

Neighborhood Development Fund (NDF)
✓ Capital Infrastructure Fund (CIF)
Municipal Aid Program (MAP)
Paving Fund (PAV)

Primary Sponsor: Hamilton

Amount: \$565.50 Date: 11-3-17

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
Dead tree needs to be removed as it is a danger to be on the Garland Ave. side of the house at 901 Southwestern Parkway.

City Agency: Urban Forester
Contact Person: Eren Thompson
Agency Phone: 574-4030

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.

5 District # Chris B. Hamilton Council Member Signature 565.50 Amount 11-3-17 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: _____



Bob Ray Company, Inc.

"No Job Too Small, No Tree Too Tall"

www.bobrayco.com

Customer Name Lou Metro Attn: Erin Date 10/24/2017
 Phone _____ Cell 215-6768 Fax _____
 Job Location 901 Southwestern Pkwy on the Garland Ave. side City Louisville State KY Zip 40211
 Billing Address (if different) on file Email _____

-Specifications for Contract (or) Estimates-

Crown clean, raise and thin 39" Sugar Maple tree left side of house along Garland Street. Clean by removing obvious deadwood and raise by removing low hanging limbs over sidewalk.

We propose to furnish material, labor and equipment to complete work in accordance with above specifications. The Bob Ray Co., Inc.'s estimated cost of the performance of the tasks presented above is \$565.50. Should there be any reason to modify the scope of work, the Bob Ray Company, Inc. will seek your approval with a revised estimated cost before commencing any such additional work.

All work is to be completed in a workmanlike manner. All agreements are contingent upon weather, accidents and other delays beyond our control. See reverse side for the terms and conditions of work to be performed. The above price(s) and specification(s) are satisfactory and hereby accepted. You are authorized to do the work as specified.

This agreement and any noted attachments constitutes the entire agreement between the Bob Ray Co., Inc. and the below signed concerning the subject matter hereof. This agreement supersedes all prior agreements, discussions, representations, warranties and covenants between the Parties with respect to the above specified work. There are no warranties, representations, covenants or agreements, expressed or implied, between the parties except those expressly set forth in this agreement. Any amendments or modifications of this agreement shall be in writing and executed by the contracting parties.

Your signature below will constitute a binding contract.

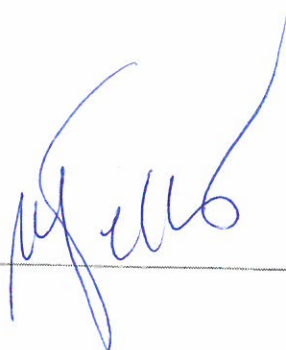
NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: _____

Program/Project Name: _____

	Yes/No/NA	
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	✓	
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	---	✓
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	---	✓
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	---	✓
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.	---	✓
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.	✓	✓
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	---	✓
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?	---	✓
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	✓	

Submitted by: _____



Date: _____