

**Building Community Capacity to Address Local Health Inequities
COVER SHEET**

APPLICANT INFORMATION

Legal Name of Applicant:

Contact Person Name:

Title:

Contact Person Phone:

Email Address:

MAIN OFFICE

Phone:

Fax:

Website:

GEOGRAPHICAL AREAS WHERE ACTIVITIES ARE PROVIDED

Facility Location(s):

Neighborhood(s):

Zip Codes:

FINANCIAL INFORMATION

Total Request (the amount of the requested grant award): \$

Louisville Metro Revenue Commission Account Number:

Please attach a copy of the Articles of Incorporation to this application.

Please attach one of the following:

IRS 501I(3) Determination Letter

Letter of Advanced Determination

Letters of Affirmation from IRS.

Copy of applicant's financial statement (if annual gross receipts are less than \$25,000)

Fiscal Year Start Date:

Applicant's Current Fiscal Year Total Budget (**attach a copy**): \$

For the current fiscal year, list Funds received from Louisville Metro Government, including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)

Source:

Amount: \$

Source:

Amount: \$

Source:

Amount: \$

Does the applicant have a certified audit performed each year? Yes No

SIGNATURES

I certify under the penalty of law that the information in this application is accurate to the best of my knowledge. I am aware that 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 authorized to sign this application for the applying organization.

Signature of Authorized Official:

Date:

ATTACHMENT 1: PROGRAM BUDGET SUMMARY

The Program Budget should show how the applicant will use \$10,000 to implement all required aspects of the application. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities. Please remember that grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support. The average mini-grant award is \$10,000. **Attach a Budget Narrative with this form.**

For each line item, enter whole-dollar amounts. Round off to the nearest dollar.

THE PROGRAM BUDGET	REQUESTED AMOUNT	OTHER SOURCES/ CASH MATCH	TOTAL
Salaries (including unemployment insurance, workers' comp, others)	\$	\$	\$
Rents/Utilities	\$	\$	\$
Office Supplies (including consumables)	\$	\$	\$
Telephone	\$	\$	\$
Capital Expenses	\$	\$	\$
Travel: In-Town	\$	\$	\$
Program Supplies (attach an itemized list of amounts above \$100)			
Other Expenses (attach an itemized list of amounts above \$100)	\$	\$	\$
	\$	\$	\$
TOTAL:	\$	\$	\$

Total mini-grant amount requested from all Louisville Metro Government external agency funds cannot exceed 50% of the Applicant's Total Current Fiscal Year

PROGRAM BUDGET SUMMARY (CONTINUED)

- 1. Proposed Louisville Metro Government Funds Requested (Total Column 1)
\$ _____
- 2. Number of Proposals Submitted for 09/10 Fiscal Year

- 3. Total Louisville Metro Government Funds Requested in all submitted proposals

- 4. Applicant Organization's Current Fiscal Year Budget Total
\$ _____
- 5. Percentage of **All Requested Funds** to Applicant Organization's Current FY Budget
(Cannot exceed 50% of Applicant Organization's Current FY Budget)

- 6. What percent of the Applicant Organization's Annual budget is in-kind donation?
_____%
- 7. What percent of the Applicant Organization's Annual Budget is projected income?
_____%

Cash Match Information:

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Match Amount	_____
% of proposal Total	_____

ATTACHMENT 2: CERTIFICATIONS AND ASSURANCES

By signing the first page of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge 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. Funds will be used for a non-construction program.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant.
4. Applicant will not lobby Louisville Metro Council members and staff by oral or written communications as specified in the External Agency Fund Lobbying Policy written in the External Agency Technical Assistance Handbook.
5. The Agency is in good standing with Louisville Metro Government

Standard Certifications

1. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
2. The Agency does not discriminate in employment or in provision of any service/program/activity/event (Activity) based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
3. The Agency certifies that 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.
4. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
6. The Agency certifies that it provides a drug-free workplace, has established a Drug Free awareness program, has informed employees about the dangers of drug abuse in the workplace and disciplinary and/or legal action for any and/or all offenses.

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. In addition, list below any relationship any member of your Board of Directors has with any employee within your Agency being considered for or receiving funding.