

Louisville Metro Council  
Originated NDF

Primary Council Member: Hamilton

Appropriation Amount: \$300.00

Specifically describe the charge to NDF attaching supporting documentation to fully describe the expenditure and describe the public purpose:

*Table of six for awards 20<sup>th</sup> anniversary gala  
See Attached*

Entity Hosting Event: West Louisville Talent Education

Entity Mailing Address: 1316 So. 28<sup>th</sup>

Entity Contact: Keith Cook

Contact Phone: 641-7272

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.

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

<u>5</u>	<u>Cheri B. Hamilton</u>	<u>\$300.00</u>	<u>9-14-17</u>
District #	Primary Sponsor Signature	Amount	Date

\_\_\_\_\_  
Appropriations Committee Chair

\_\_\_\_\_  
Date

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Applicant/Program:**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 1 \_\_\_\_\_ \$ \_\_\_\_\_  
District 2 \_\_\_\_\_ \$ \_\_\_\_\_  
District 3 \_\_\_\_\_ \$ \_\_\_\_\_  
District 4 \_\_\_\_\_ \$ \_\_\_\_\_  
District 5 \_\_\_\_\_ \$ \_\_\_\_\_  
District 6 \_\_\_\_\_ \$ \_\_\_\_\_  
District 7 \_\_\_\_\_ \$ \_\_\_\_\_  
District 8 \_\_\_\_\_ \$ \_\_\_\_\_  
District 9 \_\_\_\_\_ \$ \_\_\_\_\_  
District 10 \_\_\_\_\_ \$ \_\_\_\_\_  
District 11 \_\_\_\_\_ \$ \_\_\_\_\_  
District 12 \_\_\_\_\_ \$ \_\_\_\_\_  
District 13 \_\_\_\_\_ \$ \_\_\_\_\_  
District 14 \_\_\_\_\_ \$ \_\_\_\_\_  
District 15 \_\_\_\_\_ \$ \_\_\_\_\_



1316 South 28<sup>th</sup> Street

Louisville, KY 40211

August 27, 2017

Councilwoman Cheri Bryant Hamilton  
District 5  
601 W. Jefferson St.  
Louisville, KY 40202

Dear Ms Bryant Hamilton:

We are so happy to be having you as our guest of honor and reward recipient at our 20<sup>th</sup> anniversary gala. Enclosed are two tickets, one for you and one for a guest. If you would like to have an entire table for family and other friends, you/they have the option to purchase the six other tickets. The cost is fifty dollars apiece, three hundred dollars for the entire table. We would also like to have a bio for the program, and for the emcee to use in your introduction. You probably have one or more already online, or you might prefer to customize one or this event. Please let me know your choice, and if you would like to have the full table. My e mail is [vlnlcook@att.net](mailto:vlnlcook@att.net) ; Cell (502)641-7272; Home (502)935-1782 (voicemail, but no text).

Once again, thank you so much for being a part of this momentous occasion.

Sincerely yours,

Keith Cook, President



**Public Purpose Intent to Purchase  
Required to accompany purchase up to \$10,000 including \$2,500 or less**

Authorization by (check one):  Director  Other (specify) \_\_\_\_\_

**Vendor/supplier Information**

1. Legal Name of vendor/contractor: *West Lou. Talent Education*

2. Address: *1316 So 28<sup>th</sup>*

3. City/ State & Zip: *Lou. Ky 40240*

4. Contact Person Name & Telephone Number: *641-7272*

**Metro Department Information**

5. Requesting Department: *Dist 5*

6. Contact Person Name & Telephone: *Myra - 5743905*

**Public Purpose Information**

7. Name of event: *25<sup>th</sup> Gala Anniversary*

8. Venue for event:

9. Public purpose served: (attach separate explanation if needed)

10. Identify fund source by name and account:

11. Account coding: \_\_\_\_\_

12. \$ Amount \_\_\_\_\_

13. List of attendees/participants in event: (attach separate sheet if needed):

<i>Ch Hamilton</i>	<i>Karen Walker</i>	<i>Pamela Wilson</i>
<i>William Hamilton</i>	<i>Cassandra Covington</i>	<i>Chaquela Richie</i>
<i>Kenneth Wilson</i>	<i>Justin Steele</i>	

**Authorizations**

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature certifies:

Funds are available

If grant funded, purchase meets all grant guidelines and requirements

Public purpose is being served by this expenditure