

0-150-24

NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Celebrate Recovery Fairdale, Corp./Celebrate Recovery Program
Applicant Requested Amount: \$20,000.00
Appropriation Request Amount: \$20,000.00

Executive Summary of Request
Celebrate Recovery Fairdale Corp. offer a biblically balanced 12-step recovery program that provides a safe environment to get real about one's hurts, hang-ups, and habits without fear of judgement. The Neighborhood Development Funds will provide for food, transportation, and supplies. While the program takes place primarily in 40118, they serve clients throughout Louisville, and all are welcome at the meetings.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

13 District # Dan Seum, Jr. Primary Sponsor Signature \$10,000 Amount 7/9/24 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
N/A

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

SR

Applicant/Program:

Celebrate Recovery Fairdale, Corp./Celebrate Recovery Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

Council Member Signature and Amount

- District 1 _____ \$ _____
- District 2 _____ \$ _____
- District 3 _____ \$ _____
- District 4 _____ \$ _____
- District 5 _____ \$ _____
- District 6 _____ \$ _____
- District 7 _____ \$ _____
- District 8 _____ \$ _____
- District 9 _____ \$ _____
- District 10 _____ \$ _____
- District 11 _____ \$ _____
- District 12 _____ \$ _____
- District 13 _____ \$ _____
- District 14 _____ \$ _____
- District 15 _____ \$ _____

Applicant/Program:

Celebrate Recovery Fairdale, Corp./Celebrate Recovery Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Celebrate Recovery Fairdale, Corp.

Program Name and Request Amount Celebrate Recovery Program \$20,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

Prepared by: Lisa Ammon

Lisa Ammon

Date: 7/9/24

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission: Celebrate Recovery is a safe place to find community and freedom from the issues that are controlling our life.

Vision: Living in a broken world, we all deal with life's hurts, hang-ups, and habits. No one has the ability, nor should they attempt, to face their hurts on their own. Celebrate Recovery is a beautiful community of strugglers who courageously enter this safe and beautiful space to get honest about our pain and the negative ways we may see ourselves, God, and others. In this process, we come to accept that some of the habits we may have developed to escape our pain have caused destruction in our life and those close to us.

Services: We offer a biblically balanced 12-step recovery program that provides a safe place to get real about one's hurts, hang-ups, and habits* without fear of judgment. We bring sustainable recovery and healing to guide attendees toward new healthy truths and life-giving habits. We are a community of people from all walks of life who are taking off our masks and finding freedom from the issues that are controlling our lives.

* Habits we address include: anger; codependency; eating disorders; food issues; love and relationship addiction; physical, sexual, and/or emotional abuse; drug addiction; alcoholism; sexual addiction; gambling addiction; childhood dysfunction; grief; and mental health issues.

Each Friday evening, we provide a meal and open meeting, then break into small groups for: men, women, and veterans to address substance abuse and related issues. We also offer a small group session for co-dependents to address their hurts, habits, and hang-ups.

While we are a faith-based organization, anyone may attend or volunteer for our program without expectation of belonging to a certain church or practicing a specific religion.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Established in California, the Celebrate Recovery program has been helping people find freedom from their hurts, habits, and hang-ups since 1991. It has grown to be used in 42 prison systems throughout the world and has helped more than 7 million people find hope, sobriety, and freedom from the things that were causing issues in their lives. We started Celebrate Recovery Fairdale Corp. in September 2017 and registered it as a 501(c)(3) in 2021. Every Friday throughout the year, we hold meetings that are open to the public to attend. As a 12-step program, one of our tenets is to offer anonymity to attendees, which makes specific reporting on client populations a challenge, but we average 150-200 people each week. We have a mixed audience of men (65%), women (35%), young/old (ages 20-60+), different races, and ethnicities, as well as those who are disabled and some veterans. Most of our attendees (85-90%) are low-income. Our annual Night of Hope event, which features a concert and testimonies, has more than 900 attendees.

Our program includes picking up participants from the Men's and Women's Healing Place, Re:Center Ministry, and other facilities as needed. We also have many who drive themselves. We start with a meal (5:30-6:30pm), have an open meeting (6:30-8pm) where we make announcements, distribute chips for clean time, read the 12 steps or 8 principles (on alternating weeks, we teach lessons or hear testimonies), take a short break, then hold small group sessions (8:15-9pm). We then take the clients back to their respective treatment programs/transitional houses.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

We are asking for:

- \$6,000 in funding to help offset the cost of the weekly meals for participants (which is part of the draw to get them started in the program. Meals are open to the community. We feed 150-200 people each week with an average cost of \$700/week.)
- \$12,000 to help pay for transportation expenses, including the bus we rent each week (for \$227.90) to pick up the participants from the Healing Place locations, and our van expenses (gas, insurance, repairs), which picks people up from Re:Center Ministry.
- \$2,000 to cover recovery supplies like the sobriety chips/tokens we distribute to celebrate the amounts of time people have been clean.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

This is not a fundraising event.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The Celebrate Recovery (CR) program offers a positive approach for individuals and families to face their struggles along with others who are facing similar challenges. CR is a group of people from all walks of life who are opening up and finding freedom from their hurts, habits, and hangups without fear of judgment. These quotes from our partners and past attendees describe the benefits:

From Tyson Lott, Director of Ministry Programs at Re:Center - "Celebrate Recovery at Fairdale Christian Church is on the front lines battling against addiction and helping individuals reclaim their lives and their families."

From Steve Hanks, Men's Program Director at The Healing Place - "Our clients are used to facing judgment, scorn and disgust from family and friends. Being a part of the worship of Celebrate Recovery serves to help them recover self-respect and rebuild those important relationships with the community at large...The impact they make on those attending is magnified in our community by those that they touch bringing the message back to our campus and to other meetings throughout the community."

From Justin Duvall, recovering addict - "You have supported me in my struggles and celebrated my accomplishments. You have shown me what principled living is about and how to do it. You have loved me back to life!"

From Nick Graham, recovering alcoholic and drug addict - "I am an alumni in compliance of the Healing Place...I have been coming to Fairdale Celebrate Recovery for almost 2 years now. In that span of time, I have celebrated multiple recovery milestones including my one year celebration!"

Due to the nature of 12-step programs, we allow our attendees to remain anonymous, but to capture the needed information for this funding, we have instituted regular surveys of the attendees asking them about how helpful the program has been to their recovery, what aspects help the most, what areas could be improved, how long they've been clean, and other demographic and program impact questions.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

We partner with the Men's and Women's Healing Place, Re:Center Ministries, and many other addiction recovery programs and transitional houses such as Addiction Recover Center (ARC), Isaiah House, Corner of Hope, Dismas, Faces of Change, Bluegrass Recovery, Priscilla's Place, and Second Hope. These organizations send their participants to our program.

We also partner with Exodus Family Ministries and The Prisoner's Hope Ministry. We each refer clients to one another.

Fairdale Christian Church is the host site of our program and provides \$18,000 of funding to our program. Southeast Christian Church provides \$8,000 of funding to us and allows us to use their Southwest Campus for our Night of Hope, which will be on September 27. Additional funding partners include: Shirley's Way (\$35,000), Northeast Christian Church (\$10,000) Tony Walker Financial, Jim Hickey CPA, Church Mutual Insurance, Vision First, Zoeller Pump, and many individuals.

Jefferson Tours is our transportation partner and provides a bus to us weekly at \$227.90/wk to transport 56 men and women from/to the Healing Place each week so they can attend our meeting. The other people are picked up on our van.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	\$ 0.00
B: Rent/Utilities	0	0	\$ 0.00
C: Office Supplies	0	1000.00	\$1000.00
D: Telephone	0	0	\$ 0.00
E: In-town Travel	12,000.00	184.00	\$12184.00
F: Client Assistance (See Detailed List on Page 8)	0	0	\$0.00
G: Professional Service Contracts	0	10020.00	\$10020.00
H: Program Materials	2000.00	3700.00	\$5700.00
I: Community Events & Festivals (See Detailed List on Page 8)	6000.00	40400.00	\$46400.00
J: Machinery & Equipment	0	0	\$ 0.00
K: Capital Project	0	40000.00	\$40000.00
L: Other Expenses (See Detailed List on Page 8)	0	155880	\$155880
*TOTAL PROGRAM/PROJECT FUNDS	\$20000.00	251184.00	\$271184.00
of Metro Budget	7.38%	92.62%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$30004.00
United Way	\$0.00
Private Contributions (do not include individual donor names)	\$38,716.00
Fees Collected from Program Participants	\$0.00
Other (please specify) in-kind support, events, church support	\$182464.00
Total Revenue for Column 2 Expenses	251184.00

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Client Assistance (N/A)	\$0.00	\$0.00	\$ 0.00
Community Events: Food & Drinks @\$700/wk x 52	\$6000.00	\$30,400.00	\$36,400.00
Community Events: Concert expenses (bands, ads)	\$0.00	\$10,000.00	\$10,000.00
Other: insurance	\$0.00	\$700	\$700.00
Other: contingency	\$0.00	\$1716.00	\$1716.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$9000.00	\$39,816.00	\$48,816.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Fairdale Christian Church/space for weekly meetings	16900	meeting site rental rates in community
Volunteers	135564	City's standard rate of volunteer service (per EAF)
Southeast Christian Church-SW Campus/ space for Night of Hope + Audio/Visuals	1000	meeting site rental rates in community
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$153,464	(Not allocated in our budget)

* 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 NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: 01/01/2024

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

If YES, please explain:

This year, we budgeted for and purchased a used 12-seat passenger van (\$40,000 in budget). Next year, we do not anticipate buying another van.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/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. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. 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.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies 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.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware 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 legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	07/01/2024
Legal Signatory: (please print):	Phillip Rosell	Title:	Compliance Officer
Phone: (502) 396-8199	Extension:	Email:	philrosell@yahoo.com



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: CELEBRATE RECOVERY FAIRDALE CORP
Grantee Representative Name: Phillip Russell

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
CLIENT ASSISTANCE, COMMUNITY EVENTS and OTHER EXPENSES
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
WHO, WHAT, WHEN and WHERE
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Phillip Russell
Grantee Representative Signature

6/27/24
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

CELEBRATE RECOVERY FAIRDALE CORP
C/O LARRY MITCHUM PRESIDENT
9000 BROWN AUSTIN RD
LOUISVILLE, KY 40118

Date:
12/10/2021
Employer ID number:
87-1813466
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 22, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053609001991

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Celebrate Recovery Fairdale Corporation - 2024 Budget		
Revenue	Budget	Actual
Grants	\$ 50,000.00	\$ 18,000.00
Donations	\$ 67,720.00	\$ 74,117.97
In Kind	\$ -	\$ -
Total Revenue	\$ 117,720.00	\$ 92,117.97
Expenses	Budget	Actual
Community Events	\$ 46,400.00	\$ 14,328.69
Professional Services	\$ 10,020.00	\$ 6,732.40
Transportation	\$ 12,184.00	\$ 4,889.82
Program Materials	\$ 5,700.00	\$ 2,415.80
Office Supplies	\$ 1,000.00	\$ 132.78
Insurance	\$ 700.00	\$ -
Capital	\$ 40,000.00	\$ 38,000.00
Contingency	\$ 1,716.00	\$ 29.98
Total Expenses	\$ 117,720.00	\$ 66,529.47

Celebrate Recovery Fairdale Corporation - 2024 Budget		
Revenue	Budget	Actual
Grant - Metro Louisville (NDF)	\$ 25,000.00	\$ 10,000.00
Grant - Southeast Christian	\$ 12,200.00	\$ 8,000.00
Grant - Other	\$ 12,800.00	\$ -
Corporate Donations	\$ 11,000.00	\$ 36,250.00
Individual Donations - Direct	\$ 11,000.00	\$ 6,000.00
Individual Donations - Fairdale Christian Church	\$ 11,000.00	\$ 8,112.97
Church Donations - Fairdale Christian Church	\$ 18,000.00	\$ 10,000.00
Church Donations - Other Churches	\$ 11,000.00	\$ 10,000.00
CR Weekly Donations	\$ 5,720.00	\$ 3,755.00
In Kind		\$ -
Total Revenue	\$ 117,720.00	\$ 92,117.97
Expenses	Budget	Actual
Community Events - Weekly Dinner	\$ 36,400.00	\$ 14,328.69
Community Events - Concert	\$ 10,000.00	\$ -
Professional Services - Weekly Music	\$ 3,900.00	\$ 2,360.00
Professional Services - Weekly Childcare	\$ 3,120.00	\$ 1,872.40
Professional Services - Consulting Fees	\$ 3,000.00	\$ 2,500.00
Transportation - Weekly Bus	\$ 11,284.00	\$ 4,535.09
Transportation - Van Fuel	\$ 900.00	\$ 354.73
Program Materials - Tshirts/Backpacks/Etc.	\$ 3,000.00	\$ 766.29
Program Materials - Training	\$ 1,500.00	\$ 321.93
Program Materials - Chips/Tokens	\$ 1,200.00	\$ 1,327.58
Office Supplies - Paper/Ink/Name Tags/Etc.	\$ 1,000.00	\$ 132.78
Insurance	\$ 700.00	\$ -
Capital - New Van	\$ 40,000.00	\$ 38,000.00
Contingency	\$ 1,716.00	\$ 29.98
Total Expenses	\$ 117,720.00	\$ 66,529.47

Celebrate Recovery Fairdale Corporation - 2024 Budget

Revenue	Budget	Actual	Percent of Budget	Percent of Budget Actual	Grant Status
Grant - Metro Louisville (NDF)	\$ 25,000.00	\$ 5,000.00	9.22%		\$10,000 Awarded/\$15,000 Requires new application
Grant - Southeast Christian	\$ 12,200.00	\$ 8,000.00	4.50%		\$12,200 SECC Applied for Grant/\$8,000 Awarded
Grant - Other	\$ 12,800.00	-	4.72%		\$30,004 Opioid Abatement Awarded
Corporate Donations	\$ 11,000.00	\$ 36,250.00	4.06%		\$35,000 Shirley's Way for van
Individual Donations - Direct	\$ 11,000.00	\$ 6,000.00	4.06%		
Individual Donations - Fairdale Christian Church	\$ 11,000.00	\$ 6,084.06	4.06%		
Church Donations - Fairdale Christian Church	\$ 18,000.00	\$ 10,000.00	6.54%		
Church Donations - Northeast Christian Church	\$ 11,000.00	\$10,000	4.06%		
CR Weekly Donations	\$ 5,720.00	\$ 3,356.00	2.11%		
In Kind	\$ 153,464.00	-	56.59%		not reviewed yet
Total Revenue	\$ 271,184.00	\$ 84,690.06	100.00%	100.00%	
Expenses	Budget	Actual	Percent of Budget	Percent of Budget Actual	
Community Events - Weekly Dinner	\$ 36,400.00	\$ 13,661.80	13.42%		55.68%
Community Events - Concert	\$ 10,000.00	-	3.69%		0.00%
Professional Services - Weekly Music	\$ 3,900.00	\$ 1,610.00	1.44%		6.56%
Professional Services - Weekly Childcare	\$ 3,120.00	\$ 1,592.40	1.15%		6.49%
Professional Services - Consulting Fees	\$ 3,000.00	\$ 2,000.00	1.11%		8.15%
Transportation - Weekly Bus	\$ 11,284.00	\$ 2,939.79	4.16%		11.98%
Transportation - Van Fuel	\$ 900.00	\$ 354.73	0.33%		1.45%
Program Materials - Tshirts/Backpacks/Etc.	\$ 3,000.00	\$ 566.29	1.11%		2.31%
Program Materials - Training	\$ 1,500.00	\$ 321.93	0.55%		1.31%
Program Materials - Chips/Tokens	\$ 1,200.00	\$ 1,327.58	0.44%		5.41%
Office Supplies - Paper/Ink/Name Tags/Etc.	\$ 1,000.00	\$ 132.78	0.37%		0.54%
Insurance	\$ 700.00	-	0.26%		0.00%
Capital - New Van	\$ 40,000.00	-	14.75%		0.00%
Contingency	\$ 1,716.00	\$ 29.98	0.63%		0.12%
In-kind	\$ 153,464.00	-	56.59%		
Total Expenses	\$ 271,184.00	\$ 24,537.28	100.00%	100.00%	

Confirmation

e-Postcard Profile	Select EIN	Organization Details	Contact Information	Confirmation
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Your Form 990-N(e-Postcard) has been submitted to the IRS

- Organization Name: CELEBRATE RECOVERY FAIRDALE
- EIN: 871813466
- Tax Year: 2023
- Tax Year Start Date: 01-01-2023
- Tax Year End Date: 12-31-2023
- Submission ID: 10065520241297837347
- Filing Status Date: 05-08-2024
- Filing Status: Accepted

[← MANAGE FORM 990-N SUBMISSIONS](#)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1160679.09
Michael G. Adams
Secretary of State
Received and Filed
7/22/2021 5:43:06 PM
Fee receipt: \$8.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Celebrate Recovery Fairdale, Corp

Article II: The street address of the company's initial registered office in Kentucky is

7601 Oswego Circle, Fairdale, KY 40118

and the name of the initial registered agent at that address is **Larry Mitchum President**

Article III: The mailing address of the company's initial principal office is

7601 Oswego Circle, Fairdale, KY 40118

Article IV: The name and mailing address of each incorporator is

Larry Mitchum President 7601 Oswego Circle, Fairdale, KY 40118

Article V: The number of directors constituting the initial board of directors is 4. The name and mailing address of each director is

Larry Mitchum	7601 Oswego Circle, Louisville, KY 40214
Vivian Collins	9000 Brown Austin Rd, Fairdale, KY 40118
Jaime Schnell	9000 Brown Austin Rd, Fairdale, KY 40118
Rudolph J Machacek	9000 Brown Austin Rd, Fairdale, KY 40118

Article VI: The purpose of the company is: **The exempt purposes for Celebrate Recovery Fairdale, set forth in section 501(c)(3) are charitable: for spiritual/religious, and educational purposes for men and women in Recovery, with a history of addiction to alcohol and or drugs.**

Executed by the Incorporator on Thursday, July 22, 2021

Name of incorporator: **Larry Mitchum President**

Signature of individual signing on behalf of Incorporator: **Larry Mitchum President**

I, **Larry Mitchum President**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1160679.09
Michael G. Adams
Secretary of State
Received and Filed
7/22/2021 5:43:06 PM
Fee receipt: \$8.00

NAOI

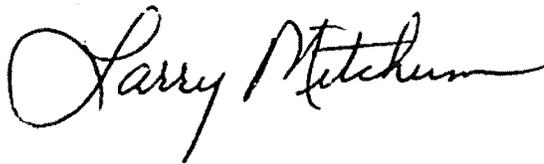
Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

company serving as Registered Agent:

Larry Mitchum President



7/22/21

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) CELEBRATE RECOVERY FAIRDALE CORP</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small></p> <p><input checked="" type="checkbox"/> Other (see instructions) 501C3</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the United States.)</small></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 9800 BROWN AUSTIN ROAD</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code LOUISVILLE KY 40118</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
OR												
Employer identification number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">7</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">4</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> </tr> </table>	8	7	-	1	8	1	3	4	6	6		
8	7	-	1	8	1	3	4	6	6			

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person Phyllis Reed COMPLIANCE OFFICER</p>	<p>Date 6/27/24</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Celebrate Recovery Quarterly Evaluation Sheet (completed 11-24-2023)

To help us receive "Neighborhood Development Funds" from Louisville Metro, we need to report general demographics, as well as the impact our program is having. These surveys will be tallied, and the results reported in congregate. No personal identifiers will be shared. Please help us to receive this funding by answering this survey as completely as possible.

1. 77 Male 30 Female Other
2. 78 Caucasian 19 Black Asian 2 Hispanic 4 Mixed 4 Other
3. 4 Age 16-24 31 25-35 30 36-45 22 46-55 17 56-65 3 65+
4. Active Duty or Veteran: 5 (Vet) Yes No
5. Current Zip Code: 40061 11, 40202 24, 40203 1, 40207 1, 40208 4, 40210 25, 40211 1, 40212 2, 40213 1, 40214 1, 40215 1, 40216 1, 40218 1, 40219 1, 40272 1, 40291 1, 47129 1, 47150 1
6. 60 I'm still struggling to get a handle on my hurts, habits, and hangups
47 I've got them under control
7. Amount of time you've been sober/clean/free of habits holding you back
11 I'm still working on it! 12 < 1 month 24 1-3 months 17 3-6 months 14 6-9 months
8 9-12 months 12 1-2 years 5 2-5 years 2 5-10 years 2 10+ years
8. Please rate the following, with 1 being "not useful" and 5 being "tremendously helpful"
 - a. The help/tools/lessons CR provides are 1 (1) 2 (2) 3 (10) 4 (17) 5 (69)
 - b. The format of the general session is 1 (2) 2 (4) 3 (12) 4 (20) 5 (64)
 - c. The format of the small group session is 1 (2) 2 (5) 3 (11) 4 (17) 5 (65)
 - d. The leaders of CR are 1 (1) 2 (2) 3 (9) 4 (11) 5 (76)
 - e. Spending time with others who understand is 1 (1) 2 (2) 3 (7) 4 (17) 5 (73)
9. Please rate the following with 1 being "not a fan" and 5 being "love it!"
 - a. The food 1 (1) 2 (2) 3 (8) 4 (15) 5 (75)
 - b. The facility (Fairdale Christian Church) 1 (1) 2 (2) 3 (7) 4 (9) 5 (81)
 - c. The transportation (if we pick you up) NA 1 (2) 2 (1) 3 (5) 4 (8) 5 (67)
 - d. The music 1 (3) 2 (3) 3 (9) 4 (9) 5 (76)
 - e. The speakers/lessons 1 (2) 2 (2) 3 (10) 4 (8) 5 (76)
10. I would recommend this program to a friend 99 Yes 0 No 8 Undecided

Anything you'd like to share with us (good or bad)? _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

Celebrate Recovery Fairdale Corp

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware 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 legally authorized to sign this disclosure for the applying organization.

Signature of Legal Signatory:

Phillip Rosell

Date: 6/27/24

Legal Signatory (please print):

Phillip Rosell

Title: Compliance Officer

Phone:

502-396-8199

Extension:

Email: philrosell@yahoo.com



Kentucky Secretary of State Michael G. Adams

Celebrate Recovery Fairdale, Corp

File Amended Annual Report	Change Address or Registered Agent	
File Certificate of Assumed Name (DBA)	File Dissolution	Upload a filing
File Registered Agent Resignation		
Print & Mail	Subscribe to changes made to this entity	Certificate of Good Standing

General Information

Organization Number	1160679
Name	Celebrate Recovery Fairdale, Corp
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Country	USA
File Date	7/22/2021 5:43:06 PM
Organization Date	7/22/2021
Last Annual Report	5/20/2024
Principal Office	9000 BROWN AUSTIN ROAD

Registered Agent	FAIRDALE, KY 40118 Larry Mitchum President 7601 Oswego Circle Fairdale, KY 40118
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Show Current Officers
Show Initial Officers
Show Images

Show Former Names

Show Activities

Contact Site Map

Privacy Security Disclaimer Accessibility

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Kentucky Unbridled Spirit