

Louisville Metro Council City Agency Request

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

Primary Sponsor: Councilman Bill Hollander

Amount: \$1,632.00 **Date:** February 2, 2015

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
CIF grant to MPW for removal of downed Sugar Maple tree across from 316 Jarvis Lane in the public right-of-way.

City Agency: Metro Public Works
Contact Person: Tiffany McGinnis
Agency Phone: (502) 574-5910

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

<u>9</u>		<u>\$1,632.00</u>	<u>February 2, 2015</u>
District #	Council Member Signature	Amount	Date

Approved by: _____ Date _____
Appropriations Committee Chairman

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: _____

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 2/2/15 TIME 2:17

NDF OR CIF INTERAGENCY CHECKLIST

Interagency Name: Metro Public Works

Program/Project Name: Removal of tree across from 316 Jarvis Lane

	Yes/No/NA
Request Form: Is the NDF 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?	n/a
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	n/a
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	n/a
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?	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

Prepared by: *Kyle Elbridge* Date: 02/02/15



Bob Ray Co., Inc.

"No Job Too Small, No Tree Too Tall"

www.bobrayco.com

Customer Name Louisville Metro / Mark White / Kyle Date 1-26-15
 Phone Kyle - 574-1109 Cell 333-4644 Fax _____
 Job Location 316 Jarvis Lane 40207 City Louisville State KY Zip 40207
 Billing Address (if different) _____ Email Kyle.etheridge@Louisvilleky.gov

- Specifications for Contract (or) Estimates -

Remove (1) one 36" DBH downed Sugar Maple
 tree across from 316 Jarvis Lane

OK to pay
 Bill

COSTS:

We propose to furnish material, labor and equipment to complete work in accordance with above specifications. The Bob Ray Co., Inc.'s estimated cost for the performance of the tasks presented above is \$ 1632.00 Should there be any reason to modify the scope of work, the Bob Ray Co., Inc. will require your approval with a revised estimated cost before commencing any such additional work.

All work is to be completed in a workmanlike manner. All agreements are contingent upon weather, accidents and other delays beyond our control. See reverse side for the terms and conditions of work to be performed. The above price(s) and specification(s) are satisfactory and hereby accepted. You are authorized to do the work as specified.

This agreement and any noted attachments constitutes the entire agreement between the Bob Ray Co., Inc. and the below signed concerning the subject matter hereof. This agreement supersedes all prior agreements, discussions, representations, warranties and covenants between the Parties with respect to the above specified work. There are no warranties, representations, covenants or agreements, expressed or implied, between the parties except those expressly set forth in this agreement. Any amendments or modifications of this agreement shall be in writing and executed by the contracting parties.

Your signature below will constitute a binding contract.

Representative's Signature Mark Palmer Customer's Signature _____
 Date 1-26-15 Date _____

