



**LOUISVILLE METRO GOVERNMENT  
EXTERNAL AGENCY GRANT AGREEMENT  
EXHIBIT A – WORK PROGRAM AND BUDGET – FY 2022-2023**

**AGENCY PROGRAM MANAGEMENT**

**Agency Legal Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Agency's Fiscal Year Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Agency's Fiscal Year projected cash budget:** \_\_\_\_\_

**Agency's most recent final cash budget:** \_\_\_\_\_

**I. GRANTEE PRIMARY CONTACT**

This is the person responsible for day to day activities of the program and reporting.

Name	_____	Title	_____
Office	_____		_____
Phone	_____	Cell	_____
Email	_____		

**II. GRANTEE FINANCIAL CONTACT**

This is the person responsible for maintaining financial records.

Name	_____	Title	_____
Office	_____		_____
Phone	_____	Cell	_____
Email	_____		

**III. GRANT PAYMENTS TO BE ADDRESSED TO**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address or PO Box, City, State and Zip Code)

**IV. SCOPE OF SERVICES**

For the EAF Grant-Funded Program: Indicate (a.) how many people you plan to serve through the program, (b.) the intended age range served, and (c.) any additional criteria for the intended audience of your program (geographic area, etc.).

a. How many people you plan to serve through the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. The intended age range served: \_\_\_\_\_

c. Any additional criteria for the intended audience of your program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. **PROGRAM SCOPE** - Indicate the program activities for the EAF Grant-Funded Program.

Program Activity	Location	Zip Code	Duration	Avg # Hrs/ Wk*	Personnel Assigned		Estimated Number Served
					Paid	Vol	
1.							
2.							
3.							
4.							
5.							

\* For Exempt/Salaried Staff calculate hours using 40 hours maximum, even if person works more. Forty and above hours spent on program is considered 100% of time. For hourly employees use the number of hours used to determine that person a FT employee i.e. 35, 37.5, 40.

**VI. PROGRAM OUTCOMES** - List up to three projected SMART outcomes and explain how you will measure these outcomes for the EAF Grant-Funded program.

	<b>Projected SMART Outcomes</b>	<b>Outcome Measures</b>
<b>Outcome 1</b>		
<b>Outcome 2</b>		
<b>Outcome 3</b>		

**VII. TOTAL PROGRAM BUDGET** – Indicate ALL program expenses. Please use the following pages for additional details related to use of EAF funds allocated to program expenses.

<b>Expenses:</b>	<b>EAF Grant Funds Allocated</b>	<b>Other Funds Allocated</b>	<b>Total Funds Allocated</b>
<b>Paid Personnel</b> NET PAY ONLY. Indicate contract personnel in “Other Expenses”.			
<b>Rent</b> (If applicable, please attach copy of lease.)			
<b>Utilities</b>			
<b>Office Supplies</b>			
<b>Program Materials</b>			
<b>Telephone</b>			
<b>Travel</b> Travel within Jefferson County. Agency reimbursement rate is .56 per mile.			
<b>Small Equipment</b>			
<b>Other Expenses</b> Contractors receiving an IRS form 1099 at the end of the year must be registered with the Louisville Metro Revenue Commission and their account number provided in this document.			
<b>Total Program Funds</b>			
<b>Percentage of Total Program Budget</b>			

**A. PAID PERSONNEL DETAIL** – Indicate only the amount of EAF grant funds allocated to personnel and payroll expenses. Do not include amounts paid by other funding streams. Calculate salaried rates on a 40 hour work week.

Employee Name and Title	Average Net Pay Per Pay Period	Explanation
1.		<p>Only those persons considered permanent employees of the agency are to be included in this section. Contractors receiving IRS form 1099 at the end of the year should be listed as “Other Expenses”.</p> <p>“Net Pay”, for the purposes of this grant agreement, includes new wages from hours worked, sick and/or vacation time taken, and deductions for savings accounts and retirement accounts deducted and deposited directly on behalf of the employee.</p> <p>Should the above position(s) become vacant at any time during the contract year the agency is to notify Metro EAF staff.</p>
2.		
3.		
4.		
<b>Total Grant-Funded Personnel</b>		

**B. EXPENSES DETAIL** – Use the space below to provide additional details for only program expenses, or portion of expenses paid by EAF Grant funds only. Do not include amounts paid by other funding streams..

Expenses	Additional Details
<b>Paid Personnel</b>	
<b>Rent</b> (provide copy of lease)	
<b>Utilities</b>	
<b>Office Supplies</b>	
<b>Program Materials</b>	
<b>Telephone</b>	
<b>Travel</b>	
<b>Small Equipment</b>	
<b>Other Expenses</b>	

**C. PROGRAM FUNDING** – Provide information on all program funding sources.

FUNDING SOURCE	AMOUNT	PERCENTAGE
<b><i>LOUISVILLE METRO GOVERNMENT</i></b>		
1. EAF Grant		
2. Other funding from Louisville Metro Government		
<b><i>NON-LOUISVILLE METRO GOVERNMENT FUNDING</i></b>		
<b>1. Volunteer Contribution</b> (calculated at \$17.83/hr.) <b>a. Estimated number of volunteers:</b> <b>b. Estimated number of volunteer hours:</b>		
2. Other In-kind Contributions (Please specify)		
3. Donations (Please specify)		
4. Grants (Please list each granting organization)		
5. Metro United Way		
6. Other (i.e. program income, etc.)		
<b>TOTAL</b>		



**VIII. RELATIONSHIP DISCLOSURE**

List below any relationship that any member of your Board of Directors or employees have with any Councilperson, Councilperson’s family, Councilperson’s staff or any Louisville Metro Government employee. In addition, list below any relationship any member of your Board of Directors has with any employee within your Agency.

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**IX. 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.

**X. Please attach the following documents for your agency:**

IRS Form W-9 - <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. The W-9 must be signed and dated as of 2022.

Has your agency previously received an EAF grant and provided proof of the agency’s 501c3 status? YES  NO

If no, add attachment of 501c3