

**Louisville Metro Council  
Council Originated NDF**

OCT 20 2014 PM 1:01

Council Member: Hamilton

Amount of Request: \$500.00

Specifically describe the charge to NDF attaching supporting documentation to fully describe the expenditure:  
*To support community based group in their endeavor to provide scholarship to deserving in the community  
 Yearlings Club, Inc  
 14309 W. Broadway 40211*

Describe the public purpose:  
*To provide scholarship to deserving young people to further assist in their education*

**Attachment required:**

- Sponsorship of an event: Attach an event flyer and/or details regarding how the event was publicized.
- Admittance to an Event: Attach a list of persons whose admission was paid by this expenditure.
- Fundraiser: Specifically disclose how the net proceeds of this fundraiser will be used.

Cheri B. Hamilton      \$500.00      10/17/14  
 Signature of Council Member      Amount      Date

\_\_\_\_\_  
 Signature of Council Member      Amount      Date

\_\_\_\_\_  
 Signature of Council Member      Amount      Date

Approved by:

\_\_\_\_\_  
 Appropriations Committee Chairman      Date

OFFICE OF METRO COUNCIL CLERK  
 REVIEWED  
 DATE 11-7-14 TIME 10:02 am  
 Effective December 2014

FOR CLERK'S OFFICE USE ONLY  
 District (s) & Amount \_\_\_\_\_  
 To OMB: \_\_\_\_\_  
 Prepared/Approved by \_\_\_\_\_



# Yearlings Club Incorporated

October 3, 2014

## INVOICE

YEARLINGS CLUB INC.  
4309 West Broadway Street  
Louisville Kentucky 40211  
Tax ID # 61-1301432

- 1. Client Councilwoman Cheri Byrant Hamilton  
Metro District Five
  
- 2. Ten (2) -62nd Anniversary Gala tickets (\$50.00 per tickets)..... \$500.00  
Saturday, November 1, 2014, 9 pm-2am  
The Seelbach Hilton Plaza, 500 S 4<sup>th</sup> St. Louisville Kentucky 40202
  
- 3. Total amount owed.....\$500.00

Please make all checks payable to the Yearlings Club Inc.



Yearlings Club, Inc.

*63rd Anniversary Gala*

FEATURING

*DJ "Reggie Ragg"*

ATTIRE ~ AFTER FIVE

BREAKFAST SERVED ~ CASH BAR

DONATION ~ \$50.00 PER PERSON

SATURDAY, NOVEMBER 1, 2014

9PM TO 2AM

  
**The Seelbach Hilton**  
Louisville

500 S 4TH ST. LOUISVILLE, KENTUCKY 40202

No. 154

**NDF OR CIF INTERAGENCY CHECKLIST**

**Interagency Name:**

**Program/Project Name:**

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?

✓

**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.

✓

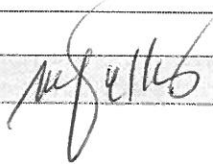
**Ordinance Required:** Is the NDF request to a Metro Agency greater than \$5,000?

✓

**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?

less

**Prepared by:**



**Date:**