

O-415-21

**Louisville Metro Council City Agency Request**  
**XNeighborhood Development Fund (NDF)**  
**Capital Infrastructure Fund (CIF)**  
**Municipal Aid Program (MAP)**  
**Paving Fund (PAV)**

**Primary Sponsor:** Councilwoman Jessica Green Metro Council District 1

**Amount:** ~~\$40,000~~ ~~\$10,000~~ **\$14,000**      **Date:** 8/10/2021

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**  
Victim Services Hotel assistance is to provide emergency shelter to a crime victim or witness when a lcal shelter is not an appropriate option or if a local shelter is unable to accommodate the victim or witness. . The relocation assistance funds will be used for airfare , bus tickets to relocate victims or witnesses when it is not safe for them to remain in Jefferson County .

**City Agency:** Louisville Metro Police Department / Victim Services Unit  
**Contact Person:** Nicole J Carroll Director  
**Agency Phone:** 502 574 1264

**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.**

1   \$10,000 8/10/2021  
District # Council Member Signature Amount Date

**Approved by:** \_\_\_\_\_  
Appropriations Committee Chairman Date  
**Clerk's Office & OMB Use Only:**  
Request Amount: \_\_\_\_\_ Amended Amount: \_\_\_\_\_  
Reference #: O-415-21 To OMB: \_\_\_\_\_  
Budget Revision #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
To Project Manager: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Actual Cost: \_\_\_\_\_ Funds Returned: \_\_\_\_\_

**Department/Project:**  
Louisville Metro Police Department / Victim Services Unit Hotel and Relocation Assistance

**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	<i>Eamon P. Mulvihill</i>	\$ 1,000
District 11	<i>Richie Burdell</i>	\$ _____
District 12	_____	\$ 1,000
District 13	<i>Mark Fox</i>	\$ 1,000
District 14	<i>K. Thompson</i>	\$ _____
District 15	_____	\$ 1,000
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 Police Department / Victim services unit

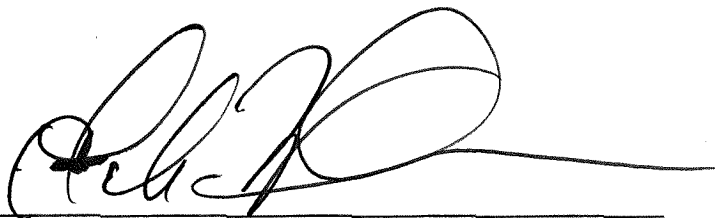
**Program/Project Name:** Hotel & Relocation assistance

Yes/No/NA

<b>Request Form:</b> Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes	<input type="checkbox"/>
<b>Request Form:</b> If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA	<input type="checkbox"/>
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	No	<input type="checkbox"/>
<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?	NA	<input type="checkbox"/>
<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	<input type="checkbox"/>
<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.	NA	<input type="checkbox"/>
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	Yes	<input type="checkbox"/>
<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	<input type="checkbox"/>
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	Yes	<input type="checkbox"/>

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**Submitted by:** \_\_\_\_\_



**Date:** 8/10/2021



Louisville Metro Police Department  
Victim Services Unit  
Victim/Witness Hotel Assistance Agreement



1. Victim/Witness will not reveal the confidential and sensitive nature of this investigation, nor will he/she disclose his/her status as a victim/witness.
2. Victim/Witness will not publish or disseminate any information or material that results from or relates to this investigation.
3. Victim/Witness agrees to report all threats to the Louisville Metro Police Department (LMPD), regardless of the perceived seriousness or questionable reality of the threat.
4. Victim/Witness agrees to notify the LMPD Detective or Victim Services Specialist of any changes in his/her address or phone number.
5. Victim/Witness agrees to be accessible to the LMPD.
6. Victim/Witness agrees not to disclose his or her location to anyone and agrees to not allow anyone inside his or her hotel room.
7. Victim/Witness agrees not to commit any criminal acts.
8. Victim/Witness agrees, if forced to leave the hotel by the LMPD or hotel staff, he or she will be in breach of this agreement and forfeits any and all future hotel assistance.
9. Victim/Witness agrees to provide names and dates of births of all dependent family members who will stay in the hotel with him or her.
10. Victim/Witness agrees that he or she is responsible for any damages to the hotel room or any charges (excluding the room rate) associated with his or her hotel stay.
11. Victim/Witness agrees to not post on any electronic media, the Internet, or any social media his or her location or disclose any other information regarding the case.
12. Victim/Witness agrees and understands that any violation to this agreement may be just cause to discontinue his or her support from the LMPD Victim Services Unit.

I understand that if I violate any of the outlined provisions, I am jeopardizing my safety and I may lose the LMPD's safety protection hotel assistance.

Victim/Witness Name (Print)

Signature

Date

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LMPD Victim Services Specialist Name (Print)

Signature

Date

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## **Weathers, Charles**

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**From:** Carroll, Nicole J  
**Sent:** Wednesday, August 4, 2021 3:23 PM  
**To:** Weathers, Charles  
**Subject:** RE: NDF  
**Attachments:** Hotel Assistance Program Agreement.docx

Hi Charles,

Thank you for your email. The following is a brief description of the Hotel Assistance Program:

The purpose of hotel assistance is to provide emergency shelter to a crime victim or witness when a local shelter is not an appropriate option or if a local shelter is not able to accommodate the victim or witness. All requests for use of hotel assistance will be approved by the Director of the Victim Services Unit. The decision to deny a request for hotel assistance will be made by the Director of the Victim Services Unit.

Prior to requesting hotel assistance, Victim Services Specialists must determine if the victim has any family or friends with whom *he or she may stay or whether the victim has the means to pay for lodging for one night until longer term shelter is found*. Victim Services Specialists will utilize one of several area hotels. It is the responsibility of Specialists to confirm the victim (and their children) has no medical conditions requiring close supervision, they are drug and alcohol free, and they do not have any mental health issues. Victims who are suicidal, who have medical conditions which require close supervision, or who are under the influence of alcohol or drugs will not be permitted to receive hotel assistance from the Victim Services Unit. In addition, victims who are themselves displaying violent tendencies, or who present a risk to the safety of the Victim Services Specialist *or others will also be denied hotel assistance*.

If hotel assistance is permitted, the Victim Services Specialist will call the hotel and advise that they are calling from the LMPD Victim Services Unit and they need to reserve a room for a victim or witness. The Specialist will register the victim with their first and last name (example – Nicole Carroll). *The hotel will bill the LMPD credit card that is on file or email the invoice to the Director of the Victim Services Unit who will in turn submit a purchase order request*. In addition, the Specialist will enter the hotel assistance in the Victim Services Unit Hotel Assistance Log.

Please see the attached Hotel Assistance Agreement.

Additionally, relocation assistance is less formal in so far as we currently utilize *funds from the VSU's Bring Peace Home Account* managed through the Louisville Metro Police Foundation to purchase bus tickets or airfare to relocate victims or witnesses when it is not safe for them to remain in Jefferson County. The Bring Peace Home Account is utilized to assist with crime scene clean up, relocation, lock changes, death certificates, etc. If granted additional funds, we will develop a formal process.

Nicole J. Carroll  
Director, Victim Services Unit  
Louisville Metro Police Department  
502-574-1264



**From:** Weathers, Charles <Charles.Weathers@louisvilleky.gov>  
**Sent:** Wednesday, August 4, 2021 3:03 PM  
**To:** Carroll, Nicole J <Nicole.Carroll@louisvilleky.gov>  
**Subject:** NDF

Ms. Carroll can you send me a paragraph or two on the hotel & relocation assistance programs offered to victims by your unit and how it is administered . I am going to try to do this request as a NDF as a city agency request so we don't have to do the full NDF packet , if you have any questions please feel free to call me @ 502 468 5982 or 502 574 1101 .  
Thanks C Weathers

## **Victim Services Unit**

Violent crime has the potential to change the course of a person's life. Crime impacts victims, witnesses, families, and entire communities. The Victim Services Unit (VSU) of the Louisville Metro Police Department (LMPD) was established in order to ensure the fair, compassionate, and sensitive treatment of victims and witnesses of crime. The VSU supports crime victims and witnesses by helping them to navigate the criminal justice system and by responding to their emotional, physical, and financial needs. The LMPD guarantees that victims and witnesses of crime are treated with respect and dignity and afforded rights and services designed to address the specifics of their victimization. These free services are available to help victims cope with the trauma and the aftermath of victimization and to lessen the inconveniences often associated with participation in the criminal justice process.

## **Contact Us**

Victim Services

Phone: 502-574-8788

### **Victims of the following crimes are eligible to receive services:**

- Arson
- Assault
- Child Physical and Sexual Abuse
- Criminal Traffic Incidents that Result in Death or Serious Physical Injury
- Domestic Violence
- Elder Abuse
- Homicide



**From:** [Carroll, Nicole J](#)  
**To:** [Harward, Sonya](#)  
**Cc:** [Weathers, Charles](#); [Green, Jessica](#)  
**Subject:** Re: Accepting Funds for Emergency Shelter  
**Date:** Monday, August 16, 2021 10:00:12 AM  
**Attachments:** [image001.png](#)

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Hi Sonya,

Thank you for your email. Please allow this email to serve as my acceptance of these funds. Thank you again and I hope you have a great week!

Respectfully,

Nicole Carroll

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**From:** Harward, Sonya <Sonya.Harward@louisvilleky.gov>  
**Sent:** Monday, August 16, 2021 9:33 AM  
**To:** Carroll, Nicole J <Nicole.Carroll@louisvilleky.gov>  
**Cc:** Weathers, Charles <Charles.Weathers@louisvilleky.gov>; Green, Jessica <Jessica.Green@louisvilleky.gov>  
**Subject:** Accepting Funds for Emergency Shelter

Ms. Carroll,

I am writing on behalf of Charles Weathers from the District 1 Metro Council Office regarding the Neighborhood Development Funds for the emergency shelter for crime victims and witnesses. Mr. Weathers said that the request is for \$40,000 and District 1 is providing \$10,000 and that others may sign on as well. Can you please respond to this email regarding the acceptance of these funds for the purpose noted?

Thanks,  
Sonya



*Sonya Harward*

Louisville Metro Council Clerk  
601 W. Jefferson Street, Ste. 103  
Louisville, KY 40202  
(502)574-2704 (direct)  
(502)574-3902 (ofc)  
(502)500-5440 (cell)