

# 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.**

District #	Council Member Signature	Amount	Date
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**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Appropriations Committee Chairman

**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
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_____ District #	_____ Council Member Signature	_____ Amount	_____ Date

## CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

<b>Interagency Name:</b>	
<b>Program/Project Name:</b>	
	<b>Yes/No/NA</b>
<b>Request Form:</b> Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes
<b>Request Form:</b> If matching funds are to be used, are they disclosed with account numbers in the request form description?	Yes
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	Yes
<b>Request Form:</b> If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	Yes
<b>Funding Source:</b> 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
<b>Funding Source:</b> 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
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	Yes
<b>Ordinance Required:</b> Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	Yes
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	Yes
<b>Prepared by:</b>	<b>Date:</b>