

**Louisville Metro Council
Council Originated NDF**

Council Member: Hamilton

Amount of Request: \$450.00

Specifically describe the charge to NDF attaching supporting documentation to fully describe the expenditure:
To support Louisville Growers. To sponsor district 5 residents to attend Fall.

Describe the public purpose:
To support the Louisville Growers Project in district 5. To help residents of the district to sustain garden plots - City farming. To grow healthy foods in a food desert.

Attachment required:

- Sponsorship of an event: Attach an event flyer and/or details regarding how the event was publicized.
- Admittance to an Event: Attach a list of persons whose admission was paid by this expenditure.
- Fundraiser: Specifically disclose how the net proceeds of this fundraiser will be used.

Cheri B. Hamilton
Signature of Council Member

450.00
Amount

5-12-2015
Date

Signature of Council Member

Amount

Date

Signature of Council Member

Amount

Date

Approved by:

Appropriations Committee Chairman

Date

**OFFICE OF METRO COUNCIL CLERK
REVIEWED**

DATE 7/16/15 TIME 9:37
Effective December 2011

FOR CLERK'S OFFICE USE ONLY

District (s) & Amount _____

To OMB: _____

Prepared/Approved by _____



May 12, 2015

Invoice

Bill To:
Metro Council District 5
601 W Jefferson
Louisville KY 40202

Invoice No.: 0001
Invoice Date: 5/11/2015

Quantity	Item	Cost per item	Cost
8	Table Sponsorship for People's Garden Members	40.00	320.00
2	Garden Gala Tickets (Garden Level)	40.00	80.00

Table of 10

\$400.00
[Signature]

Balance Due:

\$400.00
[Signature]

Please send payment to
Louisville Grows
2509 Portland Ave.
Louisville, KY 40212

Public Purpose Intent to Purchase
Required to accompany purchase up to \$10,000 including \$2,500 or less

Authorization by (check one): _____ Director _____ Other (specify) _____

Vendor/supplier Information

1. Legal Name of vendor/contractor: *harrisonville Groves*
2. Address: *2509 Portland Ave*
3. City/ State & Zip: *Harrisonville, Ky 40211*
4. Contact Person Name & Telephone Number:
Valeria Magnuson 681-5106

Metro Department Information

5. Requesting Department: *district 3*
6. Contact Person Name & Telephone: *Nyka 3905*

Public Purpose Information

7. Name of event: *harrisonville Groves Gala*
8. Venue for event: *YMCA - 10th & Chestnut*
9. Public purpose served: (attach separate explanation if needed)

10. Identify fund source by name and account:

11. Account coding: _____ - _____ - _____ - _____

12. List of attendees/participants in event: (attach separate sheet if needed)

<i>Cliff Hammetton</i>	<i>Clarence Yonacey</i>
<i>Louis Helmes</i>	<i>Ms. Mack White + 2</i>
<i>Melady Brown</i>	<i>Rev. Sherman</i>
<i>James Brown</i>	<i>Nyka Head Ellis</i>

Authorizations

Department Director: _____ Date: _____

Signature certifies:

- _____ Funds are available
_____ If grant funded, purchase meets all grant guidelines and requirements
_____ Public purpose is being served by this expenditure



Metro Council
Purchase Approval Form

Purchase Requested by Council Member/Staff: Hamilton
District/Caucus/Clerks/Administrative: _____
Date: 5-12-2015

Reimbursement (If reimbursement please list employee receiving check as the vendor)

Memo Attached Do Not Mail Check

Please mail attachments Use Invoice Attached "As Original"

Purchase Amount: \$ 100.00 Account # 521352

New Vendor/W-9 Required

Vendor Name _____ Invoice Number _____

(Pre-Approved thru Business Office) Purchase Order Number: _____

Description of Goods / Services: Dist 5 tickets

Explanation / Public Purpose: Dist 5 community garden
event - Dist 5 residents attending

Reviewed Request and determined the funds will be used for a Public Purpose

Council Member/Authorized Staff CB Hamilton/Mejia Date 5-12-15

Printing & Mailings over 200 pieces must have attorney's signature: "I have reviewed this request and determined the funds will be used for a public purpose under an interpretation of current case and statutory law".

County Attorney _____ Date _____

Reviewed by Business Office _____ Date _____