

Louisville Metro Council City Agency Request

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

Primary Sponsor: Councilwoman Madonna Flood

Amount: \$750 **Date:** April 4, 2017

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Louisville Metro Animal Services will host a Rabies Clinic, June 10, 2017, from 9am-12pm at the Eagles Lodge on Outer Loop.

City Agency: Louisville Animal Services
Contact Person: Ozzy Gibson
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.

24
District #

Madonna Flood
Council Member Signature

\$375
Amount

4-4-17
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: _____

Department/Project:
Louisville Metro Animal Services Rabies Clinic

Additional Signatures

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

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	<i>Vicki Aubrey Walsh</i>	\$375
District 14	_____	\$ _____
District 15	_____	\$ _____
District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

Derouen, Andrea

From: Gibson, Ozzy
Sent: Tuesday, April 4, 2017 9:26 AM
To: Derouen, Andrea
Subject: RE: NDF for Rabies Clinic

Good catch.....ok on it

From: Derouen, Andrea
Sent: Tuesday, April 04, 2017 8:59 AM
To: Gibson, Ozzy
Cc: Kalkhof, Skip
Subject: RE: NDF for Rabies Clinic

Ozzy—

I was mistaken—the NDF will be for \$750. Just ok this and send it back.

Thanks--

From: Gibson, Ozzy
Sent: Tuesday, April 4, 2017 8:21 AM
To: Derouen, Andrea
Cc: Kalkhof, Skip
Subject: RE: NDF for Rabies Clinic

We will accept and host!
Thanks Ozzy

From: Derouen, Andrea
Sent: Monday, April 03, 2017 8:37 AM
To: Gibson, Ozzy
Subject: NDF for Rabies Clinic

Good Morning Ozzy—

Could you send this email back to me saying that you will accept our \$700 to host a Rabies Clinic on June 19th for Districts 24 and 13.

Thank you!

Andrea Crider Derouen

Legislative Aide to Councilwoman Madonna Flood
(502) 574-1124

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Louisville Metro Animal Services

Program/Project Name: Rabies Clinic

	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.	No <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: Andrea DeLeon

Date: 4-4-17

Helton, Jessamyn

From: Flood, Madonna
Sent: Monday, April 10, 2017 1:23 PM
To: Helton, Jessamyn
Subject: LMAS

Please allow my Andrea Crider-Derouen to sign my name to the LMAS rabies clinic NDF

Helton, Jessamyn

From: Welch, Vicki A
Sent: Monday, April 10, 2017 3:07 PM
To: Helton, Jessamyn
Cc: Flood, Madonna; Derouen, Andrea; Triplett, Kevin D
Subject: Re: NDF to Animal Services for Rabies Clinic

Yes I approve of Kevin Triplett signing this NDF form in my absence
Thanks

Vicki Aubrey Welch
Louisville Metro Council
District 13 Councilwoman
502-574-1113

This is confidential information. Please delete if received by mistake.
Please excuse errors in grammar or spelling. Sent from my iPhone

On Apr 10, 2017, at 1:05 PM, Helton, Jessamyn <Jessamyn.Helton@louisvilleky.gov> wrote:

Council Members Flood and Welch,
I need written approval from both of you that your legislative assistants may sign the attached NDF request. You may respond to this email with your approval and I will include it with the file.
Thank you,
Jess

*Jess Helton
Deputy Clerk
Louisville Metro Council
601 West Jefferson Street, 1st Floor
Louisville, KY 40202
Phone - 502-574-2704
Fax - 502-574-3363
Email -jessamyn.helton@louisvilleky.gov*

<NDF041917LMASm.pdf>