



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Legal Name of Applicant Organization: Jewish Hospital & St. Mary's Foundation <small>(as listed on: http://www.sos.ky.gov/business/records)</small> | | | |
| Main Office Street & Mailing Address: 250 East Liberty St, Suite 612, Louisville, KY 40202 | | | |
| Website: www.kentuckyonehealth.org/jhsmhfoundation | | | |
| Applicant Contact: | Sherri Craig | Title: | Vice President |
| Phone: | 502.587.4860 | Email: | sherri.craig@kentuckyonehealth.org |
| Financial Contact: | Fred Ray | Title: | Accountant |
| Phone: | 502-560-8466 | Email: | fredray@kentuckyonehealth.org |
| Organization's Representative who attended NDF Training: | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | Jefferson County | | |
| Council District(s): | All | Zip Code(s): | 40004 40056 40108 40116 40165 40201 40202 40203 40204 40205 40206 40207 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: Cancer Screening Van | | | |
| Total Request: (\$) | 50,000 | Total Metro Award (this program) in previous year: (\$) | 0 |
| Purpose of Request (check all that apply): <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | | <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Commonwealth of Kentucky is blessed with many assets that make it an incredible place to live and raise a family. Unfortunately, good health is not one of them. The state ranks among the 10 worst for such leading health indicators as cancer, obesity and death due to heart disease and stroke. Exacerbating these health challenges, more than half the state is designated as medically under-served with a growing scarcity of physicians, particularly in rural areas. Kentucky will have a shortage of 3,000 doctors in less than 10 years, according to an estimate by the U.S. Department of Health and Human Services.

To meet these daunting challenges, KentuckyOne Health was created in January 2012 through the merger of Jewish Hospital & St. Mary's HealthCare and Saint Joseph Health System, followed by a partnership with University of Louisville Hospital and James Graham Brown Cancer Center in early 2013. We have come together to leverage our considerable expertise and resources to achieve a bold goal: improving the health of every Kentuckian.

KentuckyOne Health is one of the largest health systems in Kentucky with nearly 200 locations including hospitals, outpatient facilities and physician offices, and more than 2,325 licensed beds. Our volunteer board of directors governs KentuckyOne Health with this purpose: To bring wellness, healing and hope to all, including the under-served.



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SECTION 4 – 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.):

Kentucky has the highest incidence and death rates in the nation for several cancers, most notably lung cancer. We are first in the nation for cancer deaths and we have the second highest incidence rate for all cancer sites. Jewish Hospital & St. Mary's Foundation is partnering with First Lady Jane Beshear and the Horses & Hope program to raise \$1 million to purchase a new mobile cancer screening van for the James Graham Brown Cancer Center, *and to help with first year operating expenses.*

For more than 20 years, the James Graham Brown Cancer Center's mobile mammography unit has been removing access barriers by reaching women in their community, church, school, or place of business, providing screening mammography and saving lives. Each year more than 4,000 women are screened for breast cancer. The current unit is almost 10 years old and is showing signs of significant wear and tear.

The new van will be equipped to provide screening and education for not only breast cancer, but cervical, colon, lung, prostate, skin & head/neck cancers as well. Many cancers can be prevented through lifestyle changes, such as avoiding tobacco, increasing physical activity and eating healthier. Still others, including breast and colon cancer, can be found early through screening - greatly improving treatment success. Science-based approaches delivered through the van can improve the health of Kentuckians and play a major role in bringing about positive change.

The new Cancer Screening Van will provide:

- * community screenings to detect cancer in early stages when treatment can be most successful
- * public education to encourage healthy lifestyles that will prevent cancer
- * patient navigation to access cancer resources in local communities
- * cancer outreach programs for under-served populations.

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

The funds will be used to help cover a portion of the first year operation expenses. These expenses include: Staff; Supplies; registration; insurance; accreditation fees; professional fees.



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

N/A

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:

☐ Effective October 24, 2013, reimbursements should not be made 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.

☐ 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.

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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 new Cancer Screening Van will be dedicated to cancer prevention and early detection services for Kentucky. It will have the capacity to provide education and screenings for cancers which can be prevented or diagnosed early including breast, cervical, colon, lung, prostate, skin and head/neck. This new initiative will encourage healthy lifestyle behaviors and offer screenings to improve treatment outcomes through early detection.

Our first goal is to provide breast, cervical, colon, lung, skin and head/neck cancer screenings and to provide these screenings to underserved women and men in economically challenged zip codes and in rural areas. Our second goal is to remove financial barriers: to remove cost as a financial barrier to women and men receiving cancer screening and diagnostic services, thus increasing screenings.

In the first year of service, we expect to perform 8,000 screenings and provide education/referral services to 25,000 people. This will include routine mobile mammography services, screenings provided at the Kentucky State Fair and several tours across Kentucky for specific screenings like skin, prostate and head/neck.

Through this outreach approach, we anticipate our outcomes to reflect increased access to care, increased numbers of people screened annually and referred for diagnostic services, and reduced cancer-related mortalities for the state of Kentucky.

The new mammogram equipment on the van will enable us to provide tomosynthesis (3D) mammography which provides more accurate screenings, resulting in fewer call backs and res-screenings. This will be the only mobile unit in the area which provides 3D mammography. This unit will also significantly expand the number of people we are able to serve as it will screen for six different cancers, in addition to mammograms.

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.

The James Graham Brown Cancer Center recognizes that this population faces many barriers in accessing health care and strives to remove those barriers by offering affordable and convenient screening and diagnostic services at locations more convenient to patients through our partnerships with groups throughout the community.

The James Graham Brown Cancer Center is comprised of eight separate multidisciplinary units. The Breast Care Center is one such unit and has partnerships in place to recruit and provide services to women of Jefferson, Bullitt, Shelby, and Hardin counties in Kentucky. The Breast Care Center has been an active participant in the Partnership in Cancer Control since its inception. This group of health care organizations is dedicated to providing cancer services to the residents of Jefferson County. They work to identify the under-served areas of the community and then provide mobile mammography screening services at churches, community events, and health centers in those areas. In 2013, special population initiatives included targeted screenings for African-Americans, Hispanics, Asians, Russians, Refugees, and the Homeless.

Even the campaign to raise funds for this cancer screening van is a joint effort between Kentucky's First Lady, Jane Beshear, Horses and Hope and Jewish Hospital & St. Mary's Foundation, a part of KentuckyOne Health.



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SECTION 5 – 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 | \$ 50,000 | \$106,660 | \$156,660 |
| B: Rent/Utilities | | | |
| C: Office Supplies / Medical Supplies | | \$ 4,500 | \$ 4,500 |
| D: Telephone | | | |
| E: In-town Travel - Fuel | | \$ 3,500 | \$ 3,500 |
| F: Client Assistance (Attach Detailed List) | | | |
| G: Professional Service Contracts | | \$19,778 | \$ 19,778 |
| H: Program Materials | | | |
| I: Community Events & Festivals (Attach Detail List) | | | |
| J: Machinery & Equipment | | | |
| K: Capital Project | | \$804,672 | \$ 804,672 |
| L: Other Expenses (Attach Detail List) | | \$ 10,890 | \$ 10,890 |
| *TOTAL PROGRAM/PROJECT FUNDS | | | \$1,000,000 |
| | 5 % | 95 % | 100% |

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

| | |
|---------------------------------------------------------------|-----------|
| Other State, Federal or Local Government | |
| United Way | |
| Private Contributions (do not include individual donor names) | \$950,000 |
| Fees Collected from Program Participants | |
| Other (please specify) | |
| | |

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

**Must equal or exceed total in column 2.

| | | | |
|----------------------------------------------------------------------|-----------------------|--|--|
| Jewish Hospital & St. Mary's Foundation | | | |
| | | | |
| Cancer Screening Van Capital & Initial Operating Expenses | | | |
| Van & Equipment | \$804,672.00 | | |
| Technologists salary (2FTE) | \$156,660.00 | | |
| supplies | \$4,500.00 | | |
| fuel | \$3,500.00 | | |
| Van registration | \$170.00 | | |
| Insurance | \$10,000.00 | | |
| accreditation fees | \$720.00 | | |
| Professional Fees* | \$19,778.00 | | |
| Total | \$1,000,000.00 | | |
| | | | |
| | | | |
| | | | |
| *Costs for mammograms to be read by radiologists | | | |



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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 |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| N/A | | |
| | | |
| | | |
| | | |
| <i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) | | |

* 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: July 1

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:



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SECTION 6 – 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 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.
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 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.

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 7 – 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: | <i>Sherri Craig</i> | Date: | August 11, 2015 |
| Legal Signatory: (please print): | Sherri Craig | Title: | Vice President |
| Phone: | 502.587.4060 | Extension: | |
| Email: | sherricraig@kentuckyonehealth.org | | |