

## Louisville Metro Council City Agency Request Neighborhood Development Fund (NDF)

☐ Capital Infrastructure Fund (CIF)				
☐ Municipal Aid Program (MAP)				
Primary Sponsor: Councilman David James				
Amount: \$127.50	Date: 7-8-14			
Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):  Rental of picnic tables for the Old Louisville Springfest 2014				
City Agency: Parks				
Contact Person: Robyn Richards				
Agency Phone: 502-368-5910				
I have reviewed this request for an expenditure funds will be used for a public purpose.  6 District # Council Member Signature	sof city tax dollars, and have determined the  \$127.50 Amount  7-8-14 Date			
Approved by:  Appropriations Committee Chairn Clerk's Office & OMB Use Only:	nan Date			
Request Amount:	Amended Amount:			
Reference #:	To OMB:			
Budget Revision #:				
Account #:				
To Project Manager:	Completion Date:			

OFFICE OF METRO COUNCIL CLERK REVIEWED

DATE 8-13-14 TIME 3: 38pm

Actual Cost:	Funds Returned:
Department/Project:	

 ${\bf Additional\ Signatures} \\ {\it I\ have\ reviewed\ this\ request\ for\ an\ expenditure\ of\ city\ tax\ dollars,\ and\ have\ determined\ the\ funds\ will\ be\ used\ for\ a\ public\ purpose.}$ 

District #	Council Member Signature	Amount	Date
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NDF OR CIF INTERAGENCY CHECKLIST				
Interagency Name: Parks				
Program/Project Name: Old Louisville Springfest				
	Yes/No/NA			
Request Form: Is the NDF 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?				
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?				
<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?				
<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.	NA			
<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.	NO			
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000?	NO			
<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?	NA			
Prepared by: 2 Janda My ttchelf- Smith Date: 7-8-1	4			



Printed: 09-May-14, 09:59 AM

User: robynr

## **Remit Payment To:**

Iroquois Amphitheater 1080 Amphitheater Road Louisville, KY 40214

01-May-14 - 08-May-14

07-May-14

**INVOICE** 

**Previous Balance** 

Account #: 18316

Old Louisville Neighborhood Council Candace Jaworsky 1340 S 4th ST Louisville KY 40208 2350 USA

Business #: (502) 994-1856

Rental

20954 - Old Lousville Springfest 2014

Total:

\$127.50

\$0.00

Invoice Balance

Rental Payment Due

\$127.50

Over 120 \$0.00

Over 90 \$0.00

Over 60 \$0.00

Over 30 \$0.00

Current \$127.50

## Off Site Rental Agreement



Contract #: 20954 Date: 07-May-14

User:

robynr

Status:

Firm

Louisville / Jefferson County Metro Government by and through its Metro Parks Department, 1297 Trevilian Way, Louisville, Kentucky 40213 hereby grants Old Louisville Neighborhood Council (hereinafter called the "Licensee") represented by Candace Jaworsky, permission to use the Facilities as outlined, subject to the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of this Agreement.

i) Purpose of Use

**Equipment Rental** 

Old Lousville Springfest 2014

ii) Conditions of Use

10 picnic table to W Ormsby St., in beer garden. to be picked up Monday May 19, 2014 (see

map)

Fri

iii) Date(s) and Time(s) of Use

# of Bookings: 1

Starting: Fri 16 May 14 10:00 AM Ending: Fri 16 May 14 11:00 AM

Expected: 3,000

**End Time** 

**XFee** Fee

Tax

Sun Valley Maintenance -

Day Start Date

Start TimeEnd Date 10:00 AM 16-May-14

\$0.00

Total

**Off Site Rentals** 

16-May-14

11:00 AM

Facility/Equipment

\$0.00 \$127.50

\$127.50

iv) Additional Fees / DELIVERABLE ITEMS

Extra Fee - Bookings Picnic Tables-(Set of 10-Delivered) Quantity

Hours 1:00 Charge \$127.50

\$127.50

Tax \$0.00 Total

**Rental Fees** 

Extra Fees \$127.50

1:00

\$127.50

\$127.50

v) Payment Method

\$0.00

Tax \$0.00

Rental Total \$127.50

**Damage Deposit** \$0.00 **Total Applied** \$0.00

**Balance** \$127.50

\$0.00

Current \$127.50

There is a \$50 fee on all returned checks

07-May-14, 10:05 AM

Licensee Initials:

Printed: 07-May-14, 10:05 AM

User: robynr

**Off Site Rental Agreement** 

OSEI. TODYTII

Contract #: Date: 20954 07-May-14 User:

robynr

Status: Firm

The undersigned holder of this agreement hereby releases Louisville/Jefferson County Metro Government and Louisville/Jefferson County Metro Parks Department from any and all obligations, claims, or responsibilities arising from the use by the holder of said items covered by said agreement, and further indemnifies and binds itself to hold the Louisville/Jefferson County Metro Parks Department harmless from any obligation, claim or cause of action which might arise, be made, or brought against Louisville/Jefferson County Metro Parks Department by and party arising from the use by the holder of this agreement of the items and activity covered by said agreement.

THE HOLDER OF THIS AREEMENT IS RESPONSIBLE FOR PROTECTING THE PROPERTY AGAINST DAMAGE DURING THE USE BY THE ORGANIZATION / INDIVIDUAL TO WHOM THE PERMIT IS ISSUED WILL BE BILLED FOR ALL SUCH DAMAGE.

Licensee Signature

LOUISVILL Nest brains

COUNTIL

Metro Parks Representive:

Candace Jaworsky

Old Louisville Neighborhood Council 1340 S 4th ST

Louisville KY 40208 2350

USA

Home: ()

Fax: (502)

Business: (502)994-1856

Please Return to:

Metro Parks 1080 Amphitheater Road Louisville, KY 40214 Phone (502)368-5865

Fax (502)368-5955

Emergency Phone # (502) 574-3506 After Hours

07-May-14, 10:05 AM

Licensee Initials: