

Louisville Metro Council City Agency Request

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

Primary Sponsor: Councilwoman Jessica Green District 1

Amount: \$212.50

Date: 2/23/2016

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):

To assist with a community Easter Egg hunt in District 1 along with Southwest Family Ministries @ Riverside Gardens Park 3899 Lees Lane Louisville ,KY 40216 . The event will take place on March 26th , 2016 from 1pm to 3pm @ Riverside Garden Park (Metro Parks facility) . The funds requested will be used to pay event and permit fees to Metro Parks .

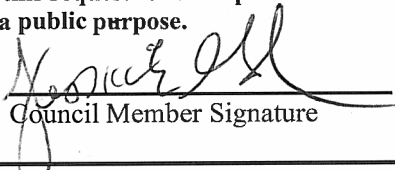
City Agency: Metro Parks and Recreation

Contact Person: Marty Storch

Agency Phone: 502 574 5910

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

1
District #


Council Member Signature

\$212.50
Amount

3/23/16
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: _____

CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Metro Parks and Recreation

Program/Project Name: Easter Egg hunt

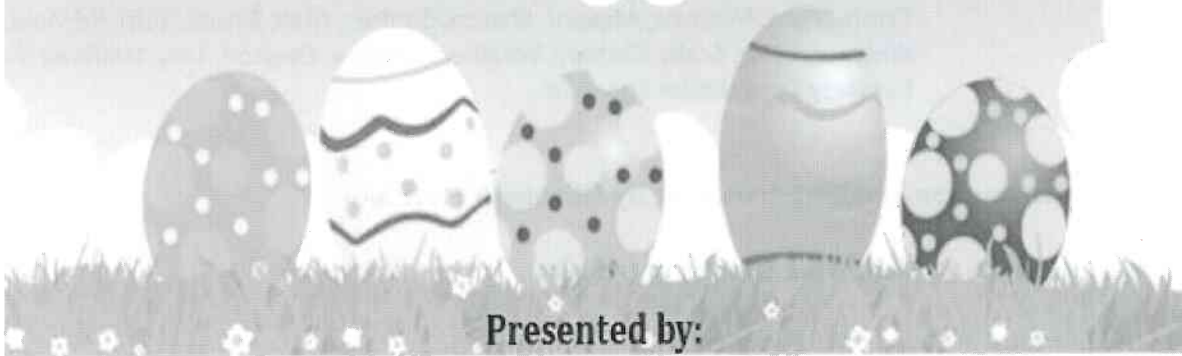
	Yes/No/NA
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA
Request Form: If matching funds are to be used, does the amount of the request 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.	No
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
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes

Prepared by:



Date: 2/23/2016

Easter Egg Hunt!



Presented by:

Southwest Family Ministries and Councilwoman Jessica Green

*For Kids
ages 2 - 12*

COME JOIN THE FUN!
Riverside Garden Park
Saturday, March 26th @ 1 pm

*Candy Eggs
Hotdogs
Chips*

Office of Councilwoman Jessica Green | Louisville Metro Council | District 1

601 West Jefferson Street Louisville, Kentucky 40202

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Weathers, Charles

From: Richards, Robyn
Sent: Wednesday, March 23, 2016 12:14 PM
To: Weathers, Charles
Subject: event fee

Non profit and Councils fees for event #212.50

Robyn Richards
Special Event Coordinator
1080 Amphitheater Rd
Louisville KY 40214
Phone 502 368-5910
Fax 502 3685955



**METRO
Parks**
www.metro-parks.org

Louisville Metro Parks Event Application

Date: 3/21/2016

CONTACT INFORMATION

Primary Contact: Charles Weathers Metro Council District 1
(Person to be contacted regarding this application, the event, or in case of an emergency)

Contact Address: 601 W Jefferson #308 Louisville, KY 40202

Primary Phone Number: 502 574-1101

☐ WORK ☐ CELL ☐ HOME

Secondary Phone Number: 502 574-3906

☐ WORK ☐ CELL ☐ HOME

Email: Charles.Weathers@louisville.ky.gov

Fax: 502 574-7844

Website: _____

EVENT DESCRIPTION

Event Name: Southwest Family Ministries & Community Justice Center
(Official name used to advertise event)

Event Sponsor: Southwest Family Ministries
(Name of individual, group or organization organizing event)

Event Producer: Southwest Family Ministries, Pastor Tim Hartlage
(Name of individual, group or organization producing event, or agency with whom event is contracting)

Describe Event: Easter Egg Hunt

☐ EVENT DESCRIPTION ATTACHED

Metro Park Location for Event: Riverside Gardens 3899 Lees Ln, Louisville 40216

Date(s) and Time(s) of Event: Load-In Date: ____/____/____ Time: ____ ☐ AM ☐ PM

Event Start Date: 3/26/16 Time: 1 ☐ AM ☒ PM

Event End Date: 3/26/16 Time: 3 ☐ AM ☒ PM

Load-Out/Clean-Up Date: ____/____/____ Time: ____ ☐ AM ☐ PM

ATTENDANCE

Total attendance expected: 50 Peak attendance expected at any one time: 50

SITE MAP REQUIREMENT

Regardless of event's location, a site map must be submitted to Metro Parks with this application showing the location of the event. All streets, alleys and rights of way affected by the event must be included, detailing specific event features and equipment. You may download park maps at metro-parks.org/parks.

VENDORS

- An event that will have food or merchandise vendors must apply for a Master Vendor Permit.
- A map of the location of all vendors must be attached.
- Event Master Vendor Permit holder is responsible for adhering to all local vending ordinances and ensuring compliance of all vendors with Louisville Metro Inspections Permits and Licenses, Health Department, Revenue Commission and the Kentucky State Department of Revenue.

☐ **CLEAN-UP PLANS AND PROCEDURES**

Event producers holding an event on Louisville Metro properties, facilities, streets or right-of-ways are responsible for clean-up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Describe or attach clean-up plan: Settlers Family Ministries

☐ **CLEAN-UP PLAN ATTACHED**

☐ **ELECTRICAL SERVICES**

Electrical permit(s) may be required for temporary electrical service. For generators, contact the fire district where event will be held.

☐ Public Utilities

☐ Patch Box(es) Total: N/A

☐ Generator(s) Total: _____

Indicate placement of patch boxes and/or generators on attached map.

☐ **RESTROOM FACILITIES**

Number of permanent facilities at event location: N/A

Number of portable facilities: _____

Name of supplying company: _____ Office Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

☐ **SECURITY**

Event producers must provide adequate security for event management and crowd control.

Total number of security personnel or off-duty law-enforcement officers on-site: N/A

Organization providing security: _____

Contact Name: _____ Phone: _____

Describe or attach security plan: _____

☐ **SECURITY PLAN ATTACHED**

☐ **TENT(S)**

Number of Tents: N/A Tent Sizes: _____

Enclosed tents over 200 sq. ft. require a permit. ALL tents over 400 square feet require a permit. Contact Louisville Metro Inspections Permits and Licenses, 444 South Fifth Street, Suite 101, Louisville KY 40202, 502/574-3321.

☐ **ADVERTISING**

Describe (or attach) your events marketing plan and include copies of any print advertisements: N/A

☐ **ADVERTISING PLAN ATTACHED**

Website: N/A

☐ **OTHER**

Describe or attach a description of any further special features of your event, including special requests or other relevant information Metro Parks should be made aware of: None

☐ **SPECIAL FEATURES ATTACHED**

Weathers, Charles

From: Councilwoman Jessica Green <jessica.green@public.govdelivery.com>
Sent: Wednesday, March 23, 2016 10:24 AM
To: Weathers, Charles
Subject: Easter Egg Hunt



UPDATE | March 23rd, 2016



Southwest Family Ministries and Councilwoman Jessica Green

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