

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: \$550 **Date:** May 2, 2019

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Low Cost Rabies-June 1, 2019

City Agency: Department of Animal Services
Contact Person: Ozzy Gibson
Agency Phone: (502) 473-7387

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	<input checked="" type="checkbox"/>	<i>Madonna Flood</i>	\$275	May 2, 2019
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: _____

Department/Project: Department of Animal Services
Low Cost Rabies Clinic-June 1, 2019

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	<u>See attached</u>	\$ <u>275</u>
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	_____	\$ _____

Applicant/Program: Department of Animal Services/Low Cost Rabies Clinic - June 1, 2019

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
X District 13	W. Ann. Fox	\$ 275.00
District 14	_____	\$ _____
District 15	_____	\$ _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Department of Animal Services

Program/Project Name: Low Cost Rabies Clinic-June 1, 2019

	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?	No	<input type="checkbox"/>
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes	<input type="checkbox"/>

Submitted by: _____ Andrea Derouen _____

Date: May 1, 2019

Derouen, Andrea

From: Gibson, Ozzy
Sent: Monday, April 29, 2019 12:45 PM
To: Derouen, Andrea
Cc: Kalkhof, Skip
Subject: RE: Low Cost Rabies Clinic-June 1st

yes

From: Derouen, Andrea
Sent: Monday, April 29, 2019 11:20 AM
To: Gibson, Ozzy
Subject: Low Cost Rabies Clinic-June 1st

Hello—

Will you accept the \$550 that will be appropriated for the Low Cost Rabies Clinic, June 1st.

Thank you.

Andrea Crider Derouen

Legislative Assistant to Councilwoman Madonna Flood

(502) 574-1124

Andrea.derouen@louisvilleky.gov



DEPARTMENT OF
**ANIMAL
SERVICES**

INVOICE

Date: April 10, 2019	REMITT TO:
	3705 Manslick Rd.
June 1, 2019 Rabies Clinic	Louisville, KY 40215
SOLD TO: District 24 & District 13	
ATTENTION: Andrea Derouen	
Cost for June 1,2019 Rabies Clinic	
Eagles Club	
Pre/Post Preparation	\$30.00
Off-Site Veterinarian	\$240.00
Vet Assistant	\$80.00
Clerical Staff	\$175.00
Office Supplies	\$25.00
CUSTOMER ORDER NO. MAS006012019	
TOTAL DUE	\$550.00