NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Request

DATE: 1-26-05

TO: Appropriations Committee

FROM: **Council Member** James Peden

RE: Request for Neighorhood Development Fund to be considered by the Appropriations Committee.

I have reviewed the attached Proposal in the amount of $ 1500.00 through the NDF for Highview Acres NA Inc. and have found it complete and within our guidelines. I/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below.

Please add this Grant Proposal Agreement to the agenda of the next Appropriations Committee Meeting.

Signature of Council Member	Signature of Council Member
Signature of Council Member	Signature of Council Member
Signature of Council Member	Signature of Council Member
Signature of Council Member	Signature of Council Member

DISCLOSURE

List below any relation you have with the organization requesting the grant (your, your family, your legislative assistant or any city employee to this organization and to any member of the organization's board of directors or their employees.)

Approved by:

Appropriations Committee Chairman Date

OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE 1/30/06 TIME: 10:28am

LOUISVILLE METRO COUNCIL
APPLICATION FORM FOR
NEIGHBORHOOD DEVELOPMENT FUNDS
(2005-2006)

Proposed Activity/Need: Streetlights

Name of Applicant Agency: Highview Acres Neighborhood Association, Inc.

AMOUNT OF FUNDING REQUESTED $ 1,500.00

I. Contact Person responsible for the Activity described in this proposal:

A. Name Judy Lee
B. Title Secretary/Treasurer
C. Phone # (502) 239-3717 **Fax # (502)**
D. E-mail JaandJr9@bellsouth.net

2. If funded, this activity will further which of the major goals of Louisville Metro listed below.

✓ Bringing Us Together

✓ Keeping Us Safe

✓ Promoting Education and Growing Jobs

✓ Enhancing Neighborhoods and Protecting Our "Louisville" Quality of Life

3. If funded, this activity will strengthen (check one):

____ Youth (teenagers, ages 13-19)
____ Human Services (Citizens with barriers to meeting basic human needs)
____ Arts/cultural
✓ Neighborhoods
____ Business Associations
____ Parks
____ Community Activities and Events
____ **Other: if you do not believe your proposal fits any of the above, please describe the nature of your request:**

4. If approved, Louisville Metro Funds will be used for (check one)

____ Operating Funds (cannot exceed 33% of agency's total budget)
✓ Programming/services/events for direct benefit to community or qualified individuals
____ Capital equipment (small operating equipment which may be used to benefit the individuals or community being served. (No building or renovations)

5. **PROPOSAL DESCRIPTION: Describe how you are going to further one of the four major goals of Louisville Metro Government by this proposal. (See #2)**

Installing Streetlights will provide safer roadways for our Young Children to walk on to their Bus Staps. They will be seen by Cars. these light will also help our walkers and runners be better seen on our Streets and also make all residents feel safer about their neighborhood.

6. **Describe the activity being proposed to address the goal.**

By placing 8 Streetlights - Strategically through the neighborhood Streets

7. **Describe how the funding is to be used. BE SPECIFIC.**

to help our Neighborhood Association pay to install 8 Streetlights.

8. **Describe the results/goals for this proposal. How will you know it is successful?**

By installing these Streetlights the Neighborhood Association is addressing a major concern of our residents. In doing so, we hope for full participation by all residents in the Association.

EXPECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:

a. **Participate in post-award training.**
b. **Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding.**
c. **Failure to provide the services, programs or projects included in the agreement will result in funds being withheld, or in requirement for reimbursing Louisville Metro.**
d. **Return to Louisville Metro of any unexpended funds by July 31, 2006.**
e. **Documentation of all expenditures (canceled checks, receipts, paid invoices)**

COMPLETE PAGE 3 -BUDGET SUMMARY STATEMENT FOR THIS PROJECT.

STAFF ONLY:

_____ **Description of Applicant Agency/Organization Complete**

_____ **All documentation is attached: 501(c)3 status, Articles of Incorporation, Secretary of State status, EIN (Employer Identification Number)**

PROJECT/PROGRAM BUDGET SUMMARY STATEMENT

AGENCY NAME: Highview Acres Neighborhood Association, Inc.

Project/Program Name: Installation and payment of Streetlights

This Project/Program Proposal is # 1 of 1

REVENUES ANTICIPATED	2005-2006 Round to the nearest $100	% of Total Revenue
Louisville Metro Government **Requested of Metro Agency: Metro Council**	$ 1000.00	
State of Kentucky		
Federal Government *(Including Federal Pass-thru to State)*		
United Way		
Fees for Services		
Private Contributions		
Interest Income		
Other Sources *(Please specify)* dues @ $25.00 per yr per household for 40 homes	1000.00	
we have 60 homes in the Neighborhood		
Association. to date we have received		
payment (dues) from 26 homes $650.00		
TOTAL REVENUES	$ 2000.00	**100%**

OPERATING EXPENSES		
Personnel *(including all fringes)*		
Operating *(Contractual and Supplies)* approx per yr	100.00	
Capital Equipment *(Small Operating Equipment)*	1000.00	
8 Streetlights		
TOTAL EXPENDITURES	$ 1100.00	**100%**

Value of in-kind assets, such as donated space, supplies, use of equipment, etc.	$
Value of volunteer services and how computed:	$

SECTION ONE:
DESCRIPTION OF APPLICANT AGENCY/ORGANIZATION

IDENTIFYING INFORMATION

I. **Official** Name of Agency/Organization (Agency) as listed with the Kentucky Secretary of State: Highview Acres Neighborhood Association, Inc.

II. Organization number as listed with the Kentucky Secretary of State: 0622488.09

III. List any "working" or "does business as" names for organization: _____

IV. Address of main office: (street and zip + 4)
7402 Highview Drive
Louisville Kentucky 40228-1611

V. P. O. / mailing address if different: _____ (zip + 4) _____

VI. Phone # (502) 239-3717 Fax# (502) _____

VII. E-Mail Jaandjr9@bellsouth.net

VIII. **Agency's Legal Signatory/Title**
Name Darrell Zwanzig John Hack
Title President Vice President

IX. **Contact person responsible for application:**
A. Name: Judy Lee
B. Phone # (502) 239-3717 Fax# (502) _____
C. E-Mail Jaandjr9@bellsouth.net

DESCRIPTION OF AGENCY

I. **Describe your Agency's vision, mission and services:**
To make our neighborhood residents feel safe and secure in their neighborhood. We have several children who must walk through the dark streets to their assigned bus stop. We have runners and walkers in our neighborhood who feel unsafe to run or walk in early mornings or evenings. We have several elderly residents who do not feel safe in their yards after dark. As a new neighborhood association early three months we are trying to bring together all our residents to work with their association to meet and exceed all of their needs and concerns.

II. Total number of Board members 5

III. Number of Board meetings held to date in current fiscal year 5

IV. Average attendance at Board meetings 5

FACILITIES

I. List location(s) and terms (owned, rented, leased, or donated).

A. Central Government Center - 7201 Outer Loop - Donated

B. _____

C. _____

D. _____

II. Are all facilities handicapped accessible? Yes X No _____

III. **If no, please explain:**

_____

_____

_____

_____

FINANCIAL INFORMATION

I. Agency's fiscal year from (month) October 2005 to (month) September 2006

II. 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 _____

III. **If yes, please explain.**

_____

_____

_____

_____

IV. For the **current fiscal year**, list funds received from Louisville Metro Government, including funds from any department, office, etc. in either the former City of Louisville or Jefferson County. Ø

$_____ Source:

_____

$_____ Source:

_____

$_____ Source:

_____

$_____ Source:

_____

V. Provide <u>one copy only</u> of each of the following, as appropriate (4 points):

- ✓A. Articles of Incorporation.
- ✓B. Approved budget or executive summary for your Agency's current fiscal year.
- ✓C. Proof of IRS 501(C) (3) status, or application for this IRS status, if applicable.
- D. Staffing structure for entire Agency, including organizational chart.
- ✓E. Board member list; specify chair, vice-chair, secretary, and treasurer.
- F. **If** your Agency is an employer required to have a written Affirmative Action/Equal Employment Opportunity policy: copy of policy.
- G. **If** rent/occupancy costs are being requested: copy of the signed lease.
- H. **If** program participants have the opportunity to evaluate the services received: one copy each of any forms used.

VI. List below any relationship any members of your Board of Directors or employees have with any Metro Council Member, Council Member's family, Council Member's staff, or any Louisville Metro Government employee.

_____

_____

_____

VII. 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 Agency 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 Agency.

Name of Legal Signatory: (type or print) DARRELL ZWANZIG

Title: President

Signature _____

Date 1 / 23 / 06

7

CD 00648PG0928

0622988.09 AMcRay NAOI

Trey Grayson
Secretary of State
Received and Filed
10/04/2005 3:42:44 PM
Fee Receipt: $8.00

Articles Of Incorporation

of

Highview Acres Neighborhood Association, Inc.

We The Undersigned, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

Article I

The name of the corporation shall be:

Highview Acres Neighborhood Association, Inc.

Article II

The duration of the corporation shall be perpetual.

Article III

The address of the registered and principal office of the corporation is:

7402 Highview Drive
Louisville, Ky. 40228

The name of the initial registered agent for service of process, located at such address is:

Judy Lee

Other places of business in said city or elsewhere may be designated by resolution of the board of directors.

Article IV

The corporation is organized and shall be operated exclusively for the promotion of social welfare as described within Section 501(c)(4) of the Internal Revenue Code (or corresponding provisions of any later federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the corporation and permitted for an organization exempt under said Section 501(c)(4).

The purposes of the corporation shall be more specifically stated as follows:

1) enhance the health, safety and welfare of the community;

2) provide a forum wherein neighborhood issues and concerns may be publicly expressed and discussed;

3) improve the economic life of the Highview Acres area;

4) encourage a spirit of friendliness and cooperation with other groups in the Highview neighborhood and throughout the Louisville/Jefferson County Metro area;

5) foster cooperation and unity between property owners, tenants, business people and others;

6) meet the educational and cultural needs of the community;

7) encourage improvements in municipal services through public involvement and cooperation with local government;

8) encourage, plan, and coordinate the beautification, preservation, rehabilitation and revitalization of all residential and public properties, structures and physical environments;

9) seek the assistance and cooperation from government agencies and other neighborhood associations to resolve common neighborhood problems, achieve common neighborhood objectives and goals, and to maintain and improve the quality of life for residents of all neighborhoods;

10) support other charitable, educational and cultural activities which advance the general well being of the community and its people.

Article V

The corporation shall be irrevocably dedicated to and operated exclusively for non-profit purposes. No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

Article VI

In carrying out the corporate purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later state statute), except as follows and as otherwise stated in these Articles:

a) Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from federal income tax under Section 501(c)(4) of the Internal Revenue Code, or the corresponding provisions of any subsequent federal tax laws.

Article VII

The name and address of the incorporator is:

Incorporator	Address
Judy Lee	7402 Highview Drive Louisville, KY. 40228

Article VIII

The initial board of directors shall consist of three directors. The names and addresses of the members of the initial board of directors are:

Director	Address
Karen Gray	7600 Michael Drive Louisville, KY. 40228
John Hack	7607 Michael Drive Louisville, KY. 40228
Darrell Zwanzig	7411 Highview Drive Louisville, KY. 40228

Article IX

The initial board of directors shall adopt the initial bylaws. Thereafter, the corporation shall be governed by the bylaws.

Any director may be removed for cause pursuant to bylaws provisions regarding grounds and procedures for such removal.

Article X

a) The directors, officers, at-large members, employees and members of this corporation shall not be held personally liable for any debt or obligation of the corporation solely because of their position in the corporation.

b) Any person serving on the board of directors of this corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law; or

4) resulted in an improper personal benefit to the director.

ARTICLE XI

The corporation may indemnify any director, officer and at-large member, or former director, officer and at-large member, of the corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he/she is made a party by reason of being or having been such director, officer and at-large member, except in relation to matters as to which he/she shall be adjudged in such action, suit or proceeding, to be liable for negligence or misconduct in the performance of duty to the corporation. The corporation may make any other indemnification permitted by law and authorized by its articles of incorporation, by-laws or resolution adopted after notice to members entitled to vote.

ARTICLE XII

In the event of dissolution of the corporation, the board of directors shall, after paying or making provision for the payment of all liabilities of the corporation, dispose of all assets of the corporation exclusively for the purposes of the corporation, in such manner, or to such organizations organized and operated exclusively for the promotion of social welfare as shall at the time qualify as an exempt organization under Section 501(c)(4) or 501 (c) 3 of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose as the board of directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the corporation is then located, exclusively for such purposes or to such organizations as said court shall determine are organized and operated exclusively for such purposes.

ARTICLE XIII

Amendments to these articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

In Testimony Whereof, witness the signature of the incorporator of this corporation, this 1 day of August 2005.

Judy Lee

Judy Lee, **Incorporator**

State of Kentucky)
) SS
County of Jefferson)

Before me, the undersigned authority, personally appeared and being duly sworn, acknowledged that she is the incorporator and agent of process of the aforementioned corporation, and that she signed the aforementioned articles of incorporation as her free act and deed.

Witness my signature and seal of office this 1st day of August 2005.

My Commission Expires: 08/30/08

Notary Public
State At Large, Kentucky

This Document Prepared By:

Kelly Paul Long, Administrator
Department of Neighborhoods

Document No.: DN2005204845
Lodged By: LONG
Recorded On: 12/06/2005 11:05:37
Total Fees: 17.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSCLAW-JEFF CO KY
Deputy Clerk: DONREI

END OF DOCUMENT

Fifth Third Bank

(LOUISVILLE)
P.O. BOX 630900 CINCINNATI OH 45263-0900

HIGHVIEW ACRES NEIGHBORHOOD
7411 HIGHVIEW DRIVE
LOUISVILLE KY 40228-1610

0

3042

Statement Period Date: 12/1/2005 - 12/30/2005
Account Type: Totally Free Bus Ckg
Account Number: 7140842340

Banking Center: Outer Loop
Banking Center Phone: 502-231-2628
Commercial Client Services: 1-800-589-5355
www.53.com

Account Summary - 7140842340

12/01	**Beginning Balance**	**$650.00**	Number of Days in Period	30
	Checks			
	Withdrawals / Debits			
	Deposits / Credits			
12/30	**Ending Balance**	**$650.00**		

CHECK FRAUD IS A RISK THAT BUSINESSES CAN NO LONGER IGNORE. HELP PROTECT YOUR COMPANY AGAINST UNAUTHORIZED OR FRAUDULENT CHECK ACTIVITY WITH FIFTH THIRD POSITIVE PAY. FOR MORE INFORMATION CONTACT YOUR RELATIONSHIP MANAGER OR TREASURY MANAGEMENT SPECIALIST. MEMBER FDIC.

Suggested instructions for balancing either your checking or savings account.

1. Enter Ending Balance from statement. (1) $ _____

2. List Deposits / Credits made after statement date:

Date	Amount	Date	Amount

Enter total of above Deposits/Credits. (2) $ _____

3. Compute sub-total (#1 plus #2). (3) $ _____

4. List Checks and Withdrawals / Debits not yet paid by bank:

Check #/Date	Amount	Check #/Date	Amount

Enter total of above Checks and Withdrawals / Debits. (4) $ _____

5. Subtract line 4 from line 3. This should be your present account balance. (5) $ _____

Having trouble balancing your statement?

If revised bank balance is MORE than your checkbook balance:

a) Have you verified your addition and subtraction above and in your checkbook?
b) Does the above list include all of your outstanding checks, withdrawals and debits?
c) Have your added all ATM deposits in your checkbook?
d) Have you added all credits and advances in your checkbook?

If revised bank balance is LESS than your checkbook balance:

a) Have you verified your addition and subtraction above and in your checkbook?
b) Have you deducted service and other bank charges in your checkbook?
c) Have you deducted all ATM withdrawals in your checkbook?
d) Have you deducted all credit line and preauthorized payments in your checkbook?

ERROR RESOLUTION PROCEDURE FOR ELECTRONIC TRANSACTIONS

If you believe there is an error on your statement or receipt, or if you need more information about a transaction, please contact us as soon as you can. You can call us at 1-800-972-3030, or write us at Fifth Third Bank Customer Service; Madisonville Operations Center; Mail Drop 1MOC3A; Cincinnati, OH 45263, or visit your nearest Fifth Third Banking Center. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number. (2) Describe the error or the transaction you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for a new account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

DDA001 / FTKY / 20051230 / 50S1 / 3042

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 10-27-2005

Employer Identification Number:
61-1495679

Form: SS-4

Number of this notice: CP 575 F

HIGHVIEW ACRES NEIGHBORHOOD
% DARRELL ZWANZIG
7411 HIGHVIEW DR
LOUISVILLE KY 40228

000594

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 61-1495679. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records.
* Use this EIN and your name exactly as they appear on all your federal tax forms.
* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

HIGHVIEW ACRES NEIGHBORHOOD ASSOCIATION, INC. BOARD

PRESIDENT	**Darrell Zwanzig** 7411 Highview Drive 239-3250 Hm. 627-3168 Ofc. DarrellZwanzig @eon-us.com
VICE PRESIDENT	**John Hack** 7607 Michael Drive 762-1417 Hm. Tangbell@aol.com
SECRETARY/TREASURER	**Judy Lee** 7402 Highview Drive 239-3717 Hm. jaandjr9@bellsouth.net
	Karen Gray 7600 Michael Drive 239-2068 Hm. 962-4879 Wk memejk@aol.com
	Jeff Gardner 7312 Highview Drive 231-2678 Hm. 962-4879 Wk. jwgardner@aaaky.aaa.com jwgardnerLifer6237@insight.com

Organization Number	0622988
Name	HIGHVIEW ACRES NEIGHBORHOOD ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	10/4/2005
Organization Date	10/4/2005
Last Annual Report	N/A
Principal Office	7402 HIGHVIEW DRIVE LOUISVILLE, KY 40228
Registered Agent	JUDY LEE 7402 HIGHVIEW DRIVE LOUISVILLE, KY 40228

Incorporators and Initial Directors

Incorporator	JUDY LEE
Director	KAREN GRAY

Director	JOHN HACK
Director	DARRELL ZWANZIG

This organization has no assumed names

Certificates Available

Certificate of Existence

Certificate of Registered Agent (Domestic and Foreign)

Click on a certificate title to purchase it. Certificates are $10.00, payable by credit card or prepaid account. They are stored and returned as PDF documents. You must have Adobe PDF Reader to print the document.

Show Activities Above | Show List of Microfilm Above | Show Images Above | New Search

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