

Louisville Metro Council City Agency Request

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

Primary Sponsor: David James

Amount: \$500 Date: 6-10-19

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

Funds will go to Parks to help pay for permit fees, rental, and equipment for free community event, 2nd Father's Day Cookout

City Agency: Louisville Parks and Recreation

Contact Person: Tangie Pumas

Agency Phone: 502-368-5865

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.

District # 4
 David James Council Member Signature
 \$500 Amount
 6/10/19 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: _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: ~~David James District to~~ Metro Parks ST

Program/Project Name: 2-not-1 Father's Day Cook-out
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? --- N/A

Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount? --- N/A

Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description? --- N/A

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. --- N/A

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. --- N/A

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? --- YES

Supporting Documentation: Does the attachment include a valid estimate and description of cost? --- YES

Submitted by: Shalanna Mc Lyba

Date: 6/10/19



Receipt # **108973**
 Payment Date: **06/11/19**
 Household: **1273**

quois Amphitheater
 380 Amphitheater Road
 Louisville KY 40214
 Phone: (502)368-5865

District 06
 601 W Jefferson St
 Louisville KY 40202

Reservation Updated: California Park, Special Event Permit

Address: 1600 W St. Catherine Street, Louisville, KY, 40210
 Reserv. Contact: **David James**
 Phone Number: **(502)574-1106**
 Reserv. Number: **4210**
 Status: **Tentative**
 Purpose: **2 Not 1 Annual Fathers Day Cook-out**
 Anticipated Count: **300**

<u>Date(s) And Times</u>	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Sun 06/16/2019 10:00A to 7:00P	0.00	275.00	0.00	0.00	275.00

<u>Fee Description</u>	<u>Amount</u>	<u>Count</u>	<u>Discount</u>	<u>Sales Tax</u>	<u>Total Fee</u>
Permit Fee	250.00	1.00	0.00	0.00	250.00
Inflatable Permit	25.00	1.00	0.00	0.00	25.00

Rental Reservation Updated: Patch Box

Reserv. Number: **1672**
 Rental Days: **4**
 Rental Status: **Future**
 Quantity: **2**
 Member Name: **David James**
 Rental Period: **Fri 06/14/2019 @ 10:00 am to Mon 06/17/2019 @ 12:00 pm**

<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
0.00	250.00	0.00	0.00	250.00

<u>Fee Description</u>	<u>Amount</u>	<u>Count</u>	<u>Discount</u>	<u>Sales Tax</u>	<u>Total Fee</u>
Fee	125.00	2.00	0.00	0.00	250.00

Special Questions: **Reservation Maintenance Comments: Deliver 2 Patch boxes and to California Park on 6/14/19 at 10am. Pick up the following Monday. POC Dr Turner 502-509-9637**

Processed on 06/11/19 @ 10:03 am by tdumas

Total New Fees	0.00
Old Balances Included	525.00
Total Due	525.00
Total Fees Paid	0.00
Total Paid	0.00
Balance From Receipt	525.00