

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

**Primary Sponsor:** CW Mary C. Woolridge

**Amount:** \$1316 **Date:** June 28, 2017

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**  
  
Appropriate \$1316 for seven (7) street signs for George Burney in District 3.

**City Agency:** Signs & Marking Division  
**Contact Person:** William Hines  
**Agency Phone:** 794-6862

**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.**

3 District #      Mary C. Woolridge Council Member Signature      \$ 1316.00 Amount      6-28-17 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: \_\_\_\_\_

## Sanders, Donna

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**To:** Hines, William A  
**Subject:** FW: STREET SIGNS - RES 047, SERIES 2017

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**From:** Sanders, Donna  
**Sent:** Wednesday, June 28, 2017 2:15 PM  
**To:** Hines, William A  
**Subject:** RE: STREET SIGNS - RES 047, SERIES 2017

CW Woolridge will appropriate \$1316 from CIF.

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**From:** Hines, William A  
**Sent:** Monday, June 26, 2017 3:57 PM  
**To:** Sanders, Donna  
**Cc:** Roades, Bonnie J; Woolridge, Mary; Stenberg, Beth  
**Subject:** RE: STREET SIGNS - RES 047, SERIES 2017

Thank you for your reply. I am looking for an approval for the cost and also need the cost code/center number to know where am I to bill for the signs.

{Cost breakdown} for fabrication and installation of honorary signs are :

(1) @ \$188 x (7) = \$1316

**William Hines**  
*Labor Supervisor (Signs & Markings)*  
Louisville Metro Government  
Signs & Markings Division  
1450 Lexington Rd  
Louisville, KY 40206  
(502) 794-6862  
[william.hines@louisvilleky.gov](mailto:william.hines@louisvilleky.gov)

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**From:** Sanders, Donna  
**Sent:** Monday, June 26, 2017 3:25 PM  
**To:** Hines, William A; Woolridge, Mary; Stenberg, Beth  
**Cc:** Roades, Bonnie J; Boles, Brian  
**Subject:** RE: STREET SIGNS - RES 047, SERIES 2017

This request is from CW Woolridge.  
William, what issues are you having? Please let me know as soon as possible.  
Explain the cost codes you need for the signs.  
We would like these installed as soon as possible.

## NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

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

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

**Date:** \_\_\_\_\_