

Applicant Information Form



Date Submitted: [Click here to enter a date.](#)

GENERAL INFORMATION:

Legal Name: Lexington Fayette Urban County Government

EIN: [Click here to enter text.](#)

CONTACT INFORMATION

Executive Director: Mayor Jim Gray

Director Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Proposed Site Supervisor: Polly Ruddick

Site Supervisor Email: pruddick@lexingtonky.gov

Phone Number: 859-258-3105

Mailing Address: 101 E Vine St, Suite 150, Lexington, KY, 40507

Physical Address: 101 E Vine St, Suite 150, Lexington, KY, 40507

ORGANIZATION INFORMATION

of Full-time Staff: 2

of Part-time Staff: 0

of Active Community Volunteers: 0

Counties your organization serves: Fayette

Annual Operating Budget: 750,000

Does your organization have a negative fund balance? Yes No

Age of Organization: 3 years

ADDITIONAL INFORMATION

HHCK must receive a site match from each organization participating as a Service Site. Does your organization have the ability to pay the site match of \$6,350 per non-construction Member and \$6,740 for each construction Member?

Yes No

In order to comply with the SERVE Act, HHCK must report any federal money that is used to pay the site match for our AmeriCorps program. Will a portion of your site match payment be made using federal funds? Yes No

If yes – What amount of the site match will be paid (may not exceed 65% of total match) using federal funds?

Please provide the following -

Amount of site match and percentage: [Click here to enter text.](#)

Grant number: [Click here to enter text.](#)

CFDA number: [Click here to enter text.](#)

Agency: [Click here to enter text.](#)

****Please attach a waiver from your source of federal funds stating that your organization is approved to use part of that money to pay part of your site match.***

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In order to comply with the SERVE Act, HHCK must report any federal money that is used to pay for any part of the Site Supervisor's salary. Will federal funds be used to pay for any percentage of the Site Supervisor's salary?

Yes No

If yes – please complete the following:

Percentage: [Click here to enter text.](#)

Grant number: [Click here to enter text.](#)

CFDA number: [Click here to enter text.](#)

Agency: [Click here to enter text.](#)

MEMBER SAFETY

Member safety is essential to our program and part of consideration when approving and selecting Service sites. Please complete this section thoroughly to allow us to evaluate the safety of your site.

1. Will the member's task include exposure to asbestos, lead paint, hazardous waste or any other hazards?
 Yes No

If so, provide detailed information on potential hazard(s) and the actions that will be taken prior to beginning and throughout the service year to prevent exposure. [Click here to enter text.](#)

2. Will members be required to encounter potentially hazardous chemicals?
 Yes No

If yes, please provide the material Safety Data Sheets for each chemical. Indicate the availability of the appropriate personal protective equipment and properly trained supervision. [Click here to enter text.](#)

3. Will the member potentially encounter people with behavioral health issues?
 Yes No

If yes, what precautions will your agency take to ensure the member's safety? [Click here to enter text.](#)

4. Identify any other potential safety considerations associated with this placement. [Click here to enter text.](#)

ADDITIONAL CONSIDERATIONS

Would the Member you request displace an existing employee or fill a vacant staff position? No

Would the Member you request perform any duties currently performed by an existing employee? No

Would the Member you request displace a volunteer or volunteers? No

Would your Member have recurring access to a member of a vulnerable population? (children, individual with a disability, individual over age 60)? Yes No

If you answered yes to any question in this section, please explain in detail: The majority of clients the Member will serve will come from the Lexington, KY Coordinated Entry list. The Coordinated Entry list prioritizes individuals experiencing homelessness with the greatest service need, which predominantly includes persons with long histories of homelessness, serious mental illness, substance use disorders, and other disabilities. This means that many clients the Member will serve are vulnerable including individuals with disabilities and over the age of 60. This may also include families with children, although parents will be the primary contact.

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*Please attach a copy of your agency's written policy regarding complaints, disciplinary action, and grievances. Please note that we do not need the agencies' entire policy and procedure handbook.