

Louisville Metro Council City Agency Request

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

Primary Sponsor: Marianne Butler

Amount: \$75.00 Date: May 30, 2014

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

The \$75 cost is for 15 \$5 coupons distributed for assistance with rabies vaccines at the SPOT Clinic held on May 10, 2014 in Wyandotte Park.

City Agency: Department of Animal Services
Contact Person: Margaret Brosko
Agency Phone: 502-574-5525

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

15 District #
Marianne Butler Council Member Signature
\$75 Amount
5/30/14 Date

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:

OFFICE OF METRO COUNCIL CLERK
REVIEWED

DATE 6-2-14 TIME 1:55pm



DEPARTMENT OF
**ANIMAL
SERVICES**

OK to pay
[Signature]

INVOICE

Date: May 21, 2014	REMITT TO:
	3705 Manslick Rd.
Invoice Number: MAS04142014	Louisville, KY 40215
SOLD TO: District 15	
ATTENTION: Marianne Butler	
ADDRESS 601 West Jefferson St.	
CITY, STATE, ZIP Louisville, KY. 40202	
Att: Daniel Lockett	
CUSTOMER ORDER NO.	SOLD BY
	Margaret Brosko
DESCRIPTION OF EVENT	coupons
Saturday, May 10, 2013 9:00 a.m. - 12:00 p.m. Councilman Butler's Clinic Salvation Army Building Coupon reimbursement: 15 total coupons (\$75)	Total Cost: \$75
TOTAL DUE	\$75.00

Luckett, Daniel R

From: Brosko, Margaret A
Sent: Wednesday, May 21, 2014 4:54 PM
To: Luckett, Daniel R
Subject: RE: D-15 SPOT 2014 Spring Event
Attachments: SPOT-MAS INVOICE District 015 COUPONS -MAS05212014.xlsx; SPOT-MAS INVOICE District 015 -MAS04142014.xlsx

Hi Daniel,
I am glad to hear all went well.
Attached is the invoice for the coupons.
Let us know if you need anything else and thanks,

Margaret Brosko
Senior Manager Special Initiatives & Communications
Louisville Metro Animal Services

animal house
ADOPTION CENTER



DEPARTMENT OF
**ANIMAL
SERVICES**

2014 SPRING
SPOT
Bill

From: Luckett, Daniel R
Sent: Wednesday, May 21, 2014 8:54 AM
To: Brosko, Margaret A
Subject: D-15 SPOT 2014 Spring Event

Hi Mrs. Brosko!

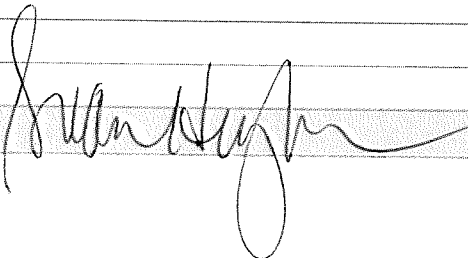
At your convenience can you email our office the final bill (coupons included) as you have in the past? Thank you for all your help and as always everyone did a wonderful job! I have received numerous complements on your staff! Great job!

Daniel Luckett, Jr.
Administrative Clerk District 15
Councilwoman Marianne Butler
office-502-574-1115
fax-502-574-4455

NDF OR CIF INTERAGENCY CHECKLIST

Interagency Name: Cyrus Services
 Program/Project Name: SPOC

	Yes/No/NA
Request Form: Is the NDF Request Signed by all Council Member(s) Appropriating Funding?	Yes
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	n/a
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	n/a
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	n/a
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.	n/a
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.	n/a
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000?	no
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

Prepared by:  Date: 5/30/14

