

**Louisville Metro Council City Agency Request**

- Neighborhood Development Fund (NDF)
- Capital Infrastructure Fund (CIF)
- Municipal Aid Program (MAP)
- Paving Fund (PAV)

**Primary Sponsor:** Barbara Sexton Smith

**Amount:** \$500 **Date:** 9-11-18

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**  
 1st Division LMPD Halloween Event

**City Agency:** LMPD Division 1  
**Contact Person:** Major Eric Johnson  
**Agency Phone:** (502) 574-7167

**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.**

4  Barbara Sexton Smith \$250- 9/11/18  
 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: \_\_\_\_\_

**Department/Project:**  
Louisville Metro Police Department Divison 1 Halloween Event

### 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	<i>Cherib. Hamilton</i>	\$ <i>250.<sup>00</sup></i>
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	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

## NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

**Interagency Name:** Louisville Metro Police Department Division 1

**Program/Project Name:** Halloween Event

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

**Submitted by:** \_\_\_\_\_ Christa Robinson \_\_\_\_\_

**Date:** \_\_\_\_\_ 9-11-18 \_\_\_\_\_

## **Robinson, Christa**

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**From:** Johnson, Eric W  
**Sent:** Tuesday, September 11, 2018 10:39 AM  
**To:** Sanders, Chase; Robinson, Christa  
**Cc:** Itchner, James R; Sexton Smith, Barbara; Hamilton, Cheri  
**Subject:** Re: Halloween Funds

Good morning-

Just a reminder. Please let me know what you need from me to transfer funds for our Halloween event. Thanks again-  
Eric

Sent from my iPhone

On Sep 6, 2018, at 10:36 AM, Johnson, Eric W <[Eric.Johnson@louisvilleky.gov](mailto:Eric.Johnson@louisvilleky.gov)> wrote:

Good morning,

I just wanted to follow up on the request for NDF for the 1<sup>st</sup> Division Halloween Event on October 28<sup>th</sup>. Both Councilwoman Sexton Smith and Hamilton indicated they would be willing to contribute \$250 each to the event. As Halloween is quickly approaching we wanted to be able to obtain those funds to prepare the festivities.

Please let me know what you need from us to proceed.

Thanks, Eric

**Major Eric Johnson**

**1<sup>st</sup> Division Commander**

**Louisville Metro Police Department**

**416 North 29<sup>th</sup> Street Louisville KY 40212**

**(502) 574-7167**

<image001.png>

SUNDAY

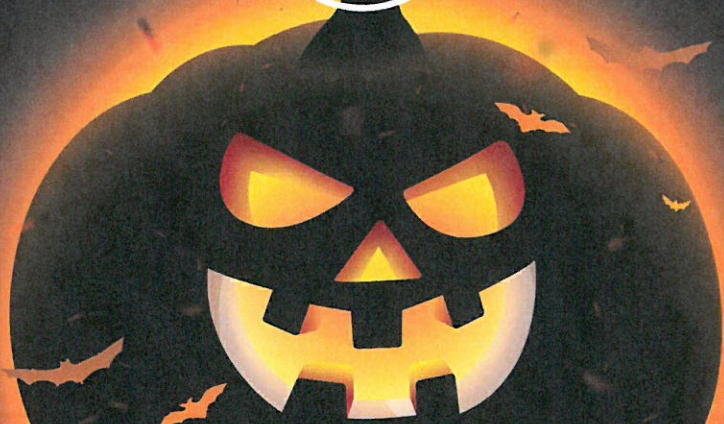
TRICK OR TREATING

OPEN TO THE PUBLIC

28  
OCT

HAUNTED HOUSE

4 PM TO 7 PM



FIRST DIVISION

FAMILY

FRIGHT NIGHT

SEE THRILLER PERFORMED BY TERPSICHORE

LIVE MUSIC PERFORMANCES  COME IN COSTUME

416 N. 29TH STREET

CHARACTERS AND OTHER FUN SURPRISES  
EVENT IS DESIGNED FOR CHILDREN 13 AND YOUNGER



BARBARA SEXTON SMITH  
DISTRICT 4



CHERI BRYANT HAMILTON  
DISTRICT 5



NORTON  
HEALTHCARE

