

Louisville Metro Council City Agency Request

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

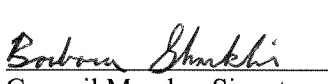
Primary Sponsor: Councilwoman Dr. Barbara Shanklin

Amount: ~~\$4,999.00~~ \$4,980.82 **Date:** 10/27/2020

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Funding of \$4,999.00 from District 2 NDF to Metro Public Health to cover constituents' co-pay costs relating to flu, pneumonia, and shingles vaccinations being offered in District 2 as a special event in partnership with Newburg Church of Christ and Kroger. Based upon a previous event, it was observed that many constituents (especially seniors needing the shingles vaccination) could not afford their co-pay and had to leave. This funding is to ensure that these citizens are able to receive these important vaccinations and maintain their health during the current pandemic.

City Agency: Louisville Metro Public Health and Wellness
Contact Person: Dr. Sarah Moyer
Agency Phone: 502-574-8058

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"/>		\$4,999.00 \$4,980.82	10/27/2020
District #		Council Member Signature	Amount	Date

Approved by: _____
 Appropriations Committee Chairman Date

Clerk's Office & OMB Use Only:

Request Amount: _____ Amended Amount: _____

Reference #: NDF051221PHW02 To OMB: _____

Budget Revision #: _____

Account #: _____

To Project Manager: _____ Completion Date: _____

Actual Cost: _____ Funds Returned: _____

Department/Project:

~~\$4,999.00~~ ^{\$4,980.82} to Public Health to cover constituents' co-pay costs for various vaccinations

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	_____	\$ _____
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: Louisville Metro Public Health and Wellness

Program/Project Name: 4,999.00 to Public Health for constituents' co-pay costs for vaccinations

	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?	NA	<input type="checkbox"/>
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes	<input type="checkbox"/>

Submitted by: _____ Caleb Howard

Date: 10/27/2020

Howard, Caleb A.

From: Shanklin, Barbara
Sent: Monday, October 26, 2020 5:04 PM
To: Howard, Caleb A.
Subject: Fwd: vaccine funding

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Sent from my iPhone

Begin forwarded message:

From: "Shanklin, Barbara" <Barbara.Shanklin@louisvilleky.gov>
Date: October 26, 2020 at 5:03:29 PM EDT
To: "Moyer, Sarah S" <Sarah.Moyer@louisvilleky.gov>
Subject: Re: vaccine funding

Thank you Dr. Moyer I Hope with your help we can help a lot of seniors. Again, thanks.

Sent from my iPhone

On Oct 26, 2020, at 5:00 PM, Moyer, Sarah S <Sarah.Moyer@louisvilleky.gov> wrote:

Councilwoman Shanklin,

We accept \$4999 to cover an invoice from Kroger that will cover co-pay costs for vaccines. Thank you for supporting and improving the health of your constituents.

Sarah Moyer, MD, MPH
Director, Chief Health Strategist
Department of Public Health and Wellness
400 East Gray Street, Louisville, KY 40202
sarah.moyer@louisvilleky.gov

<image001.jpg>

<image002.jpg>

Our Vision - A healthy Louisville where everyone and every community thrives.
Our Mission - To achieve health equity and improve the health and well-being of all Louisville residents and visitors.
Our Values - Collaboration, Innovation, Grit, Integrity, Quality

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Howard, Caleb A.

From: Calhoun, Sarah R <sarah.calhoun@stores.kroger.com>
Sent: Tuesday, October 27, 2020 8:37 AM
To: Howard, Caleb A.
Subject: Vaccine clinic 11/9/2020

Follow Up Flag: Flag for follow up
Flag Status: Flagged

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Caleb,

It was great meeting you yesterday! I'm glad we're getting to work together to serve the community. We will accept the funds via the public health department and issue an invoice to them after the vaccine clinic. Just let me know where that invoice goes and we will get the billing set up.

I look forward to working with you guys again!

Sarah Calhoun, RPh
PIC | The Kroger Co. | 752
3165 S 2nd St, Louisville, KY 40208
(P:502-368-6153 | F:502-368-6832 | sarah.calhoun@stores.kroger.com

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Kroger Pharmacy L-752
3165 South 2nd Street
Louisville, KY 40208



Phone: (502) 368-6153

Fax: (502) 368-6832

E-mail: Sarah.Calhoun@Stores.Kroger.com

Statement

Statement #: 20201109
Date: May 2, 2021
Customer ID: 24-752001

Bill To: Louisville Metro Council - District 2
Attn: Councilwoman Dr. Barbara Shanklin
601 West Jefferson Street
Louisville, KY 40202

Date	Type	Description	Amount Due	Payment	Balance
11/9/2020	Immunizations	Shingrix	\$ 1,576.06	0.00	\$ 1,576.06
11/9/2020	Immunizations	Fluarix	\$ 345.72	0.00	\$ 345.72
11/9/2020	Immunizations	Pneumovax	\$ 145.00	0.00	\$ 145.00
11/9/2020	Immunizations	Prevnar	\$ 701.84	0.00	\$ 701.84
11/23/2020	Immunizations	Shingrix	\$ 1,195.24	0.00	\$ 1,195.24
11/23/2020	Immunizations	Fluarix	\$ 213.72	0.00	\$ 213.72
11/23/2020	Immunizations	Pneumovax	\$ 316.40	0.00	\$ 316.40
11/23/2020	Immunizations	Prevnar	\$ 486.84	0.00	\$ 486.84
				Total	\$ 4,980.82

Reminder: Please make checks payable to "Kroger Co." and include the statement number on your check.

Terms: Balance due by May 31st, 2021

REMITTANCE

Customer Name: Louisville Metro Council - District 2

Customer ID: 24-752001

Statement #: 20201109

Date: May 2, 2021

Amount Due: \$4,980.82

Amount Enclosed: