

APR 9 2018 AM 10:18 A.OH

Louisville Metro Council City Agency Request

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

Primary Sponsor: Madonna Flood

Amount: \$550 **Date:** April 4, 2018

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Partnering with Animal Services to have a Rabies, Licensing and Microchipping Clinic, Low-Cost Spay and Neuter Clinic and an Adoption Event.

City Agency: Animal Services
Contact Person: Skip Kalkhof
Agency Phone: (502) 574-5385

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.

24	<input checked="" type="checkbox"/>	<i>Madonna Hood</i>	\$275	April 4, 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: _____

Department/Project:
Animal Services/Rabies, Licensing and Microchipping Clinic and an Adoption 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	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	<i>Vivian Wilch</i>	\$ <i>275</i>
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: Animal Services

Program/Project Name: Rabies, Licensing and Microchipping Clinic and an Adoption Event.
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. NA

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. NA

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: Andrea Derouen

Date: 4-4-2018

Derouen, Andrea

From: Kalkhof, Skip
Sent: Wednesday, April 4, 2018 12:49 PM
To: Derouen, Andrea; Gibson, Ozzy
Subject: RE: Rabies Clinic

Yes

Skip

Skip Kalkhof
502-574-5385
Administrative Coordinator
Metro Animal Services



From: Derouen, Andrea
Sent: Wednesday, April 4, 2018 12:48 PM
To: Kalkhof, Skip; Gibson, Ozzy
Subject: RE: Rabies Clinic

Will you accept the \$550 from this NDF?

From: Kalkhof, Skip
Sent: Wednesday, April 4, 2018 12:47 PM
To: Derouen, Andrea; Gibson, Ozzy
Subject: RE: Rabies Clinic

Andrea,
Please find the attached invoice (with breakdown of expenses) for this year's June 9, 2018 Rabies Clinic to be held at the Eagles Club.

Let me know if you need anything else.

Regards,



DEPARTMENT OF
**ANIMAL
SERVICES**

INVOICE

Date: June 9, 2018	REMITT TO:
	3705 Manslick Rd.
June 9,2018 Rabies Clinic	Louisville, KY 40215
SOLD TO: District 24	
ATTENTION: Andrea Derouen	
Cost for June 9,2018 Rabies Clinic	
Eagles Club	
Pre/Post Preparation	\$30.00
Off-Site Veterinarian	\$240.00
Vet Assistant	\$80.00
Clerical Staff	\$175.00
Office Supplies	\$25.00
CUSTOMER ORDER NO. MAS006092018	
TOTAL DUE	\$550.00