It's through community partnerships that we find our best outreach efforts occur. That's why we are developing a 4 week workshop series with LFPL to bring mental health providers into the library to help build skills, share information and provide resources for community members at no cost to them. This is Phase 1, of a proposed 4 part program.

We know that the library is a crossroads for people in our community, and that's why we are excited to launch our Mind, Body, Spirit series with them this Spring 2023!

Today I'm asking for your support of Phase 1 to help make this program a reality. In this packet you'll find more info on our program outline and sponsorship opportunities. Please feel free to contact me if you have any questions regarding sponsorships.

With thanks,

Amanda Villaveces

amanda@mentahlealthlou.com
502-806-8816

MENTAL HEALTH IN THE LIBRARY

Modeled off of programs like Thrive NYC's "Spaces to Thrive and ," our program focuses on utilizing library spaces to fill critical gaps in our mental health system by using libraries as connection points for mental health education and resources.

The proposed* phases for this program are:

Phase 1 of our pilot program will focus on offering a four part workshop series to five branches including branches that serve BIPOC community members, in Spring 2023. These workshops will be led by licensed professionals.

Phase 2 will include developing a space exclusively for suggested mental health books and resources.

Phase 3 will focus on librarian trainings including suicide prevention and compassion fatigue.

Phase 4 is the final stage that seeks to bring providers into the library on a weekly or monthly basis to increase access to mental health services.

*Phases 1 -3 are already in progress at participating libraries.
Phase 4 is awaiting LFPL approval. ,

MENTAL HEALTH LOU & YOU

PHASE 1: WORKSHOPS

WEEK 1: DISCOVERING THE MIND-BODY CONNECTION

Focusing on overall wellness this workshop seeks to educate the general public about the ways in which our thoughts, feelings and beliefs can positively or negatively impact our bodies and vice versa. Participants will learn ways to identify and connect feelings, thoughts and somatic responses and develop tools to help manage stress, anxiety, depression and more.

WEEK 2: MOVEMENT FOR MENTAL HEALTH

Building off of the Mind Body Connection, this workshop will extend into yogic practices and breathing techniques for individuals to use as a means of self care and deepen their connection with their bodies.

WEEK 3: PRACTICAL MINDFULNESS FOR STRESS MANAGEMENT

Participants will learn basic tools to help identify stressors and implement Mindfulness techniques to manage/decrease stress response. This will be an experiential workshop that focuses on skill building of stress management tools.

WEEK 4: TAKING CHARGE OF YOUR WELLBEING

Focusing on developing a realistic and easily executable self care plan that can be expanded to all areas of life, participants will work on their own self care plans as well as learn how to use the WOOP method for problem solving.

*workshops are free to the public and can be taken individually or altogether.
Additional resources will be provided after each workshop.

SPONSORSHIP OPPORTUNITIES

ENTIRE SERIES

$12,000

Your sponsorship will cover 24 workshops total at 7 participating branches. Benefits include a free workshop of your choice for your organization, Mental Health Lou swag, a free vendor spot at Mindfest, your logo on all print, web and presentation materials as event sponsor.

1 SERIES FOR 1 LIBRARY

$2,000

This sponsorship level covers a workshop series of 4 workshops for 1 branch. Benefits include, Mental Health Lou swag, a free vendor spot at Mindfest, your logo on event print, web and presentation materials as event sponsor.

INDIVIDUAL WORKSHOPS

$500 per workshop

This sponsorship level covers 1 workshop in a series of 4 workshops for 1 branch. Benefits include Mental Health Lou swag, a free vendor spot at Mindfest, your logo on the event print and presentation materials as event sponsor.

IN-KIND

If you are a licensed provider who would like to provide one of the workshop as an in-kind donation, please contact us!

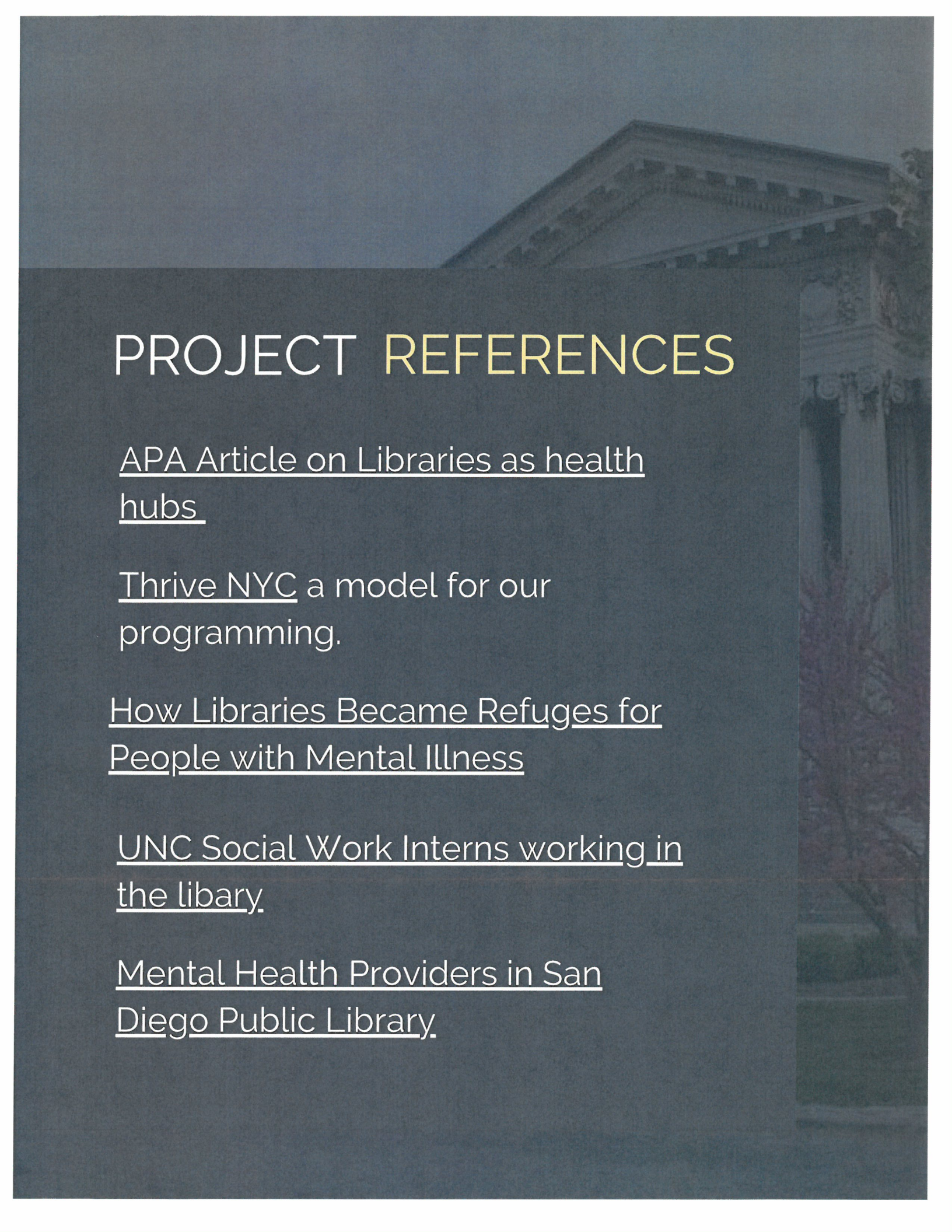
CONTACT US

502-806-8816

amanda@mentalhealthlou.com

www.mentalhealthlou.com

317 Wallace Ave. Suite 216
Louisville, KY 40207



PROJECT REFERENCES

APA Article on Libraries as health hubs

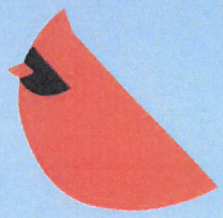
Thrive NYC a model for our programming.

How Libraries Became Refuges for People with Mental Illness

UNC Social Work Interns working in the libary

Mental Health Providers in San Diego Public Library

MIND-BODY WELLNESS



A FREE WORKSHOP SERIES AT
LOUISVILLE FREE PUBLIC LIBRARY
BROUGHT TO YOU BY:
MENTAL HEALTH LOU & YOU

WEEK 1: DISCOVERING THE MIND-BODY CONNECTION

WEEK 2: MOVEMENT FOR MENTAL HEALTH

WEEK 3: PRACTICAL MINDFULNESS FOR STRESS MANAGEMENT

WEEK 4: TAKING CHARGE OF YOUR WELLBEING

WEEKS 1-4 BY BRANCH LOCATION:

NORTHEAST - 12:30 PM ON TUESDAYS IN MARCH (7TH, 14TH, 21ST, 28TH)
SOUTHWEST - 11AM ON SATURDAYS IN MARCH (4TH, 11TH, 18TH, 25TH)
NEWBURG - 6PM ON TUESDAYS IN APRIL (4TH, 11TH, 18TH, 25TH)
WESTERN - 6PM ON TUESDAYS IN MAY (9TH, 16TH, 23RD, 30TH)
BON AIR - 6PM ON WEDNESDAY IN MAY (10TH, 17TH, 24TH, 31ST)
MAIN - 6PM MONDAYS IN APRIL (3RD, 10TH, 17TH, 24TH)

MENTAL HEALTH LOU & YOU

LOUISVILLE FREE PUBLIC LIBRARY

mentalhealthlou.com/eventspage

Harward, Sonya

From: Benjamin Tipton
Sent: Thursday, February 16, 2023 11:21 AM
To: Bell, LaTonya J.
Subject: RE: NDF question

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

You're welcome

From: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>
Sent: Thursday, February 16, 2023 11:16 AM
To: Benjamin Tipton <Benjamin.Tipton@lfpl.org>
Subject: RE: NDF question

Thank you!!!

From: Benjamin Tipton <Benjamin.Tipton@lfpl.org>
Sent: Thursday, February 16, 2023 10:59 AM
To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>
Subject: NDF question

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

Hi LaTonya!!!

Regarding your question below. LFPL is only providing the workshop sites to allow space for program outreach. Mental Health Inc., is conducting on their own with their presenters. NDF can remain directed to this group. Thank you for asking. Ben – LFPL Business Office

From LaTonya.Bell2@louisvilleky.gov

Sent On 2/16/23 10:48:13 AM

Subject Secure File Transfer from Louisville Metro Government

Message Good morning,

I'm conducting the financial compliance reviews of the Budget and Appropriations Committee items and provided a seven different libraries.

An based on the flyer it appears that Louisville Free Public Library is supporting this event. Is there alrea Free Public Library?

Thank you,

LaTonya

The Library – at the crossroads of knowledge and know-how. Visit www.LFPL.org to learn more.

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

Kentucky Secretary of State
Michael G. Adams

Mental Health Lou & You, Inc.

File Annual Report | File Certificate of Assumed Name (DBA) | Change Address or Registered Agent | File Dissolution | File Registered Agent Resignation | Printable Forms | Subscribe to changes made to this entity | Certificate of Good Standing

General Information

Organization Number	1189956
Name	Mental Health Lou & You, Inc.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Country	USA
File Date	2/9/2022 2:01:41 PM
Organization Date	2/9/2022
Last Annual Report	N/A
Principal Office	317 Wallace Ave Ste 216 Louisville, KY 40207
Registered Agent	Amanda Bommer-Villaveces 317 Wallace Ave Ste 216 Louisville, KY 40207

Current Officers

Show Individuals / Entities listed at time Of formation

Director	Shannon Gonter
Director	Elizabeth Amick
Director	Samantha Perkins
Incorporator	Amanda Bommer-Villaveces

Registered Agent Amanda Bommer-Villaveces

Show Images

Show Assumed Names

Show Activities

© Commonwealth of Kentucky
All rights reserved.

Howard, Caleb

From: Howard, Caleb
Sent: Monday, February 6, 2023 9:27 AM
To: Armstrong, Cassie; Amanda Villaveces; Shanklin, Barbara
Subject: Re: mental health outreach at LFPL program

Hi all,

As you can see from CW Chambers-Armstrong's response, the paperwork was not able to be submitted by her office before Megan left her office.

I can take on this NDF and attempt to submit it this week, if possible.

Ms. Villaveces, will you please send me everything that was sent to Megan for this NDF? Also, do you happen to know if it was set up to go through LFPL, or will the NDF have to go through a separate non-profit/501c-3? Finally, Dr. Shanklin is willing to put $2,000 from our office towards the program—do you happen to know if other offices have already signed on (to help fund the program with their office's discretionary funding) to the NDF originally submitted to CW Chambers-Armstrong's office?

Anyway, sorry for the unforeseen delay; I will do my best to get this moving and on the Appropriations agenda as soon as will be possible.

Thank you,

Caleb Howard
Legislative Assistant to
Councilwoman Dr. Barbara Shanklin
District 2
Louisville Metro Council

On Feb 4, 2023, at 3:05 PM, Armstrong, Cassie <Cassie.Armstrong@louisvilleky.gov> wrote:

Hi Caleb,

Actually, our new LA Nikka has not processed this yet, so it might make sense to move over to your office. Would you all like to take this on? I would appreciate it!

From: Howard, Caleb <Caleb.Howard@louisvilleky.gov>
Sent: Wednesday, February 1, 2023 9:58 AM
To: Amanda Villaveces <amanda@mentalhealthlou.com>; Armstrong, Cassie <Cassie.Armstrong@louisvilleky.gov>
Cc: Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov>; Harward, Sonya <Sonya.Harward@louisvilleky.gov>
Subject: Re: mental health outreach at LFPL program

Hi Amanda,

Since the NDF has been submitted to Councilwoman Chambers-Armstrong's office already, I don't believe that submitting it to our office would be appropriate. Unless something happened before things changed at the beginning of the year, I would assume that the NDF made it through the Appropriations process or is soon to do so.

If it's already gone through this process, the most likely thing is that the NDF is held up in OMB. It is not unusual that it takes them 3-4 months to process the NDFs once they get them and then get the funding to its proper destination.

Those are just my suppositions, however. I have added CW Chambers-Armstrong to this email and copied our Clerk so that hopefully they can help us get to the bottom of where the NDF currently stands.

Thank you for reaching out, and I'll be keeping an eye out along with you to see that we get an answer about this NDF.

Thank you,

Caleb Howard
Legislative Assistant to
Councilwoman Dr. Barbara Shanklin
District 2
Louisville Metro Council

On Feb 1, 2023, at 9:48 AM, Amanda Villaveces <amanda@mentalhealthlou.com> wrote:

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

Hi Caleb,
I wanted to reach out to you about our NDF for Mental Health workshops in the Library. I submitted it to Cassie Chambers Armstrong's office, but haven't heard back from them on the status. Would it make sense for us to submit it to your office as well? I understand Councilwoman Armstrong is running for a seat in the State House and Megan Metcalf has moved to the Mayor's office, so I know it's a time of flux in their office.

Thanks,
Amanda Villaveces, LMFT (she/her)
Director
Mental Health Lou
web: mentalhealthlou.com
ph: 502-806-8816
@mentalhealthlou

On Tue, Nov 29, 2022 at 1:03 PM Howard, Caleb <Caleb.Howard@louisvilleky.gov> wrote:

> Great; just keep us in the loop!
>
> Thank you,
>
> **Caleb Howard**
> Legislative Assistant to

On Nov 29, 2022, at 12:59 PM, Amanda Villaveces <amanda@mentalhealthlou.com> wrote:

CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

---

Hello,
Thank you for your email and info. I'm glad to have you all on board! I was sent NDF info from Councilwoman Cassie Chambers-Armstrong's legislative assistant Megan Metcalf and I started the paperwork. I'm also talking to LFPL about having the funds go through them. I'll keep you posted on what they say!

Thanks,
Amanda Villaveces, LMFT (she/her)
Director
Mental Health Lou
web: mentalhealthlou.com
ph: 502-806-8816
@mentalhealthlou

On Mon, Nov 28, 2022 at 1:25 PM Howard, Caleb <Caleb.Howard@louisvilleky.gov> wrote:

Good morning Ms. Villaveces,

I wanted to write to you to let you know that Councilwoman Shanklin received your message regarding the upcoming mental health outreach program hosted by LFPL. She would be happy to contribute the requested $2,000 for this program to move forward at the Newburg Library branch.

I do have a few questions—I assume that you have reached out to other Councilmembers regarding this program for their districts' libraries. Do you happen to know if any of these districts (should they choose to support) have already started an NDF that includes multiple libraries' funding? If so, we would be happy to add on funding for Newburg.

If, on the other hand, each Council district is doing their own individual NDF/other funding source to support the program, I will be able to work on that for Newburg Library at some point this or next week. While the paperwork will not get through the Council-approval process until early next year, theoretically this should be all right, as the program does not start until the Spring.

Also, will the funding be able to be sent to LFPL in order to support this program? If so, that will make the writing of the NDF more streamlined—I will need an email from a representative of LFPL indicating that LFPL will be willing to accept the funding, then the funding should be able to be sent directly there.

If, on the other hand, funding needs to be sent to Mental Health Lou directly, we will have to make sure that you all are a 501(c)(3) non-profit, and go thorough a much more labor-intensive paperwork process. Thus, if a local

government entity (like LFPL) could accept the funding then get it to Mental Health Lou, that would be best for us both!

Just let me know these few things and confirm that I have the funding amount correct, and I will be happy to help move this funding forward.

Thank you,

<image001.png>

Caleb Howard
Legislative Assistant to
Councilwoman Dr. Barbara Shanklin
District 2
Louisville Metro Council

On Nov 26, 2022, at 6:38 PM, Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov> wrote:

Get Outlook for iOS

From: Amanda Villaveces <amanda@mentalhealthlou.com>
Sent: Saturday, November 26, 2022 5:00:51 PM
To: Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov>
Subject: mental health outreach at LFPL program

CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

---

Hello Councilwoman Shanklin,
My name is Amanda Villaveces, Director of Mental Health Lou, a local community mental wellness hub. We recently brought a speaker to the Women's Caucus to speak on DV, Rachel Eicheberger.

I wanted to write to you about a four phase program we are piloting at LFPL branches beginning this Spring. The aim is to use libraries as spaces for mental health outreach and connection in hopes of increasing community awareness of mental health tools/resources, decreasing mental health stigma and promoting the new 988 hotline for suicide prevention.

Newburg is one of the branches we will be hosting this pilot program (with 7 other branches) and we would love for your support. I'm not sure the best way to ask for financial support from council members, so please let me know if there is a more formal way to approach this.

I've attached a pdf with our sponsorship proposal. Please contact me if you have any questions.

Harward, Sonya

From: Howard, Caleb
Sent: Thursday, February 9, 2023 4:14 PM
To: Amanda Villaveces
Cc: Shanklin, Barbara; Harward, Sonya
Subject: NDF for Mental Health Lou & You Program
Attachments: O-028-23 - Missing Information.pdf

Hi Amanda,

Please see the few questions and alterations requested by the Council Clerk regarding the NDF for Mental Health Lou & You that I submitted today—please note, that while I did submit the packet, until these questions are answered, the NDF cannot go onto the Appropriations Committee agenda or onto the Metro Council agenda. The next New Business deadline is this coming Monday at noon, so the sooner myself and the Clerk get this information, the better!

La Tonya

Ms. Sonya, I can actually answer the last question: This NDF was originally submitted to D-8, but with Megan leaving and Cassie's office in flux a bit, the NDF never got filed by them. I have included a couple sheets of email correspondence in the NDF packet I submitted that should speak to this situation.

Amanda, if you could answer the remaining 4 questions when you get a chance, and send them back to me and the Clerk (copied), that would be awesome!

Thank you,

Caleb Howard
Legislative Assistant to
Councilwoman Dr. Barbara Shanklin
District 2
Louisville Metro Council

Begin forwarded message:

From: "Harward, Sonya" <Sonya.Harward@louisvilleky.gov>
Subject: NDF for Mental Health Lou & You Program
Date: February 9, 2023 at 4:00:00 PM EST
To: "Howard, Caleb" <Caleb.Howard@louisvilleky.gov>

Caleb,

1. At the very bottom of page 1 of the application, the answers to the first question regarding the BBB is yes and the second answer is no. Have they failed to meet the BBB standards, or have they recently applied and have not heard back yet?
2. Section 5B on page 4 of the application must be filled out detailing how the funds will be spent.
3. The Fiscal Year Start Date is missing on page 9 of the application.