



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



Every EAF Youth grant recipient will be required to comply with the following EAF Youth grant conditions. EAF Youth recipients that fail to comply with these conditions will be considered noncompliant with other Metro fundig entities. In addition, the grant award may be withheld or terminated. Information provided in this Work Program and Budget must be complete and in compliance with policies/procedures as contained in the Post Award Technical Assistance Handbook. Information provided here will be incorporated into the scheduled program reports and subject to any and all monitoring activities conducted.

Budget Limitation.

Total grant funds provided from all EAF Youth grant awards combined cannot exceed 25% of the grantee's total cash budget. Agency is subject to providing documentation upon request that grant(s) does/do not exceed 25% of agency cash budget.

Unallowable Costs

Refer to Handbook for a complete list of all unallowable costs

Religious Activities

Religious activities such as proselytizing, prayer, religious study, distribution of religious materials, etc. may not be included, or required, for participation in any program funded by Metro funds.



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Agency Legal Name: Jefferson County Board of Education
(As listed on KY Secretary of State website- if not correct contract will be returned)

Agency Program: Jefferson County Public Schools Community Schools Program
(As listed on application - if not correct contract will be returned)

I. AGENCY FY BUDGET INFORMATION AND DOCUMENTS REQUIRED WITH CONTRACT

What is agency's Fiscal Year (FY)? Start date: 7/1/18 End Date: 6/30/18
What is agency's current FY projected cash budget: \$ 1,255,390,725
What was agency's most recent final cash budget: \$1,568,900,373

Provide all the following with contract: 1) Annual Audit/990 IRS tax form; 2)Current Board Listing; 3) IRS determination letter; 4)Articles of Incorporation and; 5)IRS W-9 form (most current)

II. GRANTEE REPORTING CONTACT

This is the person responsible for submitting program reports

Name Melissa Barman Title Specialist
Phone Number 485-3834 Fax 485-6369
Email melissa.barman@jefferson.kyschools.us

III. GRANTEE FINANCIAL CONTACT

This is the person responsible for maintaining financial records

Name Denise Dewitt, Interim Title Manager
Phone Number 485-3461 Fax 485-3805
Email denise.dewitt@jefferson.kyschools.us

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IV. GRANT PAYMENTS TO BE RECEIVED BY

Name Cordelia Hardin Title CFO
Address VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218
(Street Address or PO Box, City, State and Zip Code)



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V. CLIENT/PARTICIPANT ELIGIBILITY CRITERIA - For the FUNDED PROGRAM: Indicate the (a.) targeted population and (b.) describe any requirements/ restrictions or other criteria used in determining eligibility for participation in your program (include age, income, geographic area, etc.)

a. Targeted Population (for the FUNDED PROGRAM):

The targeted populations for these funds are school age students, their families and community residents in the communities surrounding the 7 Community School sites.

b. If Applicable, Eligibility Requirements/Restrictions (For the FUNDED PROGRAM):

None



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VI. ELIGIBLE SERVICES - For the FUNDED PROGRAM: Indicate the overall, primary qualified service/activity provided for your targeted population and provide a brief description. Also describe how often and for how long recipients will be involved in the program or receive services.

The Community School Program sites provide a variety of recreational and educational programming for school age students, their families and community members living in the communities surrounding the school sites. Sites provide such programming as tutoring, homework help, college and career readiness experiences, fitness awareness and education classes, nutrition education, literacy focused programs, as well as academic support service for students. Adult are offered enrichment classes in partnership with the JCPS Adult Education Department, in addition to other community partners, which offer workforce readiness options, family classes and outlets for fitness and nutrition education. These opportunities are offered to the citizens of Metro Louisville throughout the school year, Monday-Friday after school until 9 p.m. Camp-like options, academic support services, as well as lifelong learning experiences are offered continually throughout the summers months, making the Community Schools Program a year-round program.

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VII. PROGRAM SCOPE. - Complete the following table for the current grant period (July 1, 2018 - June 30, 2019).

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	21	1		200
	Fairdale High School - 1001 Fairdale Road	40118	52	29	1		200
	Farnsley Middle School - 3400 Lees Lane	40216	52	29	1		275
	Frost Sixth Grade Academy/Stuart Academy - 4601 Valley Station Road	40272	52	29	1		120
	Iroquois High School - 4615 Taylor Blvd	40215	52	29	1		200
	Meyzeek Middle School - 828 South Jackson St.	40203	52	29	1		175
	Western Middle School - 2201 W. Main St.	40212	52	29	1		150

*How many hours is the activity actually taking place i.e. if class session is 3 times a week for 2 hours that would be 6 in this column. If the agency conducted the class for 6 weeks, 6 would also be logged in the number of weeks column. Based on this example we can calculate that total classroom time was 36 hours (6 hours per week X 6 weeks = 36 hours)

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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 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 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 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

INPUTS (Resources to achieve program benefit)	OUTPUTS (How many will participate in activity)	ACTIVITIES (Program components to be provided)	MEASURABLE OUTCOME WITH INDICATOR STATEMENT 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
2080 work hours of 7 Community Liaisons	Out of school time programming which includes such programs as homework assistance, tutoring, recreational programming, arts programming, and well as programming provided by	More than 1400 students will participate in Community School programming, with 50% of participants showing positive trends in academics, behavior and school attendance.	Students participation in Community School programming will lead to positive trends in academic performance, fewer behavior issues, better school attendance, and increased work towards halting the summer slide issues.

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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.** 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
A. Operating Expenses:			
Paid Personnel (<i>COLUMN 1 Metro Funds NET PAY ONLY</i> - Contracted labor put in "Other Expenses" line item) Additional Info Requested Sec XII	\$159,000	\$344,230	\$503,230
Rent (Rent may not be charged to Metro funds for space owned by the Grantee - attach copy of lease - only percentage as used by program may be charged)	\$0	\$0	\$0
Utilities (Only the percentage used by specific program funded may be charged to Metro funds)	\$0	\$0	\$0
Office Supplies (For those items to be used by specific program funded by Metro funds) PROVIDE DETAILS ON NEXT PAGE	\$0	\$0	\$0
Program Materials (including educational and informational materials) PROVIDE DETAILS ON NEXT PAGE	\$0	\$0	\$0
Telephone/Cell Phone (only for specific program usage/only percentage of telephone expense may be charged)	\$0	\$0	\$0
In-town travel - Agency reimbursement rate \$.00 per mile (Jefferson County only - agency rate to be used, but no more than \$.40 per mile of Metro funds)	\$0	\$0	\$0
Small equipment (including electronic) PROVIDE DETAIL ON NEXT PAGE	\$0	\$0	\$0
B. Client Assistance - PROVIDE DETAIL ON NEXT PAGE	\$0	\$0	\$0
C. Other Expenses (not to include any of the items listed above) PROVIDE DETAIL ON NEXT PAGE	\$0	\$0	\$0
SUBTOTAL (CASH BUDGET)	\$159,000	\$344,230	\$503,230
% of Program Budget	\$32	\$68	\$100
D1. Volunteer Contribution (\$24.14/hr) (detail to be provided in Section X)	N/A	\$0	\$0
D2. Other In-kind (detail to be provided in Section X)	N/A	\$0	\$0
TOTAL PROGRAM FUNDS (Column 3 to equal Total in Section X)	\$159,000	\$344,230	\$503,230

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*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
Rent	Requires Copy of Lease - attach to contract	n/a	n/a	n/a
Office Supplies - see handbook for definition and type		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
Program Materials - see handbook for definition and type		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
Small Equipment - see handbook for definition and type		\$0	\$0	\$0
		\$0	\$0	\$0
Client Assistance - see handbook for definition and type		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
Other Expenses - see handbook for definition and type Note: 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.		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
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 Community Services/EAF Fund (This Program)	\$ 159,000		32%	
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; include name of event, anticipated date of event and amount of dollars expected to support this program - list total 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%	
Total	\$ 159,000		32%	

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

XI - TRAINING - Agencies are required to attend specific trainings 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		\$ -
		\$ -
		\$ -
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		

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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		#####	<p>"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.</p> <p>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.</p> <p>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.</p>
		Average Net Pay Per Pay Period (WHOLE DOLLARS)	
Position Title <u>and</u> Name of Employee (Attach additional sheet if necessary)			
Community Liaison Fairdale HS (Vacant)			
Community Liaison Michael George Jr.	\$	1,823	
Community Liaison Ameerah Granger	\$	1,682	
Community Liaison Linda Harris	\$	1,943	
Community Liaison Carolyn Merriweather	\$	1,959	
Community Liaison Artrice Temple	\$	1,848	
Community Liaison, Jeff Allgood	\$	1,943	
	\$	-	
	\$	-	
	\$	-	
	\$	-	
	\$	-	
	\$	-	

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.