

Louisville Metro Council City Agency Request

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

Primary Sponsor: CM Dan Johnson

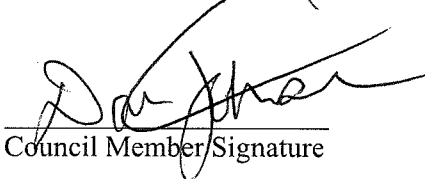
Amount: \$1,000 **Date:** March 1, 2017

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

two stage productions programming from the Commonwealth Theatre Center at the Beechmont Community Center.

City Agency: Metro Parks, Beechmont Community Center
Contact Person: Kevin Kenney, Director Beechmont Community Center
Agency Phone: 502-361-5484

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.

| | | | | |
|------------|--------------------------|---|---------|--------|
| 21 | <input type="checkbox"/> |  | \$1,000 | 3-1-17 |
| 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

Interagency Name: Metro Parks - Beechmont Community Center

Program/Project Name: stage productions from the Commonwealth Theatre Center

| | Yes/No/NA | |
|--|-----------|--------------------------|
| Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding? | Yes | <input type="checkbox"/> |
| Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description? | NA | <input type="checkbox"/> |
| Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount? | NA | <input type="checkbox"/> |
| Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description? | NA | <input type="checkbox"/> |
| 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. | NA | <input type="checkbox"/> |
| 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. | NA | <input type="checkbox"/> |
| Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required. | No | <input type="checkbox"/> |
| 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? | NA | <input type="checkbox"/> |
| Supporting Documentation: Does the attachment include a valid estimate and description of cost? | Yes | <input type="checkbox"/> |

Submitted by: *Ben*

Date: 3/1/17

Commonwealth Theatre Center
1123 Payne Street
Louisville, KY 40204

Invoice

| | |
|----------|-----------|
| Date | Invoice # |
| 2/1/2017 | 7402 |

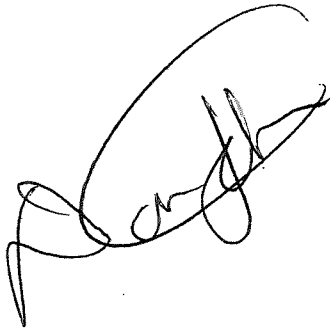
Phone # 502-589-0084

E-mail donna@commonwealththeatre.org

| | |
|-------|--------|
| Terms | Net 30 |
|-------|--------|

Bill To

Beechmont Community Center
Metro Parks
205 West Wellington
Louisville, KY 40214

| Description | Amount |
|---|------------|
| Touring Production: Skyhigh Tales / Feb 20 | 500.00 |
| Touring Production: Fables / April 3 | 500.00 |
|  | |
| Invoice Total | \$1,000.00 |
| Payments/Credits | \$0.00 |
| Balance Due | \$1,000.00 |