

**LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) YOUTH GRANT AGREEMENT  
EXHIBIT A - WORK PROGRAM AND BUDGET**



**VII. PROGRAM SCOPE.** - Complete the following table for the current grant period (July 1, 2015 - June 30, 2016).

LEFT BLANK INTENTIONALLY	Physical Address of Participant Activity	Zip Code	# Weeks activity conducted in grant period	Avg # hrs/ Wk *	# Personnel Assigned per week		Estimated # unduplicated participants to be served during grant period
					Paid	Vol	
	Cane Run Elementary - 3950 Cane Run Road	40211	52	40	1		120+
	Fairdale High School - 1001 Fairdale Road	40118	52	40	1		300+
	Farnsley Middle School - 3400 Lees Lane	40216	52	40	1		450+
	Frost Middle School - 13700 Sandray Boulevard	40272	52	40	1		100+
	Iroquois High School - 4615 Taylor Boulevard	40215	52	40	1		150+
	Meyzeek Middle School - 828 South Jackson Street	40203	52	40	1		150+
	Western Middle School - 2201 W. Main St.	40212	52	40	1		100
	<b>Carrithers Middle School - 4320 Billtown Road</b>	<b>40299</b>	<b>52</b>	<b>40</b>	<b>1</b>	<b>100</b>	

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**VII PROGRAM OUTCOMES** - Complete the following by listing what agency proposed in original grant proposal - Note: the goal of this is to list what "benefit" or "outcome" program participant receives by being served by the agency (*click "Alt" & "Enter" to enter a hard carriage-return*):

List what resources (**Inputs**) will be committed to achieve the program's benefits, i.e. 2000 volunteer hours, rent free-facilities, 1000 staff hours, etc.

List what program components (**Program Activities**) will be provided to the program's targeted participant population identifying program components, i.e., job training classes, out of school tutoring, etc.

List number and percent of direct products of program activities (**Outputs**) i.e., 100 persons signed up for job training, placed 80% of those completing training into jobs related to training, etc.

List benefit(s) to clients for participating in program (**Measurable Outcomes**) i.e., 75% or 60 persons placed in employment retained employment for six months resulting in stable income and work history for half a year

<b>INPUTS</b> (Resources to achieve program benefit)	<b>ACTIVITIES</b> (Program components to be provided)	<b>OUTPUTS</b> (How many will participate in activity and what percent of those will benefit)	<b><u>MEASURABLE OUTCOME WITH INDICATOR STATEMENT</u></b> In using the key above, put in sentence form what the "Outputs and Outcomes" will be for 1)Standard Outcome and 2)Optional Outcome as listed on the previous Outcomes Worksheet	
Eight Community Liasons	Community School Programming	More than 1600 students will participate in the the Community School program activities, with 50% of participants showing positive trends in academics, behavior and	Increased academic performance, fewer behavior issues, better school attendance, halting of summer slide issues	CASCADE

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**IX. PROGRAM BUDGET** - Total Metro and Non-Metro program expenses are to be provided in column 1 (Metro) or column 2 (Non-Metro). **ITEMIZED LIST REQUIRED FOR MOST LINE ITEMS.** This contract requires documentation using JCPS "MUNIS" system. For more specific documentation, per agreement, JCPS will maintain detailed financial records for review. An itemized listing of Metro funded expenses (including salary and fringes) will be provided with the MUNIS reports. This contract requires documentation using JCPS "MUNIS" system. For more specific documentation, per agreement, JCPS will maintain detailed financial records for review. An itemized listing of Metro funded expenses (including salary and fringes) will be provided with the MUNIS reports. Budget line items not to include "in-kind" value. Include "in-kind" on line item D2, specifics detailed in Section X. DO NOT USE CENTS. USE WHOLE DOLLARS ONLY.

Line Item	Column 1 Metro Funds*	Column 2 Non-Metro Funds	Column 3 Total Program Cost
<b>A. Operating Expenses:</b>			
<b>Paid Personnel</b> ( <i>COLUMN 1 Metro Funds NET PAY ONLY</i> - Contracted labor put in "Other Expenses" line item) Additional Info Requested Sec XII	\$ 159,000.00	\$ 194,938.00	\$ 353,938
<b>Rent</b> (Rent may not be charged to Metro funds for space owned by the Grantee - <i>attach copy of lease - only percentage as used by program may be charged</i> )	\$ -	\$ -	\$ -
<b>Utilities</b> (Only the <i>percentage</i> used by <i>specific program</i> funded may be charged to Metro funds)	\$ -	\$ -	\$ -
<b>Office Supplies</b> (For those items to be used by specific program funded by Metro funds) PROVIDE DETAILS ON NEXT PAGE	\$ -	\$ -	\$ -
<b>Program Materials</b> (including educational and informational materials) PROVIDE DETAILS ON NEXT PAGE	\$ -	\$ -	\$ -
<b>Telephone/Cell Phone</b> ( <i>only</i> for specific program usage/ <i>only percentage</i> of telephone expense may be charged)	\$ -	\$ -	\$ -
<b>In-town travel</b> - Agency reimbursement rate <b>\$.00</b> per mile (Jefferson County only - agency rate to be used, but no more than \$.40 per mile of Metro funds)	\$ -	\$ -	\$ -
<b>Small equipment (including electronic)</b> PROVIDE DETAIL ON NEXT PAGE	\$ -	\$ -	\$ -
<b>B. Client Assistance</b> - PROVIDE DETAIL ON NEXT PAGE	\$ -	\$ -	\$ -
<b>C. Other Expenses</b> (not to include any of the items listed above) PROVIDE DETAIL ON NEXT PAGE	\$ -	\$ -	\$ -
<b>SUBTOTAL (CASH BUDGET)</b>	<b>\$ 159,000.00</b>	<b>\$ 194,938.00</b>	<b>\$ 353,938</b>
<b>% of Program Budget</b>	<b>45%</b>	<b>55%</b>	<b>100%</b>
<b>D1. Volunteer Contribution (\$17.83/hr)</b> (detail to be provided in Section X)	N/A	\$ -	\$ -
<b>D2. Other In-kind</b> (detail to be provided in Section X)	N/A	\$ -	\$ -
<b>TOTAL PROGRAM FUNDS (Column 3 to equal Total in Section X)</b>	<b>\$ 159,000.00</b>	<b>\$ 194,938.00</b>	<b>\$ 353,938</b>

\*During the contract year agencies may move a maximum of 20% of funds within the approved line items (see handbook - GRANT EXPECTATIONS for specifics)

**LINE ITEM BUDGET ITEMIZED LISTING/OTHER\***

LINE ITEM	PROPOSED ITEM TO BE PURCHASED	ESTIMATED METRO COST	ESTIMATED NON-METRO COST	ESTIMATED TOTAL COST
<b>Rent</b>	Requires Copy of Lease - attach to contract	n/a	n/a	n/a
<b>Office Supplies</b> - see handbook for definition and type		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Program Materials</b> - see handbook for definition and type		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Small Equipment</b> - see handbook for definition and type		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Client Assistance</b> - see handbook for definition and type		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Other Expenses</b> - see handbook for definition and type <b>Note:</b> contracted workers receiving an IRS form1099 at the end of the year must be registered with the Jefferson County Revenue Commission and their account number provided to grant office to check compliance status.		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -

**Page 8 of 12 \* Each above line, within the column, to match the amount listed in each total line item section as listed in Section IX Program Budget**

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**X. RESOURCE/REVENUE/IN-KIND INFORMATION** - Provide information on all sources of funding associated with THIS PROGRAM'S BUDGET (be specific). Provide donor information (Total to match Column 3 Section IX TOTAL PROGRAM FUNDS above). DO NOT USE CENTS, USE WHOLE DOLLARS ONLY.

Resource/Revenue	Dollars/Value Received	LEFT BLANK INTENTIONALLY	% of Program	LEFT BLANK INTENTIONALLY
1. Proposed Human Services/Family Services Fund (This Program)	\$ 159,000.00		45%	
2. Volunteer Contribution as listed in Program Budget D1 (PROVIDE DETAIL ON NEXT PAGE)	\$ -		0%	
3. Other In-kind contributions as listed in Program budget D2. (PROVIDE DETAIL ON NEXT PAGE)	\$ -		0%	
4. Fundraising Events & Individual Donations (ON NEXT PAGE PROVIDE DETAIL of fundraising events; <b>include</b> name of event, anticipated date of event and amount of dollars expected to support this program - list <b>total</b> of Individual Donations on NEXT PAGE)	\$ -		0%	
5. Corporate Donations and Grants (besides this one) - PROVIDE DETAIL ON NEXT PAGE AND NOTE IF DONATION/GRANT IS "PENDING"	\$ -		0%	
6. Metro United Way	\$ -		0%	
7. Other (i.e. program income, etc) - (PROVIDE DETAIL ON NEXT PAGE)	\$ -		0%	
<b>Total</b>	<b>\$ 159,000.00</b>	<b>45%</b>		

*Must equal total in Program Budget Section IX Column 3 Total Program Funds*

**XI - TRAINING** - Agencies MAY BE required to attend any training and/or participate in initiatives as deemed appropriate to the funded program as mandated by the EAF Youth Office administering the grant or are listed in the Grant Agreement.

RESOURCE/REVENUE/IN-KIND ITEMIZED LISTING (DO NOT USE CENTS, USE WHOLE DOLLARS)		
Item Referenced in Section X	Details	Amount of Funds/Value Received*
#2 Volunteer Contribution - list number of Volunteers and hours works in Details		\$ -
#3 Other In-Kind Contributions - list items in details		\$ -
		\$ -
		\$ -
#4 Fundraising Events & Individual Donations - read instructions in Section X for detailing		\$ -
		\$ -
		\$ -
		\$ -
#5 Corporation Donations & Grants (notate if pending) read instructions in Section X for detailing		\$ -
		\$ -
		\$ -
#7 Other (i.e. program income, etc.) list items in details		\$ -
		\$ -
		\$ -
<b>Page 10 of 12 *Amounts, when added, per type should equal the amount on the individual numbered line in Section X Resource/Revenue/In-Kind Information</b>		

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**XII. PAID PERSONNEL DETAIL** - Only those positions funded by Louisville Metro are to be listed here. All agencies must maintain a timesheet documenting hours worked on this program and charged to Metro funds.

METRO FUNDED PERSONNEL LINE ITEM TOTAL	\$ 159,000	"Net Pay", for the purposes of this grant agreement, includes net wages from hours worked, accrued sick and/or accrued vacation time paid, and deductions for savings accounts and retirement accounts deducted and deposited directly on behalf of the employee. No other deductions on behalf of the employee may be claimed as part of net pay.
Position Title <i>and</i> Name of Employee (Attach additional sheet if necessary)	Average Net Pay Per Pay Period (DO NOT USE CENTS, USE WHOLE DOLLARS)	
Kathy Blevins - Community Liaison	\$ 1,945	Only those persons considered permanent employees of the agency are to be included in the personnel section. Those persons receiving IRS form 1099 at the end of the year are considered "contracted employees" and expenses related to them are to be listed in the "Other Expense" line item.  Employees listed to the left are those that will utilize Metro funds for all or a portion of their total Net Pay. The agency does not have to distinguish how much of the pay is Metro funds, but the total for all employees combined may not exceed the total Metro personnel line item . Funds not utilized during position vacancies are subject to being returned to Metro Government.
Michelle Burgan - Community Liaison	\$ 1,725	
Michael George Jr. - Community Liaison	\$ 1,707	
Ameerah Granger - Community Liaison	\$ 1,575	
Linda Harris - Community Liaison	\$ 1,900	
Carolyn Merriweather - Community Liaison	\$ 1,916	
Artrice Temple - Community Liaison	\$ 1,723	
Vacant - Community Liaison	TBD	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

Should any of positions listed above become vacant the agency is to notify Metro of date of departure. When the position is filled the agency is to notify Metro of the name of the new staff member and the date of hire.

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**XIII. DOCUMENTATION OF NON-PROFIT STATUS**

A. Articles of Incorporation on file with Louisville Metro Government

YES  NO  Please provide - such will be put in a master file for future use

B. 501(c) determination letter, advanced determination letter, or letter of affirmation from IRS on file with Louisville Metro Government

YES  NO  Please provide - such will be put in a master file for future use

**XIV. RELATIONSHIP DISCLOSURE**

List below any familial or marital relationship any employee has with each other, with agency Board of Directors and/or with any Metro Councilperson, Councilperson's family, Councilperson's staff and/or any Louisville Metro Government employee. In addition, list below any relationship any member of agency Board of Directors has with any Metro Councilperson, Councilperson's family, and/or Councilperson's staff.

None

**XV. ACCESSIBILITY**

Are agency facilities accessible to persons with disabilities?

YES  NO

If no, please explain why and what the agency is doing to accommodate those needing such.

**XVI. CERTIFIED ANNUAL AUDIT OR MOST RECENT IRS 990 TAX RETURN**

Did Agency provide a copy of latest audit or current IRS 990 tax return with application?

YES  NO  If no, provide one at this time

**XVII. PROGRAM EVALUATION - Surveys, comment cards, feedback forms, etc.**

An evaluation of program services provided through your organization must be performed prior to the end of funding cycle or specific activity - whichever comes first.  
Are program recipients currently provided the opportunity to evaluate your services?

YES  If yes, provide copy of cumulative results prior to end of funding period.  
NO  If no, an evaluation must occur and cumulative results provided prior to the end of the funding period.