

0-158-26

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

**Applicant/Program:** St. Matthews Fire and Rescue Benevolence Fund Corporation | St. Matthews Freedom Fest  
**Applicant Requested Amount:** \$30,000  
**Appropriation Request Amount:** \$3,000

**Executive Summary of Request**  
The inaugural St. Matthews Freedom Fest will be held on Friday, July 3rd from 4pm to 9pm on Westport Road from Chenoweth Lane to St. Matthews Ave with net proceeds benefiting St. Matthew's Fire & Benevolence Fund. This event is 100% free to the public and family focused. Funding will be spent on event production, insurance/permits, generators/lighting, security, barricades, golf carts, ~~hospitality~~, medical staff, portable toilets, ~~table rental, trash cans, signage, advertising, volunteer t-shirts, radio, public works, and event transportation~~.  
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.

9 District #      Andrew Owen Primary Sponsor Signature      \$3000 Amount      06/08/2026 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: \_\_\_\_\_

**Applicant/Program:**

St. Matthews Fire and Rescue Benevolence Fund Corporation | St. Matthews Freedom Fest

**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:**

St. Matthews Fire and Rescue Benevolence Fund Corporation | St. Matthews Freedom Fest

**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** St. Matthews Fire and Rescue Benevolence Fund Corporation

**Program Name and Request Amount** St. Matthews Freedom Fest **\$30,000**

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> 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?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> 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?	<input type="checkbox"/> No

Prepared by: Regina Garr

Date: 06/02/2026

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> St. Matthews Fire &amp; Rescue Benevolence Fund</i>			
<b>Main Office Street &amp; Mailing Address:</b> 240 Sears Ave., Louisville, KY 40207			
<b>Website:</b> NONE			
<b>Applicant Contact:</b>	Trevor Cravens	<b>Title:</b>	Event Organizer
<b>Phone:</b>	(859) 492 9492	<b>Email:</b>	Trevor@hbproductionsllc.com
<b>Financial Contact:</b>	Trevor Cravens	<b>Title:</b>	Event Organizer
<b>Phone:</b>	(859) 492 9492	<b>Email:</b>	Trevor@hbproductionsllc.com
<b>Organization's Representative who attended NDF Training:</b> Brendan Montgomery			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	240 Sears Ave., Louisville, KY 40207		
<b>Council District(s):</b>	7.9,26	<b>Zip Code(s):</b>	40207
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> St. Matthews Freedom Fest			
<b>Total Request: (\$)</b>	\$ 30,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 0.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>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.</b>			
<b>Source:</b>		<b>Amount: (\$)</b>	\$ 0.00
<b>Source:</b>		<b>Amount: (\$)</b>	\$ 0.00
<b>Source:</b>		<b>Amount: (\$)</b>	\$ 0.00
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The fund was established to deliver rapid, compassionate emergency services and fire prevention education to the St. Matthews community, ensuring safety and resilience during crises. It focuses on fire suppression, rescue operation, and distributing free smoke alarms to residents, while also engaging in community initiatives such as hurricane relief collections and partnerships with local organizations to enhance public safety and community well being.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Lee Cook Chairman Term is indefinite	01/01/2099
Joe Prather Vice Chairman Term is indefinite	01/01/2099
Patrick Montague Secretary Term is indefinite	01/01/2099
Brendan Montgomery Treasurer Term is indefinite	01/01/2099
Tracy Jevning Director Term is indefinite	01/01/2099
George Wiggins Director Term is indefinite	01/01/2099
Travis Mattingly Director Term is indefinite	01/01/2099
William Spicer Director Term is indefinite	01/01/2099

**Describe the Board term limit policy:**  
 All board member terms are indefinite. One may remain a board member as long as they are willing to serve.

Three Highest Paid Staff Names	Annual Salary
N/A	\$ 0.00

**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.):**

Start and end date is July 3, 2026

Independence Bank and St. Matthews businesses will be hosting the First Annual Freedom Fest on Friday, July 3rd from 4:00 9:00 p.m.

This will be a 100% FREE family focused event with net proceeds benefiting the St. Matthews Fire & Benevolence Fund as well as the newly established Foundation 31, that supports the St. Matthews Police Benevolence Fund. Our goal is to support local first responders and veteran's organizations every year while also supporting local businesses.

We will be closing Westport Rd. from Chenoweth Lane to St. Matthews Ave. The event will kick off with a Little Patriot Fun Run with a fire truck splash pad for cooling off. There will be a family fun zone with inflatables and life size games, touch a truck, car show, LOCAL food vendors (no random food trucks) 50 60 vendors (no random businesses that don't benefit the family), bands and live entertainment, face painting, balloon art and so much more.

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

Event Production Fee \$15,000.00  
Event Insurance/permits \$2,525.00  
Public Works \$1,500  
Barricade Fencing \$450  
Event Clean Up \$800  
Event Transportation \$850  
Generators/Lighting \$1200  
Golf Carts \$550  
Portable Toilets \$1,500  
Medical Staff \$780  
Table Rental \$800  
Event Signage/Banners \$1,250  
Trash Recepticles \$400  
PR/Media/Online Social Networking \$2,250  
Printed Posters/Flyers \$145

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

100% of NET proceeds from the Freedom Fest will be evenly split between the St. Matthews Fire & Rescue Benevolence Fund, and the newly formed Foundation 31, supporting the St. Matthews Police.

Both funds assist families of injured or fallen Fire, Rescue & Police officers and their families. They also support current and retired officers who have come upon hard times due to accident, illness, life haps, etc.

It's giving back to those who give to us daily by serving St. Matthews.

**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.

**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 benefits of the event are multiple.

It promotes our city by bringing locals as well as others to the city.

It is a FREE event for families to enjoy together, while promoting patriotism and celebrating this great country.

It's an opportunity for local businesses to showcase themselves and drive more business to their business, keeping more money in St. Matthews.

The vast majority of vendors are local folks...again, keeping more money in St. Matthews.

The proceeds benefit those who give of themselves daily to our community.

**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.**

St. Matthew's Businesses Sponsoring and supporting the cause. Posting posters in their business

City of St. Matthews Providing city services under a grant, allowing more money to go to the cause

Foundation 31 (St. Matthews Police) Benefactor of the event

St. Matthews Fire & Rescue Benevolence Fund Benefactor of the event

**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	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			0
<b>B: Rent/Utilities</b>			0
<b>C: Office Supplies</b>			0
<b>D: Telephone</b>			0
<b>E: In-town Travel</b>			0
<b>F: Client Assistance (See Detailed List on Page 8)</b>			0
<b>G: Professional Service Contracts</b>			0
<b>H: Program Materials</b>			0
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$ 30,000.00	\$ 51,630.00	\$ 81,630.00
<b>J: Machinery &amp; Equipment</b>			0
<b>K: Capital Project</b>			0
<b>L: Other Expenses (See Detailed List on Page 8)</b>			0
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 30,000.00	\$ 51,630.00	\$ 81,630.00
% of Program Budget	36.75%	63.25%	<b>100%</b>

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)	\$ 40,830.00
Fees Collected from Program Participants	\$ 10,800.00
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 51,630.00

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail 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
Event Production Fee	\$ 15,000.00		\$ 15,000.00
Event Insurance & Permits	\$ 2,525.00		\$ 2,525.00
Public Works	\$ 1,500.00		\$ 1,500.00
Barricade Fencing	\$ 450.00		\$ 450.00
Event Cleanup	\$ 800.00		\$ 800.00
Event Transportation	\$ 850.00		\$ 850.00
Generators/Lighting	\$ 1,200.00		\$ 1,200.00
Golf Carts	\$ 550.00		\$ 550.00
Portable Toilets	\$ 1,500.00		\$ 1,500.00
Medical Staff	\$ 780.00		\$ 780.00
Table Rental	\$ 800.00		\$ 800.00
Event Signage / Banners	\$ 1,250.00		\$ 1,250.00
Trash Receptacles	\$ 400.00		\$ 400.00
PR/Media/Online Social Networking	\$ 2,250.00		\$ 2,250.00
Printed Posters / Flyers	\$ 145.00	\$ 155.00	\$ 300.00
Hospitality	\$ 0.00	\$ 1,000.00	\$ 1,000.00
Two Way Radios	\$ 0.00	\$ 225.00	\$ 225.00
<b>Total</b>	\$ 30,000.00	\$ 1,380.00	\$ 31,380.00 *

\* Pg. 1 of 2

**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
Radio Advertising	\$ 0.00	\$ 3,000.00	\$ 3,000.00
Design Work (print/digital)	\$ 0.00	\$ 1,200.00	\$ 1,200.00
Security	\$ 0.00	\$ 3,000.00	\$ 3,000.00
Drone & Still Photography	\$ 0.00	\$ 1,500.00	\$ 1,500.00
Staff/Volunteer T-shirts	\$ 0.00	\$ 300.00	\$ 300.00
Miscellaneous Supplies	\$ 0.00	\$ 300.00	\$ 300.00
St. Matthews has Talent Karaoke	\$ 0.00	\$ 3,750.00	\$ 3,750.00
Musicians/Performers	\$ 0.00	\$ 14,000.00	\$ 14,000.00
Stage	\$ 0.00	\$ 4,600.00	\$ 4,600.00
Sound Engineer	\$ 0.00	\$ 2,500.00	\$ 2,500.00
Talent Book/Stage Mgr.	\$ 0.00	\$ 1,500.00	\$ 1,500.00
KidZZone Inflatables & Games	\$ 0.00	\$ 10,000.00	\$ 10,000.00
KidZZone Facepaint & Balloons	\$ 0.00	\$ 1,600.00	\$ 1,600.00
KidZZone Silent Disco	\$ 0.00	\$ 1,250.00	\$ 1,250.00
Family Photo Moment	\$ 0.00	\$ 1,750.00	\$ 1,750.00
			\$ 0.00
			\$ 0.00
<b>Total</b>	\$ 0.00	\$ 50,250.00	\$ 50,250.00

Pg. 2 of 2

Pg. 2  
 + 31,380 Pg. 1  
\$ 81,630 Total

**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
St. Matthews Police	\$ 3,000.00	Cost provided by agency
St. Matthews Fire	\$ 1,500.00	Cost provided by agency
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> <i>Volunteer Contribution &amp; Other In Kind)</i>	\$ 4,500.00	

**\* 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: 01/01/2026

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 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.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	05/29/2026
<b>Legal Signatory: (please print):</b>	Brendan Montgomery	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 905 7526	<b>Extension:</b>	
<b>Email:</b>	bmontgomery@stmfdky.gov		



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

ST MATTHEWS FIRE AND RESCUE BENEVOLENCE  
FUND CORPORATION  
240 SEARS AVE  
LOUISVILLE, KY 40207-0000

Date:  
04/02/2021  
Employer ID number:  
85-3073559  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Public charity status:  
509(a)(2)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
September 18, 2020  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053758002370

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](http://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

**St Matthews Freedom Fest  
June 3, 2026**

<b>REVENUES</b>		Basic Budget (4-9pm)	Big Budget (4-9pm)	
Food Trucks	No trucks. Just St Matthews Restaurants	\$ -	\$ -	
Vendor Fees	50 x \$100	\$ 5,000.00	\$ 8,000.00	
Beer Garden Rev Share	15% Gross Revenues	\$ 1,350.00	\$ 2,500.00	
Sponsorships		\$ 41,280.00	\$ 35,000.00	
		\$ 47,630.00	\$ 45,500.00	
<b>EXPENSES</b>		Budget		Actual Spent
<b>ADMIN</b>				
Event Insurance	Special Event Insurance	1,900.00	2,500.00	
Event Permits	St Matthews	25.00	25.00	
Event Production Fee		12,000.00	15,000.00	
Public Works	Provided by SM	1,500.00	1,500.00	Waiting on Confirmation from Kenan
<b>Subtotal</b>		<b>\$ 15,425.00</b>	<b>\$ 19,025.00</b>	<b>\$ -</b>
<b>LOGISTICS</b>				
Barricade Fencing	Wilson and Muir Parking Lot	\$450.00	\$450.00	
Electrical Services	N/A. No Electric			
Event Clean-up	Trash crew. Possibly SMPW	500.00	800.00	
Event Transportation (Shuttles)	Shuttle from Mall of SM or Shelbyville Plaza		850.00	Miller Transportation School Bus
Family Photo Moment	Marquee Letter/Balloon Photo Op		1,750.00	Jazz It Up GlowScript
Generator/Lighting Rentals	Sunbelt	800.00	1,200.00	Stage gen set. Gen Sets for inflatables. Lights for street.
Golf Carts	2 carts for setup/trash crew	550.00	550.00	
Hospitality	Food for SMPD, SMFD & Volunteers	500.00	1,000.00	
Ice	Not necessary	-		
KidZZone - Equipment	Inflatables, Zip Line, Train, Etc.	2,000.00	10,000.00	15,500.00
KidZZone - FacePaint/Balloons	John the Balloon Guy	995.00	1,600.00	Confirmed 1,600.00
KidzZone - Silent Disco		-	1,250.00	1,200.00
Medical Staff	SMFD	780.00	780.00	
Misc. Day of Supplies		300.00	300.00	
Photography/Videography	Drone Video and Still Photography	-	1,500.00	1,500.00
Portable Toilets	8 port-o-lets	600.00	1,500.00	
Rentals- Tables	Estimate - Tables and Chairs Only	-	800.00	
Security	Provided by SMPD	3,000.00	3,000.00	
Signage for event.	777Sign.com	500.00	1,000.00	2,000.00
Street Barricades	City of St Matthews	\$0.00	\$0.00	Captured in Public Works Line Above
Trash Receptacles/ Waste Basket	Cardboard receptacles	380.00	400.00	40 cardboard trash receptacles + 100 trash bags
Two-way radios	Radios for event crew	225.00	225.00	Six Radios (Police, EMT, HBx4) 405.00
<b>Subtotal</b>		<b>\$ 11,580.00</b>	<b>\$ 28,955.00</b>	<b>\$ 22,205.00</b>
<b>ADVERTISING / PROMOTION</b>				
Advertising				
Banners/Signage	Advertising Banners for parks	250.00	250.00	
Design Work	Logo. Print/digital materials	-	1,200.00	1,200.00
Online Social Networking		-	500.00	500.00
PR/Media	Earned media appearances	-	1,750.00	2,000.00

Radio Advertising		-	3,000.00		3,000.00
Printed Posters	Posters for local businesses	300.00	300.00		
Sponsor Fulfillment - Stadium Cups	Logo cups for bars	650.00			
T-shirts	Shirts for volunteers & officials		300.00		300.00
<b>Subtotal</b>		<b>\$ 1,200.00</b>	<b>\$ 7,300.00</b>		<b>\$ 7,000.00</b>
<b>Programming</b>					
Emcee					
SM Talent Competition	Full Contact Karaoke		3,750.00		3,750.00
Musicians		2,400.00	10,000.00	Sponsored by Tin Roof	12,500.00
Performers	Walk around performers (magicians, stiltz, acrobatics, etc.)	2,500.00	4,000.00		5,000.00
Sound Engineer		1,500.00	2,500.00		
Stage		1,500.00	4,600.00	Two stages: Main and SM Has Talent	
Talent Booking/Stage Management			1,500.00		
<b>Subtotal</b>		<b>\$ 7,900.00</b>	<b>\$ 26,350.00</b>		<b>\$ 21,250.00</b>
<b>Total Expenses</b>		<b>\$ 36,105.00</b>	<b>\$ 81,630.00</b>		<b>\$ 50,455.00</b>
Profit/Loss		\$ 11,525.00	\$ (36,130.00)		

# St. Matthews Fire & Rescue Benevolence Fund

## 2026 Profit and Loss Statement

### REVENUE

Deposit - Cash	\$	5.00
Deposit - from St. Matthews Fire Protection Dist. - Employee Contributions	\$	665.00
Deposit - from St. Matthews Fire Protection Dist. - Employee Contributions	\$	660.00
Deposit - from St. Matthews Fire Protection Dist. - Employee Contributions	\$	650.00
Deposit - from St. Matthews Fire Protection Dist. - Employee Contributions	\$	650.00
Deposit - from St. Matthews Fire Protection Dist. - Employee Contributions	\$	650.00
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>3,280.00</b>

### EXPENSES

Benevolence Fund Request	\$	2,000.00
KY Secretary of State	\$	15.00
File 990	\$	54.99
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>2,069.99</b>

**TOTAL INCOME \$ 1,210.01**

# St. Matthews Fire and Rescue Benevolence Fund

EIN: 85-3073559 | Louisville, Kentucky, United States

## Other Names

ST MATTHEWS FIRE AND RESCUE BENEVOLENCE FUND

## Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

### ^ Tax Year 2025 Form 990-N (e-Postcard)

**Tax Period:**

2025 (01/01/2025-12/31/2025)

**EIN:**

85-3073559

**Organization Name (Doing Business as):**

ST MATTHEWS FIRE AND RESCUE BENEVOLENCE FUND

**Mailing Address:**

240 SEARS AVE  
LOUISVILLE, KY 402075016  
United States

**Principal Officer's Name and Address:**

Brendan Montgomery  
240 Sears Ave  
Louisville, KY 40207  
United States

**Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No

**Website URL:**



**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

NAOI  
1113339.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/18/2020 11:53:11 AM  
Fee receipt: \$8.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Articles of Incorporation  
Non-profit Corporation**

**NAI**

Signature of Registered Agent or individual signing on behalf of the  
company serving as Registered Agent:

Lee Look

**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>St. Matthews Fire &amp; Rescue Benevolence Fund</b>	
	2	Business name/disregarded entity name, if different from above	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions. <b>240 Sears Ave</b>	Requester's name and address (optional)
	6	City, state, and ZIP code <b>Louisville, KY 40207</b>	
	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.

Social security number									
or									
Employer identification number									
8	5	-	3	0	7	3	5	5	9

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

**Part II Certification**

Under penalties of perjury, I certify that:

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

<b>Sign Here</b>	Signature of U.S. person 	Date <b>5-27-26</b>
------------------	------------------------------	---------------------

**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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# Kentucky Secretary of State

## Michael G. Adams



## St. Matthews Fire and Rescue Benevolence Fund Corporation

Business Entity Search

File Annual Report

File LLC

Business Registration  
Portal

Name Availability Search

Business Forms Library

Prepaid Account Status

Current Representative  
Search

Founding Representative  
Search

Registered Agent Search

Validate Certificate of  
Existence/Authorization

**File Amended Annual report**

Change Address or Registered Agent

File Certificate of Assumed Name (DBA)

File Dissolution

Upload a Filing

File Registered Agent Resignation

Subscribe to changes made to this entity

Print & Mail – Request Certificates

### General Information

<b>Organization Number :</b>	1113339
<b>Name :</b>	St. Matthews Fire and Rescue Benevolence Fund Corporation
<b>Profit or Non-Profit :</b>	N - Non-profit
<b>Company Type :</b>	KCO - Kentucky Corporation
<b>Industry :</b>	Miscellaneous Services
<b>Number of Employees :</b>	Small (0-19)
<b>Primary County :</b>	Jefferson
<b>Status :</b>	A - Active
<b>Standing :</b>	G - Good
<b>State :</b>	KY
<b>Country :</b>	USA
<b>File Date :</b>	9/18/2020
<b>Organization Date :</b>	9/18/2020
<b>Last Annual Report :</b>	5/27/2026
<b>Principal Office :</b>	240 Sears Ave Saint Matthews, KY, 40207

**Registered Agent :**

Brendan Montgomery  
240 Sears Ave  
Saint Matthews, KY, 40207

Show Images

Show Activities

Show Current Officers

Show Initial Officers

[Kentucky Unbridled Spirit](#)

[Privacy](#) [Security](#) [Disclaimer](#) [Accessibility](#)

[Contact](#) [Site Map](#)

© 2026 Commonwealth of Kentucky. All rights reserved.

St. Matthews Fire & Rescue Benevolence Fund  
240 Sears Avenue  
Louisville, KY 40207  
EIN: 85-3073559



### **Letter of Designation**

To Whom It May Concern:

This letter serves as an official designation regarding the establishment and operation of the St. Matthews Fire & Rescue Benevolence Fund (the "Fund").

The Benevolence Fund is designated as a restricted fund under the control of St. Matthews Fire & Rescue Benevolence Fund and shall be used exclusively to provide charitable assistance to firefighters, department personnel, and their immediate families in times of hardship or need.

Examples of eligible assistance may include, but are not limited to:

- Emergency financial support due to injury, illness, or death
- Support following natural disasters or personal tragedies
- Other forms of aid as deemed appropriate by the fund's board

All disbursements from the Fund will be made in accordance with IRS regulations governing 501(c)(3) charitable organizations and in line with the mission and charitable purposes of St. Matthews Fire & Rescue Benevolence Fund.

All contributions to the Fund are tax-deductible as allowed by law under the organization's IRS tax-exempt status (EIN: 85-3073559).

This is effective as of 5/1/2021 and shall remain in effect unless amended or revoked in writing by the governing board or authorized leadership of St. Matthews Fire & Rescue Benevolence Fund.

Sincerely,



Brendan Montgomery Jr.

President

5/27/2026



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: St. Matthews Fire & Rescue Benevolence Fund

Grantee Representative Name: Brendan Montgomery

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the ~~website~~ Power Point Presentation

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.  
Client Assistance, Community Events and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements True or False
4. Which four questions should your financial support documentation answer at all times?  
who, what, when and where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Brendan Montgomery  
Grantee Representative Signature

5/29/26  
Date

**NOTE:** Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202