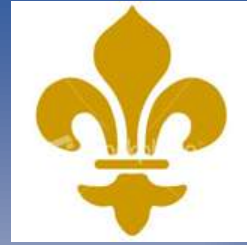


LOUISVILLE METRO GOVERNMENT



2008

EXTERNAL AGENCY FUND HANDBOOK



APPLICATION DEADLINE: MARCH 31, 2008





Table of Contents

WHO CAN APPLY	4
HOW TO APPLY	5
2008 EAF TIMELINE	6
EAF GRANT CONDITIONS	7
QUESTIONS AND ANSWERS	11
ARTS/CULTURAL ATTRACTIONS	13
BUSINESS ASSOCIATIONS	19
HEALTH.....	23
HOUSING/COMMUNITY DEVELOPMENT	28
HUMAN SERVICES	32
YOUTH.....	38
SAMPLE LOGIC MODEL.....	45

MAYOR'S STRATEGIC PLAN | 2007-2017



Jerry E. Abramson
Mayor

With merger in 2003, Mayor Jerry Abramson led development of a four-year strategic plan to bring our community and governments together. In 2007, with merger largely established, the plan has been updated with a longer-term focus on the key areas that will move our community forward. The result is the Strategic Plan for Metro Government, 2007-2017.

This ten-year plan retains the Core Purpose and Core Values of Metro Government, with one change to incorporate a spirit of teamwork into the Leadership value. Taken together, the Vision, Purpose, Values and Strategic Platforms provide focus as we go about our

individual and collective roles of serving the citizens of Louisville.

*Teams of Metro Government employees are currently working across department and agency lines on initiatives that support the six Strategic Platforms. Please read the plan and consider how **your** work within Metro Government relates to it.*

For more information about the Strategic Plan, contact Mary Gwen Wheeler at 574-6285 or marygwen.wheeler@louisvilleky.gov.

Purpose: Louisville-Jefferson County Metro Government represents the collective voice of the community, leading and acting for the common good.

Vision: A Community All People Are Proud to Call Home

Louisville is a strong, lively, safe, healthy and progressive community – an ideal hometown where new ideas flourish, quality of life is essential and people of all races, religions and ethnic backgrounds are treated with dignity and respect. Louisville is a place where education is paramount, economic opportunity abounds and families grow stronger together. Louisville values its diverse urban and suburban neighborhoods, unique historical and cultural assets and the beauty of its natural resources, including its river, forest and parks. Louisville's greatness ripples well beyond our borders, strengthening our region, our state and our nation.

Core Values:

Honesty and Integrity
Leadership and Teamwork
Responsive to Citizens
Focus on Results

Strategic Platforms:

Ensure and Improve Public Safety

Ensure a sense of safety for all residents and continuously improve public-safety services by meeting or exceeding national standards with well-trained and well-equipped police, fire, EMS and public health professionals who are engaged with the community.

Advance Quality of Life as Louisville's Competitive Edge

Capitalize and improve upon Louisville's welcoming spirit, diverse neighborhoods, unique historical and cultural assets, varied sports and recreational opportunities, renowned urban parks system and other physical and cultural amenities. Improve overall health and wellness.

Streamline and Improve Quality of Basic Government Services

Strengthen the organization's capacity to deliver highest-quality and most cost-efficient services; improve performance and citizen satisfaction while maximizing the public dollar. Maintain and upgrade public infrastructure that supports economic growth, quality of life and our strategic plan.

Grow 21st Century Jobs

Develop an expanding workforce that can compete for 21st Century jobs, and grow businesses and services that will raise family income, create capital and build assets, and strengthen our economy.

Improve Education at All Levels

Increase the school readiness and overall educational attainment levels of our populace to improve economic competitiveness, enrich community life and extend the horizons of learning for individuals and families.

Balance Growth

Strengthen Louisville's role as our Regional Center for population, employment, and commerce, retaining at least 70% of our metropolitan area's jobs and 60% of its population. Build upon our role as the Destination City for cultural, entertainment and recreational activities while balancing economic growth with our support for well-planned, environmentally-friendly, and architecturally-aesthetic expansion.

WHO CAN APPLY

- ☑ **NONPROFIT CORPORATIONS.** EAF applicants must be incorporated as nonprofit corporations and qualified to do business in the Commonwealth of Kentucky.
- ☑ **CORPORATIONS IN GOOD STANDING.** An EAF applicant must be in good standing with the Kentucky Secretary of State. This information will be verified at the following website:

[http://apps.sos.ky.gov/business/obdb/\(ntd5c1454bacblew1gxcls45\)/default.aspx](http://apps.sos.ky.gov/business/obdb/(ntd5c1454bacblew1gxcls45)/default.aspx)

- ☑ **REGISTERED CORPORATIONS.** An EAF applicant who is required to be registered with the Louisville Metro Revenue Commissions must be registered and in good standing with the Commission.

- ☑ **501(c)(3) CORPORATIONS.**

- An EAF applicant, with annual revenues greater than \$25,000 applicant must have or have applied for 501(c) tax-exempt status with the Internal Revenue Service. A copy of the current IRS 501(c) tax-exempt status determination letter, advanced determination letter or letter of affirmation is required as an attachment to the EAF application.
- If the EAF applicant has annual revenues that are less than \$25,000, the EAF applicant will be required to attach the applicant's most recent financial statement, signed by the appropriate corporate officer, to its application.

- ☑ **SERVING THE LOUISVILLE METRO COMMUNITY.** All EAF grant applications must be for requests for funds to be used to serve the residents of the Louisville/Jefferson County Metro community.

HOW TO APPLY

❶ CHOOSE ONE OR MORE METRO FUNDING AGENCY CATEGORIES AND COMPLETE THE APPROPRIATE APPLICATION FOR EACH CATEGORY. Grants from the 2008 External Agency Fund will be awarded in the following categories:

Arts/Cultural Attractions

- Application begins on page 13.
- Metro Funding Agency Contact:
Elizabeth Stith, 574-3328; elizabeth.stith@louisvilleky.gov

Business Associations

- Application begins on page 19.
- Metro Funding Agency Contact Information:
Drew Shryock, 574-1560; drew.shryock@louisvilleky.gov

Health

- Application begins on page 23.
- Metro Funding Agency Contact Information:
Betty Adkins, 574-8237; betty.adkins@louisvilleky.gov

Housing/Community Development

- Application begins on page 28.
- Metro Funding Agency Contact Information:
Brooke Searcy, 574-3353; brooke.searcy@louisvilleky.gov

Human Services

- Application begins on page 32.
- Metro Funding Agency Contact Information:
Brooke Searcy, 574-3353; brooke.searcy@louisvilleky.gov

Youth

- Application begins on page 37.
- Metro Funding Agency Contact Information:
Elizabeth Stith, 574-3328; elizabeth.stith@louisvilleky.gov

❷ RETURN YOUR COMPLETED APPLICATION BY MAIL BY MARCH 31, 2008. To be considered received by the March 31, 2008 deadline, mailed-in applications must be postmarked no later than March 31, 2008. Completed applications should be mailed to the following address:

**Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

DEADLINE: MARCH 31, 2008 5

2008 EAF TIMELINE

APPLICATION DEADLINE

Monday, March 31, 2008

PANEL REVIEW

April 2008 - May 2008

If the EAF application satisfies all of the requirements for submission, the application will be submitted to the appropriate Metro Funding Agency Review Panel for critical review and recommendation to the Mayor. Note: Review Panels only recommend funding.

METRO COUNCIL BUDGET APPROVAL

June 30, 2008

The final approval of EAF grant award recipients occurs at the time that the Louisville Metro Council passes the Louisville Metro Government Budget, expected on or before June 30, 2008.

AWARD NOTIFICATION

July 2008

Notification of grant award status letter will be mailed.

SIGNING OF GRANT AGREEMENT

July 2008 – September 2008

The Metro Funding Agency will contact the EAF grant recipients to negotiate and execute a Grant Agreement.

GRANT RECIPIENT TRAINING

July 2008 - August 2008

Training will be held for the EAF grant recipients on grant management and accountability.

DEADLINE TO SPEND ALL EAF GRANT FUNDS

June 30, 2009

EAF GRANT CONDITIONS

Every EAF grant recipient will be required to comply with the following EAF grant conditions. EAF recipients that fail to comply with these conditions may cause their EAF grant awards to be withheld or terminated.

Budget Limitation.

Total grant funds requested from all EAF grant applications combined cannot exceed 33% of the applicant organization's total budget.

Unallowable Costs.

EAF grant funds cannot be used to pay for the following:

- o Lobbying
- o Fund-raising
- o Alcoholic Beverages
- o Entertainment Costs (including but not limited to tickets to shows or sports events, lodging, and gratuities). Under some circumstances, EAF funds may be used to pay for sporting events for youth.
- o Severance Pay
- o Construction Costs
- o Vehicle Purchases
- o Indirect Costs (costs that benefit the operations of the entire organization, but cannot be identified to specific activities)

Lobbying is prohibited.

For the purposes of this Handbook, lobbying means any oral or written communications by an EAF applicant and/or representative(s) employed or retained by them, with members of the Louisville Metro Council and/or staff, Louisville Metro Government Officials and/or staff, in order to attempt to influence the outcome of the EAF process. The EAF process begins when Louisville Metro Government notifies the EAF applicant of the External Agency Funding opportunity and continues through the notification of the EAF grant award recipients.

Prohibited lobbying activities include, but are not limited to:

- o Attempts to influence the outcome of the EAF process, through in kind or cash contributions, endorsements, publicity, or similar activities;
- o Any attempt to influence the outcome of the EAF process through communication with any member or employee of the Louisville Metro Council (including efforts to influence state or local officials to engage in similar lobbying activity), or with any Louisville Metro Government official or employee;

- Any attempt to influence the EAF process by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fund raising drive, lobbying campaign or letter writing or telephone campaign;
- Legislative liaison activities, including attendance at Louisville Metro Government legislative sessions or committee hearings, gathering information regarding the EAF process, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable activities; and
- Attempting to improperly influence, either directly, or indirectly, an employee or officer of the Executive Branch of Louisville Metro Government to give consideration to or act regarding the EAF process.

Our lobbying prohibition is limited to only those lobbying activities directed at the EAF process. This provision does not apply to the non-EAF lobbying activities of any would be applicant of EAF grants.

Actions taken by employees as individuals would not be governed by the anti-lobbying provisions of the EAF process.

Grant Agreement.

To receive an EAF grant, a grant recipient will execute a Grant Agreement with Louisville Metro Government by September 30, 2008. In this executed agreement, the EAF grant recipient will agree to the following:

Recordkeeping

- To maintain and retain not less than five years after completion of the selected program, complete and accurate records of all the grant recipient's costs chargeable to Metro Government as well as all other funding sources for the selected program.
- To grant Metro Government the right, at any reasonable time, to inspect and audit these records by authorized representatives of its own or any public accounting firm selected by it.

The records to be maintained and retained will include:

- All payroll records
- Invoices for purchases, receiving and issuing documents, and all the inventory records for stores, stock or capital items;
- Paid invoices and cancelled checks for materials purchased and for subcontractors; and any other third party charges; and
- Program participant and statistical records
- The curriculum and schedule of classes for any educational programs or training provide by the EAF grant recipient.

Client Evaluation

- o To conduct client evaluation if the EAF grant recipient provides direct client services.

Financial and Progress Reports

- o To submit financial and progress reports, showing all funds received and spent by the EAF grant recipient for the selected program, including funding from other sources (these reports will be similar to the information provided by the EAF recipient in the “Budget” section of the Metro Funding Agency Grant Application Forms);
- o To not materially deviate from the selected program without the prior written agreement of Metro Government; and
- o To spend all EAF grant funds by June 30, 2009 (unspent funds must be returned to Metro Government by July 30, 2009). The final program report will be due in July 2009 and the exact dates will be established by the funding streams.

Legal Compliance

- o To implement and administer the selected program in compliance with all applicable laws, regulations and codes of the federal, state and local governments (Specific laws and regulations are identified in the “Certifications and Assurances” section of the Metro Funding Agency Grant Application Forms).
- o To not unlawfully discriminate against any person by reason of race, religion, color, sex, national origin, because the person is a qualified individual with a disability, age 40 or over, familial status, sexual orientation, gender identity, is a smoker or non-smoker, or because of the person's Vietnam-era Veteran status (Specific discrimination and affirmative action laws and regulations are identified in the “Certifications and Assurances” section of the Metro Funding Agency Grant Application Forms).

Public Acknowledgement

- o To publicly acknowledge that Louisville Metro Government has provided partial funding for the project. Examples of public acknowledgement include:
 - Holding a press conference to announce the award of an EAF grant from Louisville Metro Government;
 - Sending out a press release that your organization received an EAF grant from Louisville Metro Government;
 - Posting a sign in your organization that announces that your organization is funded by an EAF grant from Louisville Metro Government;

- Including a story in your organization's newsletter announcing the receipt of an EAF grant from Louisville Metro Government;
- Mention that your organization is an EAF grant recipient during interviews with the media (newspaper, morning shows, etc...);
- Acknowledging the EAF of Louisville Metro Government in your organization's brochures, flyers, and/or other publications.

Indemnification

- o To indemnify, hold harmless, and defend the Louisville Metro Government from all claims, damages, losses and expenses resulting, directly or indirectly, from the EAF grant recipient's performance or actions.

Grant Payments.

- o **NO AWARDS WILL BE PAID IN A ONE-TIME PAYMENT.**
- o EAF grants will be paid in quarterly installments after the quarterly budget report and program report are timely received and approved by the Metro Funding Agency. The fiscal year for Louisville Metro Government begins July 1, 2008 and ends June 30, 2009.

Use of EAF Grant Funds for Local Travel.

- o If EAF awarded grant funds are to be used for local travel, local travel is limited to travel within a twenty-five (25)-mile radius of the program site location where the majority of EAF funds are utilized.

EAF Grant Policies & Procedures.

- o EAF grant recipients must comply with current External Agency Fund Grants policies and procedures (a copy of the External Agency Fund Grants Manual will be provided to each EAF recipient).

Monitoring.

- o All External Agency Grant recipients will be monitored at a minimum of once a year. The purpose of this monitoring is to ensure that projects are implemented in a timely manner in compliance with all applicable requirements.

Questions and Answers

Q: If an Agency currently receives money from Louisville Metro Government and is approved for funding, will the funding be at the same level?

A: Local government funding has always been allocated on a year-by-year basis, with no guarantees of future funding. The Louisville Metro Council makes final funding decisions.

Q: How many EAF grant application copies must be submitted?

A: 12 copies: One original (with attachments) and eleven (11) copies (without attachments) of each EAF grant application.

Q: When are the EAF grant applications due?

A: The deadline date: Monday, March 31, 2008.

Q: Where is the designated location for receipt of EAF grant applications?

A: Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St.
Louisville, Kentucky 40202

Q: When will an Agency know if it is approved for any funding?

A: The Louisville Metro Council makes final decisions in Louisville Metro Government's budget. The Council is expected to approve the FY 2008-2009 budget on or before June 30, 2008. All Agencies that submit proposals will receive timely notification about their funding status after the budget is finalized.

Q: What does 33% of Agency total budget mean?

A: Total grant funds requested from all EAF grant applications combined must not exceed 33% of the EAF applicant's total budget. For example, if your total budget is \$10,000, the applicant should not apply for more than \$3,300 in EAF grants.

Q: What if my application is not approved for the amount requested?

A: Prior to the signing of the Grant Agreement, the EAF grant recipient and the designated representative from the appropriate Metro Government Funding Agency will discuss changes to the budget and/or selected program.

Q: What if an applicant has questions about the application process?

A: The following Louisville Metro Government staff should be contacted based on funding stream:

Arts/Cultural Attractions:

Elizabeth Stith, 574-3328; elizabeth.stith@louisvilleky.gov

Business Associations:

Drew Shryock, 574-1560; drew.shryock@louisvilleky.gov

Health:

B.J. Adkins, 574-8237; betty.adkins@louisvilleky.gov

Housing/Community Development:

Brooke Searcy, 574-3353; brooke.searcy@louisvilleky.gov

Human Services:

Brooke Searcy, 574-3353; brooke.searcy@louisvilleky.gov

Youth:

Elizabeth Stith, 574-3328; elizabeth.stith@louisvilleky.gov

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

ARTS/CULTURAL ATTRACTIONS EXTERNAL AGENCY FUND GRANT APPLICATION FORM	
APPLICANT INFORMATION	
Legal Name of Applicant:	
Contact Person Name:	Title:
Contact Person Phone:	Email Address:
MAIN OFFICE	
Street Address:	
Phone:	Fax: Website:
GEOGRAPHICAL AREAS WHERE ACTIVITIES ARE PROVIDED	
Facility Location(s):	
Council District(s):	Zip Codes:
Neighborhood(s):	Neighborhood Place Site(s):
Metro Government Facilities (i.e., Community Centers and Community Schools):	
FINANCIAL INFORMATION	
Total EAF Request: \$	
Louisville Metro Revenue Commission Account Number:	
Please attach a copy of the Articles of Incorporation to this application.	
Please attach one of the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS. <input type="checkbox"/> 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 : \$
For the current fiscal year, list Funds received from Louisville Metro Government, <u>including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)</u>	
Source:	Amount: \$
Source:	Amount: \$
Source:	Amount: \$
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURES	
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" 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:
FOR OFFICE USE ONLY Date Received _____ Initials _____	

DEADLINE: MARCH 31, 2008

ARTS/ CULTURAL ATTRACTIONS EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following nine sections. Respond to the sections in the order they appear. Number each section and retype the section headings appearing in bold type. In the event that a section does not pertain to your program, type the number and section heading and put “Not Applicable” in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5” x 11”, white paper, and single spaced, with double spacing between paragraphs.

- 1. Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program.
- 2. Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff.
- 3. Extent of the problem and its relevancy to the Mayor’s Strategic Plan (15points)**
 - Describe how this program promotes at least one of the Mayor’s Strategic Goals (provided on page 3 of this Handbook)
 - List any other goals or objectives for your program.
- 4. Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program’s stated goals and what services or activities will be provided to the program’s targeted client population (outputs).
 - Briefly describe the program’s targeted benefits (measurable outcomes).
 - Briefly describe the program’s process for collecting data and the indicators that will be tracked to measure the success of your program.
 - If the program was a 2007/2008 External Agency Fund Grantee:
 - Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - Discuss any significant changes that will be made in the program ;
 - Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 45)
- 5. Leveraging and collaboration of community resources (10 points)**
 - Briefly describe any existing collaborative relationships your organization has with other community organizations.
 - Describe how you will collaborate with other community organizations.
 - Briefly describe the program’s utilization of volunteers or in-kind contributions.
- 6. Sustainability (10 points)** Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

**ARTS/ CULTURAL ATTRACTIONS
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

7. Broaden (30 points)

- Describe any partnerships with neighborhoods and/or Louisville Metro Government and its departments. (See website for department. www.louisvilleky.gov Must provide a signed letter from department director or neighborhood leader verifying partnership.)
- Describe how the program improves access to arts and cultural venues and opportunities.

8. Deepen (30 points)

- Describe how the program elevates learning and appreciation of the arts for children and adults.
- Describe how the program promotes knowledge of heritage and culture.
- Describe how the program enhances professional development of arts/cultural providers and/or individual artists.

9. Diversify (30 points)

- Describe the program's ability to create new audiences.
- Describe how the program reaches out to underserved populations (geographic, ethnicity, age and disabled persons).

10. Re-granting. Awarded funds may not be re-granted except in cases where the applicant can demonstrate how re-granted funds will be used to achieve two or more of the sections on this page (Sections 7 through 9).

**ARTS/ CULTURAL ATTRACTIONS
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

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

THE PROGRAM BUDGET	EAF REQUESTED AMOUNT	OTHER SOURCES	TOTAL
Salaries (including unemployment insurance, workers' comp, others)	\$	\$	\$
Rents/Utilities	\$	\$	\$
Office Supplies (including consumables)	\$	\$	\$
Telephone	\$	\$	\$
Capital Expenses	\$	\$	\$
Travel: In-Town	\$	\$	\$
Client Assistance	\$	\$	\$
Other Expenses (please attach a list of these items and amounts)	\$	\$	\$
	\$	\$	\$
TOTAL:	\$	\$	\$

Total EAF Amounts Requested (from all Metro Funding Agency EAF Grant Applications) cannot exceed 33% of the Applicant's Total Current Fiscal Year

**ARTS/ CULTURAL ATTRACTIONS
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF 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.

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

BUSINESS ASSOCIATIONS	
EXTERNAL AGENCY FUND GRANT APPLICATION FORM	
[ONE APPLICATION PER APPLICANT – Multiple proposals must be submitted together]	
APPLICANT INFORMATION	
Legal Name of Applicant:	
Contact Person Name:	Contact Person Title:
Contact Person Phone:	Email Address:
MAIN OFFICE	
Street Address:	
Phone:	Fax: Website:
GEOGRAPHICAL AREAS WHERE ACTIVITIES ARE PROVIDED	
Facility Location(s):	
Council District(s):	Zip Code:
Neighborhood(s):	Neighborhood Place Site(s):
Metro Government Facilities:	
FINANCIAL INFORMATION	
Total EAF Request: \$	
Louisville Metro Revenue Commission Account Number:	
Please attach a copy of the Articles of Incorporation to this application.	
Please attach the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS. <input type="checkbox"/> Copy of the Business Association's financial statement	
Fiscal Year Start Date:	Applicant's Current Fiscal Year Total Budget:
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 or from the Co-Alliance of Business Associations)	
Source:	Amount: \$
Source:	Amount: \$
Source:	Amount: \$
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURES	
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" 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:
FOR OFFICE USE ONLY	
Date Received _____	Initials _____

DEADLINE: MARCH 31, 2008

BUSINESS ASSOCIATIONS
EXTERNAL AGENCY FUND GRANT APPLICATION FORM
[ONE APPLICATION PER APPLICANT – Multiple proposals must be submitted together]

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following seven sections. For two or more funding requests, please describe each separately. Respond to the sections in the order they appear. Number each section and retype the section headings appearing in bold type. In the event that a section does not pertain to your program, type the number and section heading and put “Not Applicable” in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5” x 11”, white paper, and single spaced, with double spacing between paragraphs.

- 1. Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of your association, its impact on businesses in your area and how it will be better served by the grant program.
- 2. Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff.
- 3. Extent of the problem and its relevancy to the Mayor’s Strategic Plan (15 points).**
 - Describe how this program promotes at least one of the Mayor’s Strategic Goals (provided on page 3 of this Handbook) and list any other goals or objectives of your program.
 - List any other goals or objectives for your program.
- 4. Soundness of approach (50 points).**
 - Briefly describe what resources (inputs) will be committed to achieve the program’s stated goals and what services or activities will be provided to the program’s targeted client population (outputs).
 - Briefly describe the program’s targeted benefits (measurable outcomes).
 - Briefly describe the program’s process for collecting data and the indicators that will be tracked to measure the success of your program.
- 5. Leveraging and collaboration of community resources (10 points).**
 - Briefly describe any existing collaborative relationships your organization has with other community organizations.
 - Describe how you will collaborate with other community organizations.
 - Briefly describe the program’s utilization of volunteers or in-kind contributions.
- 6. Sustainability (10 points).** Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.
- 7. Business Associations.** Describe how the program provides assistance to an incorporated and registered business association for one or more of the following:
 - a. Marketing the Business Association,
 - b. Creating awareness,
 - c. Recruiting members, and
 - d. Planning major promotional events within the business association’s area.

BUSINESS ASSOCIATIONS
EXTERNAL AGENCY FUND GRANT APPLICATION FORM
[ONE APPLICATION PER APPLICANT – Multiple proposals must be submitted together]

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Only one Program Budget Summary page should be submitted with the itemized cost of each proposal explained in detail. (**Do not submit separate Program Budget Summary pages for each proposal**)

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

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

THE PROGRAM BUDGET	EAF REQUESTED AMOUNT	OTHER SOURCES	TOTAL
Business Association Membership Activity	\$	\$	\$
Business Association Marketing Activity	\$	\$	\$
Office Supplies (including consumables)	\$	\$	\$
Telephone	\$	\$	\$
Capital Expenses (under \$5,000)	\$	\$	\$
Program or Event	\$	\$	\$
Client Assistance	\$	\$	\$
Other Expenses (please attach a list of these items and amounts) i.e. postage, printing	\$	\$	\$
	\$	\$	\$
TOTAL:	\$	\$	\$

Total EAF Amounts Requested (from all Metro Funding Agency EAF Grant Applications) cannot exceed 33% of the Applicant's Total Current Fiscal Year Budget.

BUSINESS ASSOCIATIONS
EXTERNAL AGENCY FUND GRANT APPLICATION FORM

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF 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

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. 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.
8. 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.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. 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.

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

HEALTH EXTERNAL AGENCY FUND GRANT APPLICATION FORM	
APPLICANT INFORMATION	
Legal Name of Applicant:	
Contact Person Name:	Title:
Contact Person Phone:	Email Address:
MAIN OFFICE	
Street Address:	
Phone:	Fax: Website:
GEOGRAPHICAL AREAS WHERE ACTIVITIES ARE PROVIDED	
Facility Location(s):	
Council District(s):	Zip Codes:
Neighborhood(s):	Neighborhood Place Site(s):
Metro Government Facilities:	
FINANCIAL INFORMATION	
Total EAF Request: \$	
Louisville Metro Revenue Commission Account Number:	
Please attach a copy of the Articles of Incorporation to this application.	
Please attach one of the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS. <input type="checkbox"/> 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 : \$
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: \$
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURES	
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" 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:
FOR OFFICE USE ONLY Date Received _____ Initials _____	

DEADLINE: MARCH 31, 2008 23

HEALTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM
INSTRUCTIONS FOR PROGRAM NARRATIVE

The Mayor's Healthy Hometown Movement mini-grants are not to exceed \$5,000.

The program narrative consists of seven sections. Respond to the sections in the given order. Number each section and retype the section headings in bold type. If a section does not pertain to your program, type the number, section heading and put "Not Applicable. Responses in this section should be typed on one side only, 8.5" x 11", white paper, single spaced, with double spacing between paragraphs, using 12-point type (Times New Roman, Courier, or Book Antiqua). **The narrative should be four pages or less.**

- 1. Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population served by the program. Include Applicant's mission statement.
- 2. Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff.
- 3. Extent of the problem and its relevancy to the Mayor's Healthy Hometown Movement Goals which are: (15 points)**
 - (1) Increase the number of people in Louisville Metro who engage in 30 minutes of moderate physical activity at least 5 days a week.**
 - (2) Decrease the percentage of overweight or obese people in Louisville Metro.**
 - (3) Increase the number of people in Louisville Metro who eat five or more servings of fruits and vegetables per day.**
 - (4) Improve health equity by supporting physical activity programs in communities most adversely impacted by poor health.**
 - Describe how this program promotes at least one of the above goals.
 - List any other goals or objectives of your program.
- 4. Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program's stated goals and what services or activities will be provided to the program's targeted client population (outputs).
 - Briefly describe the program's targeted benefits (measurable outcomes).
 - Briefly describe the program's process for collecting data and the indicators that will be tracked to measure the success of your program.
 - If the program was a 2007/2008 External Agency Fund Grantee:
 - Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - Discuss any significant changes that will be made in the program ;
 - Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 45)

HEALTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

5. Leveraging and collaboration of community resources (10 points)

- Briefly describe any existing collaborative relationships your organization has with other community organizations.
- Describe how you will collaborate with other community organizations.
- Briefly describe the program's utilization of volunteers or in-kind contributions.

6. Sustainability (10 points) Describe any efforts to increase and/or diversify program resources and strategies for capacity building.

7. Mayor's Healthy Hometown (25 points). Describe how your program's projects or initiatives do all of the following:

- Involve neighborhood groups in designing and creating physical activity programs.
- Provide opportunities for people to engage in physical activity (project may focus on any age group or a variety thereof, from school aged through late adulthood).
- Provide quantitative and/or qualitative data from physical activity program participants.
- Reach out to low-income or underserved communities.

**HEALTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

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

THE PROGRAM BUDGET	EAF REQUESTED AMOUNT	OTHER SOURCES	TOTAL
Salaries (including unemployment insurance, workers' comp, others)	\$	\$	\$
Rents/Utilities	\$	\$	\$
Office Supplies (including consumables)	\$	\$	\$
Telephone	\$	\$	\$
Small Equipment	\$	\$	\$
Travel: In-Town	\$	\$	\$
Client Assistance	\$	\$	\$
Program Expenses (including consumables)			
Volunteer/In-kind Contribution		\$	\$
Other Expenses (please attach a list of these items and amounts)	\$	\$	\$
	\$	\$	\$
TOTAL:	\$	\$	\$

Total EAF Amounts Requested (from all Metro Funding Agency EAF Grant Applications) cannot exceed 33% of the Applicant's Total Current Fiscal Year.

HEALTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF 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

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. 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.
8. 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.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. 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.

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

HOUSING/COMMUNITY DEVELOPMENT EXTERNAL AGENCY FUND GRANT APPLICATION FORM		
APPLICANT INFORMATION		
Legal Name of Applicant:		
Contact Person Name:	Title:	
Contact Person Phone:	Email Address:	
MAIN OFFICE		
Street Address:		
Phone:	Fax:	Website:
GEOGRAPHICAL AREAS WHERE ACTIVITIES ARE PROVIDED		
Facility Location(s):		
Council District(s):	Zip Codes:	
Neighborhood(s):	Neighborhood Place Site(s):	
Metro Government Facilities:		
FINANCIAL INFORMATION		
Total EAF Request: \$		
Louisville Metro Revenue Commission Account Number:		
Please attach a copy of the Articles of Incorporation to this application.		
Please attach one of the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS. <input type="checkbox"/> 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 : \$	
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: \$	
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURES		
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" 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:
FOR OFFICE USE ONLY Date Received _____ Initials _____		

DEADLINE: MARCH 31, 2008

HOUSING/COMMUNITY DEVELOPMENT EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following seven sections. Respond to the sections in the order they appear. Number each section and retype the section headings appearing in bold type. In the event that a section does not pertain to your program, type the number and section heading and put "Not Applicable" in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5" x 11", white paper, and single spaced, with double spacing between paragraphs.

- 1. Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program.
- 2. Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff.
- 3. Extent of the problem and its relevancy to the Mayor's Strategic Plan (15 points)**
 - Describe how this program promotes at least one of the Mayor's Strategic Goals (provided on page 3 of this Handbook). List any other goals or objectives for your program.
- 4. Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program's stated goals and what services or activities will be provided to the program's targeted client population (outputs).
 - Briefly describe the program's targeted benefits (measurable outcomes).
 - Briefly describe the program's process for collecting data and the indicators that will be tracked to measure the success of your program.
- 5. Leveraging and collaboration of community resources (10 points)**
 - Briefly describe any existing collaborative relationships with other community organizations.
 - Describe how you will collaborate with other community organizations.
 - Briefly describe the program's utilization of volunteers or in-kind contributions.
- 6. Organizational Sustainability (10 points)** Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.
- 7. Neighborhood Revitalization (10 points)** Describe how the program's activities may be composed of one or more of following:
 - Promoting existing resources for maintenance and rehabilitation of housing
 - Preserving and enhancing the unique features of Louisville Metro neighborhoods
 - Coordinating and providing services or programs to support efforts for neighborhood cleanups and beautification projects
 - Coordinating and providing services or programs to assist homeowners in avoiding foreclosure

HOUSING/COMMUNITY DEVELOPMENT EXTERNAL AGENCY FUND GRANT APPLICATION FORM

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support. Agencies are **required** to request no more than **50%** of their total proposal budget for staff salaries.

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

Operating Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Program Cost
Personnel Costs (paid personnel only)			
*No more than 50% of the total budget can be used for staff salaries.			
Name/Position			
Fringe Benefits (Rate: %)			
Name/Position			
1. Total Personnel and Fringe Benefits			
2. Rent*/Utilities			
3. Office Supplies			
4. Program Materials (including consumables)			
5. Telephone			
6. In-Town Travel			
7. Small Equipment			
8. Client Assistance			
9. Other Expenses (itemize)			
10. Events/Activities (Business Associations only)			
11. Volunteer/In-kind Contribution (Volunteer Rate per hour: \$17.55)**	N/A		
Totals (add lines 1-11 for each column)	\$	\$	\$

*Attach copy of lease if Louisville Metro Government funds are requested to pay rent/occupancy costs.

** Based on the dollar value of volunteer time set by the Independent Sector, a coalition of leading nonprofits, foundations, and corporations.

**HOUSING/COMMUNITY DEVELOPMENT
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF 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

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. 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.
8. 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.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. The Agency certifies that it provides a drug-free workplace, has established a Drug Free awareness program, and 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.

By signing the first page of the EAF 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.

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM		
APPLICANT INFORMATION		
Legal Name of Applicant Organization:		
Program Name:		
Legal Signatory:	Title:	
Phone:	Extension:	Email:
Name of Application Contact Person:		Title:
Phone:	Extension:	Email:
Name of Program Contact Person:		Title:
Phone:	Extension:	Email:
MAIN OFFICE		
Mailing Address:		Zip:
Phone:	Fax:	Website:
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE PROVIDED		
Program Facility Location(s):		
Council District(s):		Zip Code(s):
Neighborhood Place Site(s):		Community School Site(s):
FINANCIAL INFORMATION		
Total EAF Request: \$	LMHS EAF Current Award (this program): \$	
<u>Most Recent Agency FY Actual Completed Budget:</u> \$		
Louisville Metro Revenue Commission Account Number (if <u>NOT</u> currently funded):		
Please attach the following:		
<input type="checkbox"/> IRS 501(c)(3) Determination Letter (if <u>NOT</u> currently funded) <input type="checkbox"/> List of Board of Directors <input type="checkbox"/> Agency Budget <input type="checkbox"/> Staff Structure <input type="checkbox"/> Copy of applicant's financial statement		
Fiscal Year Start Date:	Current Annual Budget: \$	
For the current fiscal year , list all Funds received from Louisville Metro Government, <u>including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)</u>		
Source:	Amount: \$	
Source:	Amount: \$	
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant gone through the BBB Charity Review process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURES		
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" 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 Legal Signatory:		Date:
FOR OFFICE USE ONLY Date Received _____ Initials _____		

DEADLINE: MARCH 31, 2008

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following six sections. Respond to the sections in the order they appear. **Put this page on top of the Summary (1.) then beginning with number 2. retype the corresponding number with section headings appearing in bold type and address numbers 2 - 6.** In the event that a section does not pertain to your program, type the number and section heading anyway and put “Not Applicable” in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5” x 11”, white paper, single spaced, with one-inch margins and no less than number 12 font, and double spaced between paragraphs. The Program Narrative (1 – 6) should be no more than five pages.

Qualified Service/Activity

(Check one only – the one which would be considered primary)

- Direct assistance that provides basic needs defined as food, shelter and utilities
- Interventions that lead families out of poverty toward economic well-being
- Interventions that prevent exploitation, abuse or neglect with vulnerable populations
- Crisis and emergency services to individuals who through physical or mental disability are having difficult attaining or maintaining self-sufficiency

Specific/Targeted Population

(Check one only – the one which would be considered primary)

- Families in/at risk of poverty as defined by Federal Poverty Levels
- Aging/Senior Citizens
- Homeless Families and/or Individuals or those at risk of Homelessness
- Disabled Individuals
- Immigrants/Refugees new to the Community
- Women and Children prone to exploitation, abuse and/or neglect

- 1. Summary of the Program (10 points).** In 300 words or less provide a summary of the program that includes a description of the qualified service (checked below) and the specific client population (checked below) that will be served by the program. **Put this page only (does not count as one of the five page limit) on top of the Summary.**
- 2. Capacity of the applicant and relevant organizational experience (10 points)** List and describe the backgrounds, roles and responsibilities of key management and program staff.

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

- 3. Extent of the problem and its relevancy to the Mayor's Strategic Plan (10 points)**
 - Describe how this program promotes at least one of the Mayor's Strategic Goals (provided on page 1 of this Handbook) and list any other goals and objectives of your program.
- 4. Soundness of approach (50 points)**
 - Briefly describe what resources will be committed to achieve the program's benefits and what services and/or activities will be provided to the program's targeted client population to achieve those benefits.
 - Describe the program's benefits to those being served (measurable outcomes).
 - Describe the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served.
 - Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on last page of LMHS application)
 - If the program was a 2008/2009 External Agency Fund Grantee:
 - Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - Discuss any significant changes that will be made in the program;
- 5. Leveraging and collaboration of community resources (10 points)**
 - Briefly describe any existing collaborative relationships your organization has with other community organizations. Attach letters of partnership (no letters of recommendation) **describing what partners are bringing to the relationship.**
 - Describe how you will collaborate with other community organizations.
 - Briefly describe the program's utilization of volunteers or in-kind contributions.
- 6. Sustainability (10 points)** Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

**HUMAN SERVICES
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and client outcomes. Column 2 must be completed, if applicable.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

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

Operating Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Program Cost
Paid Personnel			
Travel (Local only at agency rate, no more than .40 cents per mile)			
Rent <i>Attach copy of lease if Louisville Metro funds are requested to pay rent/occupancy costs.</i>			
Utilities			
Phone			
Copier Rental/ Printing & Copying			
Office Supplies			
Postage			
Audit			
Communications & Marketing			
Client Assistance			
Direct Financial Assistance			
Educational Materials for Client Programs			
Software for Conducting Client Programs			
Small Equipment:			
Electronic Equipment <i>(Attach itemized list)</i>			
Other Equipment <i>(Attach itemized list)</i>			
Miscellaneous (not to include any of the items listed above - attach itemized list)			
Total Program Cost			
% of Program Budget			

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

PROGRAM BUDGET SUMMARY (CONTINUED)

DETAIL OF IN-KIND CONTRIBUTIONS: Includes Volunteers, Space, Utilities etc. (anything not bought with cash revenues of the agency). *For this PROGRAM only.*

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind		

* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total.

RESOURCE/REVENUE INFORMATION – Provide information on all sources of funding associated with THIS PROGRAM'S BUDGET.

Resource/Revenue*	Dollars/Value Received	% Of Program Budget
Human Services/External Agency Fund Request (Budget Total Col 1)		
Total Value of In-Kind		
Total		100%

*Examples include, but are not limited to: Metro United Way; Louisville Metro Council; Donations; Other Grants. *Must equal total in Program Budget Column 3 Total*

PAID PERSONNEL DETAIL – If Louisville Metro Funds are indicated for personnel expenses, complete each column. *Calculate salaried rates on a 40-hour workweek. Hourly rates calculated on average hours per week.

Position Title	Paid Hourly Wage Rate\$/Hr*	Hourly Wage Rate (Plus Taxes and Benefits)*	Paid with Metro Dollars		Paid for this Program with Other Funds (Non-EAF)		Total
			Avg Hrs Wkly	# of Wks	Avg Hrs Wkly	# of Wks	
Total Louisville Metro Funds Used							

HUMAN SERVICES
EXTERNAL AGENCY FUND GRANT APPLICATION FORM

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF 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

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. 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.
8. 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.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. 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.

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

YOUTH EXTERNAL AGENCY FUND GRANT APPLICATION FORM		
APPLICANT INFORMATION		
Legal Name of Applicant Organization:		
Legal Signatory Name:	Title:	
Application Contact Person Name:	Title:	
Application Contact Person Phone:	Email:	
Program Contact Person Name:	Title:	
Program Contact Person Phone:	Email:	
MAIN OFFICE		
Street Address:		Zip:
Phone:	Fax:	Website:
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE PROVIDED		
Program Facility Location(s):		
Council District(s):	Zip Code(s):	
Neighborhood(s):	Neighborhood Place Site(s):	
Community School site(s):		
FINANCIAL INFORMATION (REQUIRED)		
Total EAF Requests: \$		
Louisville Metro Revenue Commission Account Number:		
Attach a copy of the Articles of Incorporation to this application.		
Please attach one of the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS. <input type="checkbox"/> Copy of applicant's financial statement (if annual gross receipts are less than \$25,000)		
Fiscal Year Start Date:	Current Fiscal Year Total Budget (attach a copy) \$	
For the current fiscal year , list Funds received from Louisville Metro Government, <u>including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)</u>		
Source:	Amount: \$	
Source:	Amount: \$	
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURES		
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" 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 Legal Signatory:		Signature of Legal Signatory:
FOR OFFICE USE ONLY Date Received _____		Initials _____

DEADLINE: MARCH 31, 2008

YOUTH EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following eight sections. Respond to the sections in the order they appear. Number each and retype the section headings appearing in bold type. In the event that a section does not pertain to your program, type the number and section heading anyway and put "Not Applicable" in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5" x 11", white paper, and single spaced, with double spacing between paragraphs and 1" margins. Limit this narrative to six pages including the logic model.

1. **Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program.
2. **Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff. Please attach: 1) the CV or resume of the person who will be directly responsible for the program; 2) list of board of directors; and a staff organizational chart.
3. **Extent of the problem and its relevancy to the Mayor's Strategic Plan (15 points)**
 - Describe how this program promotes at least one of the Mayor's Strategic Goals (provided on page 1 this Handbook)
4. **Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program's stated goals and what services or activities (outputs) will be provided to the program's targeted client population.
 - Describe how your program promotes **measurable program outcomes** in two or more of the following areas. Be sure to write specific program outcomes for these areas.
 - o Provide programs where supportive adults provide constructive activities for **teens between the ages of 15 and 19**.
 - o Emphasize **academic achievement and improvement in reading scores** by providing encouragement for youth to enhance their commitment to school, opportunities to develop their skills and talents, engage in positive social interaction, and provide support for the Every1Reads Initiative.
 - o Develop skills to allow youth to respond positively to family, school and neighborhood **boundaries and expectations**.
 - o Utilize specific measurable program outcomes to assist participants in the acquisition of the **40 Developmental Assets** of the Search Institute.
 - o Provide participants with information about developing lifelong **healthy lifestyles**. (Programs that focus solely on recreational activities will not be funded.)
 - o Use KidTrax for attendance and **accountability**.
 - o Agencies offering their programs within a **Metro Community Center or Community School** will be given 20 additional points. A letter from the appropriate Community Center Director or Community School Coordinator **MUST** be included with the proposal as documentation of the program offering.

**YOUTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

5. Leveraging and collaboration of community resources (10 points)

- Briefly describe any existing collaborative relationships your organization has with other community organizations.
- Describe how you will collaborate with other community organizations to implement this program. Attach letters of partnership from these organizations.
- Briefly describe the program's utilization of volunteers or in-kind contributions.

6. Sustainability (10 points) Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

7. Logic Model (10 points) Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 45)

YOUTH EXTERNAL AGENCY FUND GRANT APPLICATION FORM

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support. Agencies are encouraged to request no more than 40% of their total proposal budget for staff salaries.

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

Operating Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Program Cost
Personnel Costs (paid personnel only)			
Name/Position			
Fringe Benefits (Rate: %)			
Name/Position			
1. Total Personnel and Fringe Benefits			
2. Local travel ONLY			
3. Rent (*Be sure to attach a copy of the lease)			
4. Utilities			
5. Phone			
6. Copier Rental/Printing & copying			
7. Office Supplies Postage			
8. Insurance			
9. Staff Training			
10. Program Supplies (Including Consumables)			
11. Education Materials			
12. Software			
13. Small Equipment			
14. Client Assistance			
15. Miscellaneous			
16. Other (Itemize)			
17. Volunteer/In-kind Contribution (Volunteer Rate per hour: \$17.55)**	N/A		
Totals (add lines 1-17 for each column)	\$	\$	\$

*Attach copy of lease if Louisville Metro Government funds are requested to pay rent/occupancy costs.
** Based on the dollar value of volunteer time set by the Independent Sector, a coalition of leading nonprofits, foundations, and corporations.

**YOUTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM
PROGRAM BUDGET SUMMARY (CONTINUED)**

Operating Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Program Cost
Personnel Costs			
Name/Position/Hours			
Sue Doe, Case Manager 20 hrs/week/1 yr.	2,000	10,000	12,000
Tom Smith, Clerical Support 5 hrs/week/1 yr	500	1,000	1,500
Fringe Benefits (Rate: 20%)			
Name/Position			
Sue Doe, Case Manager 20 hrs/week/1yr	400	2,000	2,400
Tom Smith, Clerical Support 2 hrs/week/1 yr	100	200	300
1. Total Personnel and Fringe Benefits	3,000	13,200	16,200
2. Local Travel ONLY	100	500	600
3. Rent (*Be sure to attach a copy of the lease)	1,000	8,000	9,000
4. Utilities	100	0	100
5. Phone	500	0	500
6. Copier Rental/Printing & Copying	600	0	600
7. Office Supplies & Postage	150	0	150
8. Insurance	200	0	200
9. Staff Training	120	0	120
10. Program Supplies (Including Consumables)	8,000	2,000	10,000
11. Education Materials			
12. Software	500		500
13. Small Equipment	150		150
14. Client Assistance			
15. Other (Itemize)			
16. Volunteer/In-kind Contribution (Volunteer Rate per hour: \$17.19)	N/A	\$733.55	773.55
Totals (add lines 1-16 for each column)	\$17,420	\$37,633.55	\$55,053.55

**YOUTH
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF 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

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. 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.
8. 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.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. 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.

Sample LOGIC Model

INPUTS	ACTIVITIES	OUTPUTS	MEASURABLE OUTCOMES
Resources dedicated or consumed by the program	What the program does with inputs to fulfill its mission	The direct products of program activities	Benefits for participants during and after program activities
Sample			
Inputs	Activities	Outputs	Outcomes
\$5,000.00 rent-free facilities	Provide job training class counsel pregnant women	Trained 100 persons Counseled 50 women	75 (75%) schedule interview 50 (100%) under physician care