

Louisville Metro Council City Agency Request
Neighborhood Development Fund (NDF)
■ **Capital Infrastructure Fund (CIF)**
Municipal Aid Program (MAP)
Paving Fund (PAV)

Primary Sponsor: Marilyn Parker

Amount: 80,681 **Date:** 12-11-17

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
This funding will be used to purchase 9 SMART radar traffic machines in each LMPD Division served by Metro Council districts 7, 11, 16, 17, 18, 19, 20, 22 and 23.

City Agency: Louisville Metro Police Department
Contact Person: Major Jamey Schwab
Agency Phone: 574-2258

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose and have the attached documentation from the receiving department concerning the project/expenditure.

18 Marilyn Parker 80,681 12-11-17
District # Council Member Signature Amount Date

Approved by: _____
Appropriations Committee Chairman Date
Clerk's Office & OMB Use Only:
Request Amount: _____ Amended Amount: _____
Reference #: _____ To OMB: _____
Budget Revision #: _____
Account #: _____
To Project Manager: _____ Completion Date: _____
Actual Cost: _____ Funds Returned: _____

Department/Project:
Louisville Metro Police/ Smart Machines

Additional Signatures

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

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	_____	\$ _____
District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Louisville Metro Police Department

Program/Project Name: Smart Machines

	Yes/No/NA	
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	NA	<input type="checkbox"/>
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA	<input type="checkbox"/>
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA	<input type="checkbox"/>
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NA	<input type="checkbox"/>
Funding Source: If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.	Yes	<input type="checkbox"/>
Funding Source: If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.	Yes	<input type="checkbox"/>
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	Yes	<input type="checkbox"/>
Ordinance Required: Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	No	<input type="checkbox"/>
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes	<input type="checkbox"/>

Submitted by: _____



Date: _____

12/11/17



All Traffic Solutions Inc.
 12950 Worldgate Dr.,
 Ste 310
 Herndon, VA 20170
 Phone: 814-237-9005
 Fax: 814-237-9006

Tax ID: 25-1887906

A sign of the future.™

QUOTE Q-29846

DATE/TIME: 8/26/2017 PAGE
 8:22:10 AM NO: 1

Questions contact:
MANUFACTURER:
All Traffic Solutions
 Max Wicklein

Independent Sales Rep:

Purchase Orders

3100 Research Dr.
 State College, PA
 16801

BILL TO:
 Louisville Metro Police Dept.
 , KY 40243

SHIP TO:
 Louisville Metro Police Dept.

Attn: Jamey Schwab

PAYMENT TERMS: Net 30 **CUSTOMER:** 245988 **CONTACT:** 502-574-2258

ITEM NO:	DESCRIPTION:	QTY:	EACH:	EXT. PRICE:
4000741	SpeedAlert 18 Radar Message Sign (RMS); base unit w/ mounting bracket	9.00	\$3,348.00	\$30,132.00
4000647	App, Traffic Suite (12mo); Equip Mgmt, Reporting, Image Mgmt, Alerts, Mapping and PremierCare	9.00	\$1,500.00	\$13,500.00
4000767	Base Model CREDIT, speed display; requires min 1 yr TrafficCloud Traffic Suite	9.00	(\$600.00)	(\$5,400.00)
4000874	All Options Activation: Bluetooth, Traffic Data, Violator Alert, Pictures, (\$3000 Value, requires Traffic or Message Suite)	9.00	\$0.00	\$0.00
4000173	Trailer, ATS5 (select power separately)	9.00	\$2,976.00	\$26,784.00
4000750	App, Mobile User Interface perpetual license (only 1 req'd per account)	1.00	\$100.00	\$100.00
4000641	Shipping	1.00	\$1,500.00	\$1,500.00
4000635	Trailer Battery kit for ATS-5, 235Ah deep cycle batteries w/cover, hold down, cables& hdwr	9.00	\$460.35	\$4,143.15
4000275	Solar panel, 60W; includes bracket for ATS-5 trailer and harness	9.00	\$832.35	\$7,491.15
4000740	Trailer Certificate of Origin	9.00	\$0.00	\$0.00

4000754	USB cable, 16ft, extra long for trailer or pole	9.00	\$20.00	\$180.00
4900041	crate, ATS-5 trailer shipping crate	9.00	\$250.00	\$2,250.00

Special Notes:	SALES			\$80,680.30
	AMOUNT:			
	SHIPPING:			
	TOTAL:			\$80,680.30

Duration: This quote is good for 60 days from date of issue.

Shipping Notes: Unless shipping charges are specifically indicated, prices are FOB factory. Shipping charges may apply

Taxes: Taxes are not included in quote. Please provide a tax exempt certificate or sales tax will be applied.

Warranty: Unless otherwise indicated, all products have a one year warranty from date of sale. Warranty extensions are a component of some applications that are available at time of purchase. A Finance Charge of 1.5% per month will be applied to overdue balances. GSA GS-07F-6092R

Authorization: By Signing below I indicate that I am authorized to commit my organization to the above.

Print Name, Title

Signature

Date