



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

Primary Sponsor: _____

Amount: _____ **Date:** _____

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):

City Agency: _____

Contact Person: _____

Agency Phone: _____

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.

 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:

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.

| | | | |
|------------|--------------------------|--------|-------|
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |
| _____ | _____ | _____ | _____ |
| District # | Council Member Signature | Amount | Date |

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? | |

Revised by: _____

Date: _____