WHAS CRUSADE FOR CHILDREN℠

520 West Chestnut St.
Louisville, KY 40202-2235
(502) 582-7706
FAX (502) 582-7712

July 5, 2018

Mr. Scott Hooper
Dr. Martin Pollio
JCPS - OT/PT Program
3332 Newburg Road
Louisville, KY 40218

Dear Mr. Hooper and Dr. Pollio:

$5,675,000

The 65th annual WHAS Crusade for Children was a tremendous success! The people of Kentuckiana responded generously again this year to improve the lives of children with special needs.

After careful consideration, the WHAS Crusade for Children Advisory Council has awarded your agency a grant of **$46,260**. Your grant number is **G2019184**. Please read, sign and return the original of the enclosed **GRANT ACCEPTANCE FORM** by September 1, 2018. Also enclosed is the "agency report form" which is to be submitted online on March 15th & September 15th and the "agency reimbursement form" to be used when requesting payment.

Please share this good news with a story in your newsletter, the local paper or on your social media platforms. We appreciate our grant recipients who display the Crusade logo somewhere on your website to showcase our partnership.

Thank you for your commitment to children with special needs. If you have any questions, please do not hesitate to call me or Janene Hickerson. We can be reached by e-mail at dawn@whascrusade.org, janene@whascrusade.org or call 502-582-7706.

We also want to share our exciting news that we will be moving to an online grants management system for next year's grant requests. The window to apply for grants will open in October 2018 and close mid-January 2019. We will notify you by letter and email when we make the transition.

Sincerely,

Dawn Lee
President & CEO

Enclosures (3) – Grant Acceptance Form
Grant Report Form
Grant Reimbursement Form

Grant Acceptance Form

G2019184	JCPS - OT/PT Program	$46,260
Grant Number	Agency	Amount

Your grant is to be used for the following:

$46,260 for any OT/PT equipment on grant list

WHAS CRUSADE FOR CHILDREN RULES:

- **Grant Scope -** Grant money can be used only for the specific items requested in your grant application and approved by the Crusade Advisory Council. Any changes in your grant items must be made in writing and approved by the Advisory Council.

- **Grant Period** - **The grant year is September 1, 2018 - August 31, 2019 and the money must be spent in that time period.** All requests for reimbursement need to be in the Crusade office no later than September 30, 2019. On October 1, 2019, grants will be closed and balances returned to the Crusade.

- **Savings -** Your grant is for the specific items requested in the application and approved by the Crusade Advisory Council. If you are able to save money on your purchases, for example due to lower prices, ***the savings are to be returned to the Crusade***.

- **Public Accountability** – When funds are used for the erection of buildings, purchase of vehicles or installation of equipment, the Advisory Panel requires that an appropriate marker be placed to identify them as gifts from the Crusade. (These markers are not paid for by Crusade grant funds.) Please send a photo of the equipment, vehicle or construction along with a close-up shot of how it is marked as being provided by the Crusade.

- **Vehicles –** When buying a vehicle, the Crusade will not pay for insurance, license and transfer of title or any other expense connected with buying a vehicle.

- **Insurance** – Equipment, buildings and vehicles purchased in whole or part with Crusade funds MUST BE FULLY INSURED.

- **Buildings** – Agencies receiving Crusade grants for remodeling or construction of a building must require the general contractor to post a performance bond as well as a bond covering payment to all contractors.

- **Requesting Payment** - Please use the enclosed "Agency Reimbursement Form." It is imperative that you use the enclosed preprinted forms. Make as many copies as you need. If you would like the Agency Reimbursement Form in an electronic format, you can download it from the Crusade website at www.whascrusade.org. *Please limit your requests for reimbursement to no more than 12 during the grant year.* This helps with our costs. You must request your reimbursement in the same categories listed in your grant application. It is acceptable to request multiple items on one reimbursement form. Providing clear and proper backup documentation will expedite the processing of your reimbursement. Feel free to attach a spreadsheet or a summary if necessary.

  Salaries - *We must have a copy of: 1) accurate time sheets with hours worked and rate-of-pay or 2) payroll registers/statements containing each person's name, payroll employee number, rate of pay and hours worked.* There can be no exceptions. These must be with every request. **Reminder** - we do not pay benefits or employer payroll taxes, therefore, do not include these in your salary reimbursement request. Salaries are reimbursed in 12 payments (or fewer) over the course of the grant year.

  Equipment, computers, software and supplies – The agency must pay the vendor and request reimbursement from the Crusade. The Crusade does not pay vendors directly. A copy of the vendor invoice ***must*** be included with the Agency Reimbursement Form – packing slips and purchase orders are ***not*** acceptable. Make sure items on the reimbursement form can easily be identified on the original grant request list. **The WHAS Crusade for Children does not pay sales tax**. If the agency does not use its tax-exempt status on a purchase, the Crusade will not reimburse the sales tax portion of the invoice.

  Items the Crusade does not pay: administrative costs, shipping costs, sales tax, food, benefits or travel expenses/lodging, employee continuing education/training, installation, postage, leases, PR or public awareness campaigns and extended warranties

- **Agency Report Form** – This report is due 2 times during the grant year: **March 15 and Sept 15**. Failure to submit a report can result in delay of payment or even suspension of grant.

Your signature certifies that you have read, understand and accept the WHAS Crusade for Children Rules.
No funds will be released until this original is returned to:
WHAS Crusade for Children, 520 W. Chestnut St., Louisville, Kentucky 40202

Signature	Title	Date

Send To: ATTN: Grant Reimbursement
WHAS Crusade for Children
520 W. Chestnut St.
Louisville, KY 40202

AGENCY REIMBURSEMENT FORM

Grant Number: **G2019184**

Agency Name: **JCPS - OT/PT Program**

Check Payable to _____

Mailing Address _____

City/State/Zip _____

Contact Name _____ Phone Number _____

Email Address _____

Proper backup documentation must be included with the fully completed Reimbursement Form. The documentation should be separated into the same categories as the grant was awarded with a subtotal for each category.

Total Amount Requested $ _____

Print Name _____ Signature _____

Title _____ Date _____

CRUSADE OFFICE USE ONLY

Grants Manager Approval _____ Date _____

CEO Approval _____ Date _____

G/L Account Number _____ Payment Number _____

PLEASE COPY FORM & SUBMIT WITH EACH REQUEST

AGENCY REPORT FORM

(Please submit this report online @ whascrusade.org
The report is located in the grants section)

Reports are due March 15, 2019 and September 15, 2019

Date _____

Grant Number: **G2019184**

Agency Name: **JCPS - OT/PT Program**

Amount Awarded $_____

Amount Spent to date $_____

Amount Remaining $_____

Will the remaining amount be spent? (Check one) _____ yes _____ no

If you answered no, please explain _____
_____

Projected completion date _____

What is the grant accomplishing? _____
_____
_____

Number of children with special needs projected to be helped in grant application:

Kentucky_____ Indiana_____

Actual number of children helped: Kentucky_____ Indiana_____

Signed _____ Title _____

Email address _____

Send to: Attn: Agency Report Form OR Email: janene@whascrusade.org
WHAS Crusade for Children
520 W. Chestnut St.
Louisville, KY 40202