

# Commission's Grant Application Form

Shelby County Board of Commissioners

## **GRANT APPLICATION**

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Legal Name of the Organization:	Livitup, Inc.
EIN:	62-1090750
Street Address of Organization	4189 Leroy Ave
Office Phone:	9017614277
E-mail	<a href="mailto:kburrow@livitupinc.org">kburrow@livitupinc.org</a>

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### EXECUTIVE DIRECTOR

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First Name	Kelly
Last Name	Burrow

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### GENERAL CONTACT FOR THIS REQUEST(if other than Executive Director)

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First Name	<i>Field not completed.</i>
Last Name	<i>Field not completed.</i>
Title:	<i>Field not completed.</i>

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### DESCRIPTION OF GRANT REQUEST

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Program/Project Area:	2016-2017
Amount Requested	\$5,000
Total Organizational budget (for current year):	\$1,500,000

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Total Project/Program Budget: \$5,000

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Dates covered by this budget: October 1-Sept 30th

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Project/Program Name: Day Center ipads

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## INTRODUCTION AND BACKGROUND OF ORGANIZATION

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Please summarize in a short paragraph the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

History/Overview: Livitup, Inc., formerly United Cerebral Palsy of the Mid-South (UCP), is a grassroots agency that has worked for close to 30 years on behalf of disabled individuals and their families across the Mid-south. As a significant provider of Social Services programs for our community, Livitup touches clients with a variety of diagnoses, including cerebral palsy, down syndrome, mental retardation and other physical and cognitive challenges. Our core programs teach and promote the development of independence. Employment Training Center: Livitup, Inc. assists adults with disabilities to develop the skills and experiences necessary to succeed in the workplace. Our curriculum uses a combination of classroom lectures and work simulations to teach core job skills. Referrals to this program come through the TN Career Center and the Division of Vocational Rehabilitation. We plan to purchase ipads for be used in the classrooms for people how are non-verbal.

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## Narrative - Organization

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Current programs and accomplishments. Please emphasize the achievements of the recent past.

Population Served: Livitup, Inc. programs and services are available to 130,000 individuals with disabilities and their families across the Mid-South. These individuals represent a variety of socio-economic levels, although statistics show that families with a disabled loved one are twice as likely to be living below the poverty line. Furthermore, we work with many agencies, including Memphis City Schools, Glass Mobility, and Division of Mental Retardation of TN to gain insight into community needs to ensure our programs are responsive and appropriate. Adult Care Enrichment Center: Livitup, Inc. serves adults with a primary diagnosis of mental retardation through

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unique programs and activities designed to allow participants to enhance their independence in the classroom and in the community. This is a great opportunity for individuals with disabilities to interact and build meaningful relationships in a fun and safe environment.

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Numbers of paid full-time staff: 45

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Number of paid part-time staff: 11

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Number of volunteers: 0

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### **Narrative - Funding Request**

Please describe the program/project for which you seek funding and include how it will benefit the general welfare of residents in Shelby County, TN.

Livitup, Inc. serves adults with various types of disabilities. We would like to purchase I-Pads for each of our classrooms so that the non-verbal population can interact with their peers. Our goal is socialize each individual we serve no matter what the disability. We have a Day Program for Adults with various types of disabilities. The Day center is located in the St. James Catholic Church in the 38108 zip code. Adults with various disabilities and needs from the ages of 21-70 attend the program 5 days a week from 8:30am-2:30pm. We offer a classroom style setting for each person to learn art/crafts, math skills, computer skills, reading, writing, grooming, cooking, etc. Each person has a specific plan that is given them from the State and we implement the plan. We do 2 hours of classroom time when they arrive then we take each person out in the community for 3 hours and we finish the day with 2 more hours of classroom time. Community outings are geared toward teaching each person how to check out a library book, order at a restaurant, attend a church event, etc. We want each and every one of them to feel independent. Teaching them social skills is a very important part of our program. We are seeking funds so that we can purchase Ipads and workbooks for each of our classrooms. We have several individuals that are non-verbal and the IPAD is a tool used to teach how to recognize things and listen to sounds and stories.

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### **General Operating Support**

If applying for general operating support, briefly describe how this grant will be used.

not applying for operating support

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### **Project Support**

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Please explain the specific project including a statement of its primary purpose and the need or problem that you are seeking to address.

not applying for project support

How does the project contribute to your organization's overall mission?

The overall mission at Livitup is to advance the independence and productivity of individuals with disabilities.

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### **Narrative - Evaluation**

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Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

Each person that we serve has a specific need that is addressed daily either by Livitup, Behavioral Analyst or Speech therapist.

Attachments:

If your request is under \$25,000 please attach the following:

1. Copy of the entity's 501 (c) 3 certificate for charitable organizations or 501 (c) 4 certificate for civic organizations
2. Most recent IRS Form 990 or Financial Statements (balance sheet and income statement) as of the most recent fiscal year end certified by Chief Financial Officer/Treasurer of the entity.
3. Complete Budget for grant request

If your request is \$25,000 or more please attach the following:

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1. Copy of the entity's 501 (c) 3 certificate for charitable organizations or 501 (c) 4 certificate for civic organizations

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2. Copy of an annual audit as of a date within 18 months of the start of the current fiscal year.

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3. Complete Budget for grant request

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File 1 [501c3change.pdf](#)

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File 2 [2014 Final Report.pdf](#)

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File 3 [BUDGET FOR PURCHASE OF IPAD PRO.docx](#)

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ACKNOWLEDGEMENT:

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Read, and if you agree to the provisions, sign the following:

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The information provided has been submitted in good faith and as completely as our records and recollections permit.

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I understand that the information provided in this application shall be open to inspection upon filing with the office of the Shelby County Board of Commissioners.

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Signature: Kelly Burrow

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Printed Name: Kelly Burrow

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Date 8/29/2016

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