

Louisville Metro Council City Agency Request

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

Primary Sponsor: Councilwoman Dr. Barbara Shanklin

Amount: \$10,000 **Date:** 02/10/2020

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Funding of \$10,000 to be sent to First Neighborhood Place so that they may maintain their ability to help seniors and low-income individuals with outstanding bills, necessary home repairs, and other similar financial issues.

City Agency: First Neighborhood Place
Contact Person: Rosita Logan
Agency Phone: 502-313-4700

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.

2	<input type="checkbox"/>		\$10,000	02/10/2020
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:
\$10,000 to First Neighborhood Place to help seniors/low-income individuals with financial issues.

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	Barbara Shanklin - <i>BS</i>	\$ 10,000
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
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	_____	\$ _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: First Neighborhood Place

Program/Project Name: \$10,000 to First Neighborhood Place to help individuals with financial issues..

Yes/No/NA

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

Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description? NA

Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount? NA

Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description? NA

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

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

Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required. Yes

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

Supporting Documentation: Does the attachment include a valid estimate and description of cost? ~~NA~~ Y

Submitted by: _____ Caleb Howard

Date: 02/10/2020

Howard, Caleb A.

From: Miller, Cassandra L. (CS)
Sent: Wednesday, February 19, 2020 2:38 PM
To: Logan, Rosia J; Howard, Caleb A.
Cc: Shanklin, Barbara
Subject: RE: Funding from District 2 for First Neighborhood Place

We accept this funding in order to provide emergency financial assistance(rent & utilities) to District 2 households that are low to moderate income.

Regards,
Cassandra

Cassandra L. Miller, Program Manager
Department of Community Services
Community Services Division
701 W. Ormsby Ave. Suite 200
(502)574-6410 office
(502)413-1111 mobile
(502)574-4240 fax
cassandra.miller@louisvilleky.gov

From: Logan, Rosia J <Rosia.Logan@louisvilleky.gov>
Sent: Wednesday, February 19, 2020 12:02 PM
To: Howard, Caleb A. <Caleb.Howard@louisvilleky.gov>
Cc: Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov>; Miller, Cassandra L. (CS) <Cassandra.Miller@louisvilleky.gov>
Subject: RE: Funding from District 2 for First Neighborhood Place
Importance: High

Good Morning Councilwoman Shanklin and Caleb ,

I have added Cassandra Miller, Program Manager to this email to send the email documentation to accept the funds and for final approval. As always, our team look forward to working with you and the community. Thank you, so very much! Rosia

From: Howard, Caleb A. <Caleb.Howard@louisvilleky.gov>
Sent: Tuesday, February 18, 2020 10:01 AM
To: Logan, Rosia J <Rosia.Logan@louisvilleky.gov>
Cc: Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov>
Subject: Funding from District 2 for First Neighborhood Place

Good morning Ms. Logan,

I've got it all set up to approve the funding of \$10,000 to be sent to First Neighborhood Place from our D-2 NDF money. I just need email documentation in which you accept the money for First Neighborhood Place and detail the reason for receiving the money (for example, to help seniors with their bills, to help low-income individuals with necessities, etc.). Upon receipt of this confirmation email, the Clerks' Office should be good to go with approving our