

**Louisville Metro Council City Agency Request**

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

**Primary Sponsor:** Marianne Butler

**Amount:** \$2,000 **Date:** August 21, 2017

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**  
This funding is for 2 different SPOT clinics in District 15 @ \$750 each. Included is an additional \$500 for \$5 off coupons for services for a safer animal population.

**City Agency:** Louisville Metro Animal Services  
**Contact Person:** Laura Crook  
**Agency Phone:** 502-361-1318

**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.**

15  \$ 2,000 8-23-17  
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: \_\_\_\_\_

## NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

<b>Interagency Name:</b> Louisville Metro Animal Services	
<b>Program/Project Name:</b>	Spot Clinic 2017-18
	<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?	NA
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA
<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?	NA
<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.	NA
<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.	NA
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	No
<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?	No
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	Yes

**Submitted by:** \_\_\_\_\_ shughes \_\_\_\_\_

**Date:** Aug 21, 2017

## Hughes, Susan

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**From:** Crook, Laura  
**Sent:** Monday, August 21, 2017 11:52 AM  
**To:** Hughes, Susan  
**Cc:** Lockett, Daniel R; Kalkhof, Skip  
**Subject:** RE: Spot Clinics

Hi Susan,

That works.

Thanks!

Laura

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**From:** Hughes, Susan  
**Sent:** Monday, August 21, 2017 11:20 AM  
**To:** Crook, Laura  
**Cc:** Lockett, Daniel R  
**Subject:** Spot Clinics

Hi Laura. In preparation of the funding for the 2 clinics in D-15 , I am also adding \$500 for 100 \$5 off coupons for services. Please reply that you will accept this additional funding.

If you have any questions, please call.  
Thanks Laura

Susan W. Hughes  
Legislative Assistant to  
Councilwoman Butler  
District 15



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fax (502) 363-9742 · [www.louisvilleky.gov/AnimalServices](http://www.louisvilleky.gov/AnimalServices) · [animals@louisvilleky.gov](mailto:animals@louisvilleky.gov)

## INVOICE

<b>Date: 8-17-17</b>	<b>REMITT TO:</b>
	<b>3705 Manslick Rd.</b>
<b>Invoice Number: District1505002018</b>	<b>Louisville, KY 40215</b>
<b>SOLD TO: District 15</b>	
<b>ATTENTION: Councilwoman Marianne Butler</b>	
<b>ADDRESS 601 West Jefferson St.</b>	
<b>CITY, STATE, ZIP Louisville, KY. 40202</b>	
<b>Attn: Susan Hughes</b>	
<a href="mailto:Susan.Hughes@louisvilleky.gov">Susan.Hughes@louisvilleky.gov</a>	
<b>CUSTOMER ORDER NO.</b>	
	<b>SOLD BY Laura Crook</b>
<b>DESCRIPTION OF EVENT</b>	
<b>May 2018 Rabies Clinic</b>	<b>PRICE \$750.00</b>
Wyandotte Park, Salvation Army Building - 1010 Beecher St hours Animal Wellness Vehicle licenses, rabies vaccines, and microchips will be sold at the clinic	3 With
<b>TOTAL DUE</b>	<b>\$750.00</b>



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## INVOICE

<b>Date: 8-17-17</b>	<b>REMITT TO:</b>
	<b>3705 Manslick Rd.</b>
<b>Invoice Number: District1511042017</b>	<b>Louisville, KY 40215</b>
<b>SOLD TO: District 15</b>	
<b>ATTENTION: Councilwoman Marianne Butler</b>	
<b>ADDRESS 601 West Jefferson St.</b>	
<b>CITY, STATE, ZIP Louisville, KY. 40202</b>	
<b>Attn: Susan Hughes</b>	
<a href="mailto:Susan.Hughes@louisvilleky.gov">Susan.Hughes@louisvilleky.gov</a>	
<b>CUSTOMER ORDER NO.</b>	
	<b>SOLD BY Laura Crook</b>
<b>DESCRIPTION OF EVENT</b>	
<b>11-04-2017 Rabies Clinic</b>	<b>PRICE \$750.00</b>
<b>Wyandotte Park, Salvation Army Building - 1010 Beecher St 9am to 12pm With Animal Wellness Vehicle licenses, rabies vaccines, and microchips will be sold at the clinic</b>	
<b>TOTAL DUE</b>	<b>\$750.00</b>