

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

Primary Sponsor: Bill Hollander

Amount: \$300.00 **Date:** April 9, 2018

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

Repair of public parking lot behind 2700 Frankfort Avenue.
(Repairs done in September 2017, but invoice was never received by D9)

City Agency: Economic Growth & Innovation
Contact Person: Justin Robinson
Agency Phone: 574-3542

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.

9 Bill Hollander \$300.00 Apr 9, 2018
District # Council Member Signature Amount Date

Approved by: _____
Appropriations Committee Chairman Date
Clerk's Office & OMB Use Only:
Request Amount: _____ Amended Amount: _____
Reference #: _____ To OMB: _____
Budget Revision #: _____
Account #: _____
To Project Manager: _____ Completion Date: _____
Actual Cost: _____ Funds Returned: _____

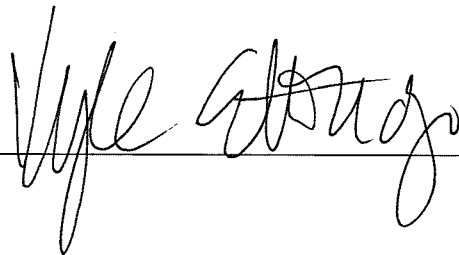
NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Economic Growth & Innovation

Program/Project Name: Repair of public parking lot behind 2700 Frankfort Avenue

	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 funding source is probably NDF.	Yes
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.	No
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?	No
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes

Submitted by: _____



Date: _____

04/09/18

11/15/17

LINEAR SERVICES, INC.

1110 LYDIA STREET, LOUISVILLE, KY 40217-1249

Dave Mattingly or Jack Pylinski - Phone 637-4409 Cell 500-8868

TO: SP Plus Republic Parking System

ATTN: Wm Heitzman

ADDRESS: 222 So. 1st Street * 117E 100

PHONE: 574-2540 fax 574-1418 cell 664-4981

CITY: Louisville

STATE: Ky

ZIP: 40202

DATE:

PROJECT/WORK DESCRIPTION:

ITEMS:

10/17/17 Project- 2700 Frankfort Ave

Clean/clear surface cracks & fill with CRACK MASTER SUPREME "hot pour crack sealant" as dictated by industry standards (addressing pavement cracks 1/4" & above) and per on site management. This treatment will help to seal your asphalt pavement and slow the moisture penetration that can hasten the resulting disintegration of the surface. \$0.00

We provided a spray application of SEAL MASTER pavement sealer for asphalt pavement areas at the above referenced locale. The area will be cleaned/cleared of surface debris and our applied spray will be overlapped, per industry standards, to insure proper coverage. \$0.00

Layout and/or paint per contract plans & specifications and/or instructions \$300.00

Additions-- \$0.00

Work completed 09/24/17

All work to be coordinated with on-site management, subject to weather.

(V) INVOICE

**Grand Total:
DUE UPON RECEIPT**

\$300.00