

FEB 24 2014 PM 1:03 *JH*

### Louisville Metro Council City Agency Request

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

**Primary Sponsor:** 19<sup>th</sup> District Councilman Jerry T. Miller

**Amount:** \$500.00 **Date:** February 21, 2014

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

Funding will provide programming expenses for LMPD's Youth Citizen's that will allow 25 participants to attend a 5 day youth leadership building program that will be held the week of July 28, 2014 at the Middletown Community Center. The total cost of the program is a 50/50 split with the City of Middletown. District 19's contribution will purchase t-shirts, hats and graduation certificates for the participants.

**City Agency:** Louisville Metro Police Department, Special Operations Division

**Contact Person:** LMPD Officer Matthew A. Gelhausen, Community Relations

**Agency Phone:** 574-8868

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

19		\$500.00	<u>21 Feb 14</u>
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: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK  
REVIEWED

DATE 3.10.14 TIME 9:25am

## NDF OR CIF INTERAGENCY CHECKLIST

**Interagency Name:** Louisville Metro Police Department, Special Operations Division

**Program/Project Name:** LMPD Youth Citizens Academy in Middletown

**Yes/No/NA**

**Request Form:** Is the NDF Request Signed by all Council Member(s) Appropriating Funding?

Y

**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?

Y

**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?

N

**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?

N

Prepared by:

Scott W. Hamington

Date:

2/21/14

## **Harrington, Scott**

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**From:** Gelhausen, Matthew  
**Sent:** Monday, February 24, 2014 12:56 PM  
**To:** Harrington, Scott  
**Subject:** LMPD Youth Citizens Police Academy  
**Attachments:** LMPD 2014 YCPA Application Packet.pdf

Councilman Miller,

I would like to extend an invitation to you and your council district in partnering with the Louisville Metro Police Department and the City of Middletown to host a Louisville Metro Police Department (LMPD) Youth Citizens Police Academy class. The class would be held in District 19 and directed towards the youth in the area. The class would be held from Monday, July 28<sup>th</sup>, 2014 – Friday, August 1<sup>st</sup>, 2014 with 25-30 participants in attendance.

The LMPD Youth Citizens Police Academy classes are offered to the youth of the Louisville Metro community during the summer months that are between the ages of 14-17 and it is a one week program. The academy focuses on teaching discipline, team building and leadership. The academy is very interactive with an opportunity for the youth to learn about the police department with a “behind the scenes” look. As a structured program, the youth wear uniforms and participate in various exercises and practical applications.

In partnering together, your council district’s funding would enable us to purchase the uniforms for the participants. These uniforms would be worn each day of the academy and for the graduation.

Attached is the Application Packet for the Youth Academy.

Please let me know if you have any questions or concerns.

Thank you sir,

Matt Gelhausen

Officer Matthew A. Gelhausen  
Louisville Metro Police Department  
Special Operations Division  
Community Relations Unit  
633 West Jefferson Street  
Louisville, Kentucky 40202  
Office - (502) 574-8868  
Cell - (502) 528-9276  
Fax - (502) 574-2149  
E-mail - [matthew.gelhausen@louisvilleky.gov](mailto:matthew.gelhausen@louisvilleky.gov)

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# LOUISVILLE METRO POLICE DEPARTMENT YOUTH CITIZENS POLICE ACADEMY



The Youth Citizens Police Academy is designed to expose young adults, ages 14-17 to the requirements, culture, and rewards of a career in law enforcement. The Louisville Metro Police Department has prepared a comprehensive training program to provide participants with an informative overview of the various divisions, units, and functions of the police department. Some areas that will be covered during the class are: patrol, investigations, narcotics enforcement and prevention, tour of Metro Corrections, Special Weapons and Tactics Team, Mounted Patrol and Canine Units. Classes will conclude with a Graduation Ceremony and successful graduates will take with them a certificate and a greater understanding and appreciation of the Louisville Metro Police Department and the role law enforcement officers play in our community.

## TWO CLASSES OFFERED

### **PARKHILL**

**COMMUNITY CENTER**  
**(1703 S. 13<sup>TH</sup> STREET)**  
**8:00 AM – 3:00 PM**  
**MONDAY, JUNE 23, 2014**  
**THROUGH**  
**FRIDAY, JUNE 27, 2014**

### **MIDDLETOWN**

**COMMUNITY CENTER**  
**(11700 MAIN STREET)**  
**8:00 AM – 3:00 PM**  
**MONDAY, JULY 28, 2014**  
**THROUGH**  
**FRIDAY, AUGUST 1, 2014**

**To Enroll and Any Questions**  
**502-574-7423**  
**[Impdcpa@louisvilleky.gov](mailto:Impdcpa@louisvilleky.gov)**



# LOUISVILLE METRO POLICE DEPARTMENT YOUTH CITIZENS POLICE ACADEMY



## APPLICATION

**Please Circle Class Interested in Attending**

Parkhill Community Center  
(1703 S. 13<sup>th</sup> Street)  
8:00 AM – 3:00 PM  
Monday, June 23, 2014  
Through  
Friday, June 27, 2014

Middletown Community Center  
(11700 Main Street)  
8:00 AM – 3:00 PM  
Monday, July 28, 2014  
Through  
Friday, August 1, 2014

NO  
PREFERENCE  
  
AVAILABLE FOR  
EITHER CLASS

### Applicant Information

Applicant Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Male:  Female:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate's Phone: \_\_\_\_\_

Do you have any special needs, considerations or restrictions that require accommodation in order for you to participate in this academy?

\_\_\_\_\_  
\_\_\_\_\_

Explain in a few words why you are interested in attending the Youth Citizens Police Academy and how did you learn of the program:

\_\_\_\_\_  
\_\_\_\_\_

List interests hobbies, sports, or other activities participant are involved in:

\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANTS MUST ADHERE STRICTLY TO ALL INSTRUCTIONS AND  
DEPARTMENTAL RULES AND REGULATIONS  
WHILE ATTENDING THE YOUTH CITIZENS POLICE ACADEMY**

Applicants must be between the ages of 14-17 and either live, work or have parents/guardians that work in Louisville, KY. Submission of this application certifies that there are no willful falsifications or omissions and any shall be sufficient cause for rejection for enrollment or dismissal. Applicants consent for verification of this information. Classes will be held at specified sites in Louisville and applicants are expected to make a commitment to attend all class sessions. Applicants will be notified through e-mail of acceptance to attend. If you have any special needs, please notify us so that we may make appropriate accommodations. If you have any questions, please contact us.

In consideration of my being permitted to attend the Louisville Metro Police Department (LMPD) Youth Citizens Police Academy, I hereby release the sponsors: LMPD and any officials affiliated with the sponsors, from any and all injuries or damages incurred or arising from my participation in this event. I further attest and verify that I am physical fit and that a licensed medical doctor has verified my physical condition. I also grant permission for the sponsors to use any photographs of this event for any worthwhile purpose. I understand I will be removed from the Academy, at my own expense, should I fail to obey any rules or the Academy Rules and Regulations.

Continued

I understand that participation in LMPD activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release LMPD and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with LMPD employees, volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of LMPD activities. In case of emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

For value received, I hereby consent to the use of my (or his/her) name, voice and/or pictures by LMPD and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant of any product or service. I hereby agree to indemnify the LMPD, officers, employees, agents, or their representatives, and any other person working under the department or engaged in the conduct of their affairs, said movie or broadcasting companies and their licensees representing any claim arising out of my or said Participant's acts or statements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**

Louisville Metro Police Department  
Community Relations Unit  
Citizens Police Academies  
633 West Jefferson Street  
Louisville, KY 40202  
Phone: (502) 574-7423  
Fax: (502) 574-4468  
E-mail: LMPDCPA@louisvilleky.org







**Louisville Metro Department of Corrections**  
**Consent and Release – All Claims Waiver**

**Date of Tour:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

I, \_\_\_\_\_ being the parent/guardian of  
Printed name of visitor or parent/guardian

\_\_\_\_\_ understand that the Louisville Metro  
Printed name of child, if applicable

Department of Corrections detains both pre-trial and convicted felons, misdemeanants and other violators of law.

I recognize that a visit within the security perimeter of a detention facility may present certain unforeseeable hazards to my person/child or property, and I assume all such risks associated with my visit within the security perimeter.

I agree to hold the Louisville Metro Department of Corrections, Louisville Metro Government, its employees and elected officials harmless for any injury to me/my child (including loss of life), or loss of property associated with the visit that is not the result of an intentional act by any such employee or official.

\_\_\_\_\_  
Visitor's Signature

\_\_\_\_\_  
Date

I give my child permission to participate in a tour of Louisville Metro Department of Corrections facilities.

\_\_\_\_\_  
Signature Parent or Guardian

\_\_\_\_\_  
Date

Approve by \_\_\_\_\_

Director/designee

Date \_\_\_\_\_