

# Louisville Metro Council City Agency Request

XNeighborhood Development Fund (NDF)

Capital Infrastructure Fund (CIF)

Municipal Aid Program (MAP)

Primary Sponsor: Councilwoman Madonna Flood

Amount: \$1,500

Date: March 11, 2014

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

Two SPOT Clinics—Rabies, License and Micro Chip Clinic  
Saturday, May 17<sup>th</sup> 9am-1pm—Highview Fire Department  
Saturday, June 21<sup>st</sup> 9am-1pm—Okolona Library

City Agency: Louisville Metro Animal Services

Contact Person: Margaret Brosko

Agency Phone: (502) 574-5525

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

24 District #      Madonna Flood Council Member Signature      \$1,500 Amount      3-11-14 Date

Approved by: \_\_\_\_\_  
Appropriations Committee Chairman      Date

Clerk's Office & OMB Use Only:

Request Amount: \_\_\_\_\_ Amended Amount: \_\_\_\_\_

Reference #: \_\_\_\_\_ To OMB: \_\_\_\_\_

Budget Revision #: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK

REVIEWED

DATE 3-21-14 TIME 1:39 pm

Account #: \_\_\_\_\_

To Project Manager: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Actual Cost: \_\_\_\_\_ Funds Returned: \_\_\_\_\_

**Department/Project:** \_\_\_\_\_

### NDF OR CIF INTERAGENCY CHECKLIST

Interagency Name: *Metro Animal Services*

Program/Project Name: *SPOT Clinics*

Yes/No/NA

**Request Form:** Is the NDF 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?

*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?

*N*

**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?

*N*

Prepared by: *Andrea Devoens*

Date: *3-11-14*



DEPARTMENT OF  
**ANIMAL  
SERVICES**

## INVOICE

<b>Date: March 11, 2014</b>	<b>REMITT TO:</b>
	<b>3705 Manslick Rd.</b>
<b>Invoice Number: MAS03112014</b>	<b>Louisville, KY 40215</b>
<b>SOLD TO: District 24</b>	
<b>ATTENTION: Madonna Flood</b>	
<b>ADDRESS 601 West Jefferson St.</b>	
<b>CITY, STATE, ZIP Louisville, KY. 40202</b>	
<b>Att: Andrea Crider Derouen</b>	
<b>CUSTOMER ORDER NO.</b>	<b>SOLD BY</b>
	<b>Margaret Brosko</b>
<b>DESCRIPTION OF EVENT</b>	<b>PRICE 750/event</b>
<b>Saturday, May 17, 2014 9:00 a.m. - 1:00 p.m.</b> <b>Councilwoman Flood's Clinic Highview Fire Station</b> <b>7308 Fagenbush Lane 40228 - Rabies, License and</b> <b>Microchip Clinic. Saturday, June 21, 2014</b> <b>9:00 a.m. - 1:00 p.m.</b> <b>Councilwoman Flood's Clinic Okolona Library 7709</b> <b>Preston Highway 40219 - Rabies, License and</b> <b>Microchip Clinic.</b> <b>***times and locations to be finalized!!!</b>	<b>Total Cost Two Events</b> <b>\$1,500</b>
<b>TOTAL DUE</b>	<b>\$1,500.00</b>