

# Louisville Metro Council City Agency Request

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

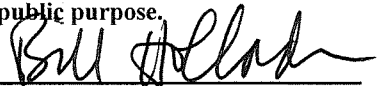
**Primary Sponsor:** Bill Hollander

**Amount:** \$23,000 **Date:** October 13, 2015

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**  
 Paving of Calvin, rated 15/100. Total cost is \$28,000, additional funds will be used from D9 CIF.

**City Agency:** Metro Public Works  
**Contact Person:** Andrew Metcalf  
**Agency Phone:** 574-6789

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

9	 _____ Council Member Signature	\$23,000	10/13/15
District #		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: \_\_\_\_\_

## Ethridge, Kyle

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**From:** Metcalfe, Andrew  
**Sent:** Monday, October 05, 2015 4:26 PM  
**To:** Ethridge, Kyle  
**Subject:** RE: Cost Estimate for Calvin

Kyle,  
The cost would be \$28,000.  
Thanks,  
Andrew

OK -  
Bill  
Hollander

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**From:** Ethridge, Kyle  
**Sent:** Thursday, October 01, 2015 3:30 PM  
**To:** Metcalfe, Andrew  
**Subject:** Cost Estimate for Calvin

Andrew,

We are interested in obtaining a cost estimate for Calvin Avenue – rated 15/100.

Thank you,  
Kyle



**Ms. Kyle Ethridge** | Legislative Assistant  
Office of Councilman Bill Hollander  
601 W. Jefferson Street | Louisville, KY 40202  
p: (502) 574-3908 c: (502) 333-4644

## CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

**Interagency Name:** Metro Public Works

**Program/Project Name:** Paving of Calvin Avenue

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

**Prepared by:**



**Date:** October 13, 2015