## Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

**✓** Capital Infrastructure Fund (CIF)

Municipal Aid Program (MAP)

Paving Fund (PAV)

Primary Sponsor: Cheri B. Ha	m. Hon, 11st	ict 5
Amount: # 1,840.00	Date: 5-/	0-18
Description of program/project including plocation of project/program and any extern Replace missing curb	nal grantee(s):	
City Agency: Public Werks + Contact Person: Craig Allen		
Agency Phone: 574 - 6159		
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.		
		ect/expenditure.
5 District # Cheu B. Hamilto Council Member Signature		5-18-18 Date
	Amount	3.
District # Cheu B. Hamilto Council Member Signature  Approved by: Appropriations Committee Chairn Clerk's Office & OMB Use Only:	Amount	5-/8 Date
District # Cheu B. Hamilto Council Member Signature  Approved by:  Appropriations Committee Chairn	Amount  Amended Amount:	5-/0-/8/ Date
District # Council Member Signature  Approved by:  Appropriations Committee Chairm Clerk's Office & OMB Use Only:  Request Amount:  Reference #:	Amount  Amended Amount:  To OMB:	5-/0-/8 Date
District # Cheu B. Hamilton Council Member Signature  Approved by:  Appropriations Committee Chairm Clerk's Office & OMB Use Only:  Request Amount:  Reference #:  Budget Revision #:	Amount  Amended Amount:  To OMB:	5-/0-/8 Date
District # Council Member Signature  Approved by:  Appropriations Committee Chairm Clerk's Office & OMB Use Only:  Request Amount:  Reference #:	Amount  Amended Amount:  To OMB:	5-/0-/8 Date

## NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST Interagency Name: Public Warks + ASSETS Program/Project Name: Replace missing curb at 2424 Montgomer Yes/No/NA Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding? **Request Form:** If matching funds are to be used, are they disclosed with account numbers in the request form description? Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount? Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description? 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. 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. Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required. **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? Supporting Documentation: Does the attachment include a valid estimate and description of cost?

Date: 5-10-18

## Hamilton, Cheri

From:

Allen, Craig L

Sent:

Thursday, May 10, 2018 1:10 PM

To:

Hamilton, Cheri

Subject:

Curb Repair Estimate

## Councilwoman Hamilton,

Below is the estimate you requested for the curb repair at 2424 Montgomery St. If you have any questions please let me know.

LOCATION	2424 Montgomery St	
REQUESTED BY	Dist 5	
RATE	No Curb Present	
DATE SENT	5/10/2018	
ESTIMATE BY	CA	
MEASUREMENTS/COMMENTS	20' of curb, seed and protection, asphalt as needed	
ESTIMATE AMOUNT	\$1,840.00	

Estimate is valid for 120 days from date

sent.

Any requests after 120 days will

require re-inspection.

Thanks,

Craig Allen, E.I.T.
Engineer I
Louisville Metro Public Works & Assets
444 South 5<sup>th</sup> Street, 4<sup>th</sup> Floor
Louisville KY 40202
(502)574-6159