

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:** January 30, 2020

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 To host a Rabies Clinic on June 6, 2020. This included discounted fees for these services: Rabies Vaccinations, Animal Licenses, Microchip and DAPP.

City Agency: Metro Animal Services
Contact Person: Skip Kalkhof
Agency Phone: 574-5385

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  275- Jan 30, 2020
 District # Council Member Signature Amount Date

Approved by: _____
 Appropriations Committee Chairman Date

Clerk's Office & OMB Use Only:

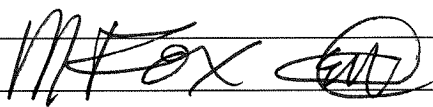
Request Amount: _____ Amended Amount: _____
 Reference #: _____ To OMB: _____
 Budget Revision #: _____
 Account #: _____
 To Project Manager: _____ Completion Date: _____
 Actual Cost: _____ Funds Returned: _____

Department/Project:
Rabies Clinic, June 6, 2020

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		\$ 275-
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: Metro Animal Services

Program/Project Name:

Rabies Clinic, June 6, 2020

	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 Crider Derouen

Date: Jan 30, 2020



DEPARTMENT OF
**ANIMAL
SERVICES**

RABIES CLINIC SPONSORSHIP

• Pre/Post Preparation	\$20.00
• Clinic Assist Staff	\$110.00
• On-Site Veterinarian	\$260.00
• On-Site Veterinarian Assistant	\$80.00
• On-Site Clerical Staff	\$200.00
• Supplies / Set-Up	\$30.00
TOTAL	\$700.00

Discounted Sponsor Rate \$550.00



METRO ANIMAL SERVICES

RABIES CLINICS

Service	Fee
1-Year Rabies Vaccination	\$10.00
3-Year Rabies Vaccination	\$15.00
1-Year Altered Animal License	\$10.00
1-Year Senior Animal License	\$5.00
1-Year Unaltered Animal License	\$60.00
3-Year Altered Animal License	\$27.00
3-Year Senior Animal License	\$13.50
Multipet License	\$9.00(4)/\$8.00
Microchip	\$25.00
FRCVP	
DAPP	Free

Derouen, Andrea

From: Kalkhof, Skip
Sent: Monday, January 27, 2020 10:22 AM
To: Derouen, Andrea
Cc: Gibson, Ozzy
Subject: June 6th Rabies Clinic
Attachments: Services Provided 2020.xlsx; Rabies Clinic Cost 2019.pptx

Andrea,
Ozzy Gibson asked me to respond to you regarding the upcoming Rabies Clinic on June 6, 2020.

Please find attached the cost break down for the Rabies Clinic set for June 6th, 2020. I have also attached a list of the services we provide.

Please call with any questions.

Thanks,



Skip Kalkhof
502-574-5385
513-235-6325 (Cell)
Administrative Coordinator
Metro Animal Services



Derouen, Andrea

From: Kalkhof, Skip
Sent: Monday, January 27, 2020 10:38 AM
To: Derouen, Andrea
Subject: RE: June 6th Rabies Clinic

YES.



Skip Kalkhof
502-574-5385
513-235-6325 (Cell)
Administrative Coordinator
Metro Animal Services



From: Derouen, Andrea <Andrea.Derouen@louisvilleky.gov>
Sent: Monday, January 27, 2020 10:36 AM
To: Kalkhof, Skip <Skip.Kalkhof@louisvilleky.gov>
Subject: RE: June 6th Rabies Clinic

Will you accept the funds on behalf of Animal Services?

From: Kalkhof, Skip <Skip.Kalkhof@louisvilleky.gov>
Sent: Monday, January 27, 2020 10:22 AM
To: Derouen, Andrea <Andrea.Derouen@louisvilleky.gov>
Cc: Gibson, Ozzy <Ozzy.Gibson@louisvilleky.gov>
Subject: June 6th Rabies Clinic

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