Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

Capital Infrastructure Fund (CIF)
 Municipal Aid Program (MAP)
 Paving Fund (PAV)

Primary Sponsor: Purvis				
Amount: \$2000.00	Date: 08/12/20			
Description of program/project including location of project/program and any exter APPROPRIATING \$2000.00 FROM DISTRICT 5 METRO PARKS FOR DRINKING FOUNTAIN INS	rnal grantee(s): CAPITAL INFRASTRUCTI	URE FUNDS TO		
City Agency: Metro Parks Contact Person: Jason Canuel Agency Phone: 502-574-6086				
I have reviewed this request for an expendence determined the funds will be used for a pure documentation from the receiving departs	ublic purpose and have	the attached		
District # Council Member Signature	Amount	Date		
Approved by:		Date		
Appropriations Committee Chair Clerk's Office & OMB Use Only:	IIIIaii	Bute		
Request Amount:	Amended Amount:			
Reference #:	To OMB:			
Budget Revision #:				
Account #:				
To Project Manager:				
Actual Cost:	Funds Returned:			

Department/Project: Drinking fountain Bather Park

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	
District 11	
District 12	\$
District 13	\$
District 14	\$
District 15	
District 16	\$
District 17	\$
District 18	
District 19	
District 20	\$
District 21	<u> </u>
District 22	\$
District 23	\$
District 24	\$
District 25	
District 26	\$

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST Interagency Name: Metro Parks Program/Project Name: Drinking Fountain Bather Park 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? NA Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount? NA Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description? NA Funding Source: If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the Yes 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. Yes Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required. NA 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? NA Supporting Documentation: Does the attachment include a valid estimate and description of cost? Yes

Submitted by Bents

Date: _8/12/20

Bentley, Denise G.

From:

Canuel, Jason T

Sent:

Tuesday, July 28, 2020 2:55 PM

To:

Bentley, Denise G.

Subject:

RE: Water fountain

Attachments:

Invoices-Masters Supply Inc-\$4,056.25-PO-Request-Shawnee Water Fountainpdf

Attached is the quote for the new drinking fountain. I was wrong, the cost is only \$4k not \$8k.

Jason T. Canuel
Assistant Director
Louisville Parks and Recreation

PO Box 37280 Louisville, Kentucky 40233

502/574.6086 (office) 502/439.7694 (cell) jason.canuel@louisvilleky.gov



From: Bentley, Denise G. <Denise.Bentley@louisvilleky.gov>

Sent: Tuesday, July 28, 2020 11:23 AM

To: Canuel, Jason T < Jason. Canuel@louisvilleky.gov>

Subject: Water fountain

Jason-

Good morning!

Can you please send me the bid/cost for the fountain so I can appropriate the money money based on 50% cost sharing, thanks.

Denise Bentley

QUOTATION

Masters Supply Inc. 4505 Bishop Lane Louisville, KY 40218 US 502-459-2900



Order N	lumber .
2206	515
Order Date	Page
3/31/2020 16:18:22	1 of 1

Quote Expires On 6/30/2020

Bill To:

Metropolitan Parks Business Operations 611 W Jefferson St Louisville, KY 40202 US

502-574-7275

Ship To:

Metropolitan Parks Business Operations 2649 Helm St Louisville, KY 40209

Customer ID: 13931

Required	Date	Order Date PO		Number Route Carrier		Freight		Taker	
3/31/2020 3/3		3/31/2020	mı	urdock		QUOTE		Freight amount	inclı AMW
		Item ID		Pricing UOM	1 1	Extended			
Ordered	Allocated	Remaining	UOM Sign Unit Size Q	Item Descripti	on		Unit Size	Price	Price
		Cus	stomer Note:	See Jim Pfaad	t before is	nvoicing			· · · · · · · · · · · · · · · · · · ·
1	0		EA	GYM7FRU2	-MO-BL	ACK	EA	4,056.250(4,056.2
			1.0	MURDOCK G	YM SER	IES - BLACK	1.0		
Total L	ines: I						CI	B-TOTAL:	4.056.0
							30	TAX:	4,056.2
								IAA;	0.00
							AMO	UNT DUE:	4,056.25
								U.S. Dollar	3

Special order material is subject to NO refund.

