July 7th @11:44an mw

Louisville Metro Council City Agency Request

| Capital Infrastructure Fu Municipal Aid Program (I Primary Sponsor: Rick Blackwell – District 12 Amount: \$3000.00 Description of program/project including public purpos location of project/program and any external grantee(s) This funding is for two cruises from the Spirit of Jefferson de Southwest Louisville on Sunday, October 26 th . In addition to this event also acts as a fundraiser for Southwest Communalso collected to add to SWCM's food pantry. City Agency: Metro Parks Contact Person: Marty Storch | waP) ate: e, additional: eparting from b bringing the | Riverview Park in |
|--|--|----------------------------|
| Amount: \$3000.00 Description of program/project including public purpos location of project/program and any external grantee(s). This funding is for two cruises from the Spirit of Jefferson de Southwest Louisville on Sunday, October 26th. In addition to this event also acts as a fundraiser for Southwest Communalso collected to add to SWCM's food pantry. City Agency: Metro Parks | ate: e, additiona : eparting from b bringing the | Riverview Park in |
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| Southwest Louisville on Sunday, October 26 th . In addition to this event also acts as a fundraiser for Southwest Commun also collected to add to SWCM's food pantry. City Agency: Metro Parks | bringing the | e vessel to the Southwest. |
| | | |
| Comact i Gison, maity stoicii | | |
| Agency Phone: 502.456.8176 | | |
| I have reviewed this request for an expenditure of city to funds will be used for a public purpose. | ax dollars, a | nd have determined the |
| | | |
| | | |
| District # Council Member Signature Ar | 500 <u>0</u> | 6-17-14 Date |
| Approved by: Appropriations Committee Chairman Clerk's Office & OMB Use Only: | | Date |
| · | d Amounts | |
| | | |
| Reference #: To OMI | | |
| Budget Revision #: | | |
| Account #: | | |

PRIVILED REVIEWED

DATE 7-8-14 TIME 2:09pm

| To Project Manager: | | Completion Date: | | | | | | |
|---|--------------------------|------------------|------------------------|--|--|--|--|--|
| Actual Cost: | | | | | | | | |
| Department/Project: | | | | | | | | |
| 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. | | | | | | | | |
| <u>J</u> District # | Council Member Signature | 8/500 °C Amount | D / <u>7/14</u> | | | | | |
| District # | Council Member Signature | Amount | Date | | | | | |
| District # | Council Member Signature | Amount | Date | | | | | |
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| District # | Council Member Signature | Amount | Date | | | | | |
| District # | Council Member Signature | Amount | Date | | | | | |

Kennedy, Liz

From:

Bowman, Michael

Sent:

Monday, July 07, 2014 11:27 AM

To:

Kennedy, Liz

Subject:

FW: Spirit of Jefferson NDF



Michael Bowman | Legislative Assistant Office of Councilwoman Cindi Fowler Louisville Metro Council | District 14

p: 502.574.1114

e: michael.bowman@louisvilleky.gov

City Hall

601 West Jefferson Street, Ste. 307 Louisville, Kentucky 40202

From: Fowler, Cindi

Sent: Monday, July 07, 2014 11:22 AM

To: Bowman, Michael

Subject: Spirit of Jefferson NDF

Michael,

I'm out of town and won't be able to sign before the deadline. Please sign the NDF paperwork on my behalf for the Spirit of Jefferson cruise for \$1500.

Thanks Cindi

Thank you,
Councilwoman Cindi Fowler
Louisville Metro Council | District 14
p:(502) 574-1114

e: <u>cindi.fowler@louisvilleky.gov</u>



WDC / Belle of Louisville Spirit of Jefferson 401 West River Road Louisville, KY 40202 (502) 574-2992 - Phone (502) 574-3030 - Fax www.belleoflouisville.org

| Metro Parks 3783 Illinois ave Louisville, KY 40 | | | Contract No: Date: | | 8728-1 04/23/14 | |
|--|---|---|---|----------------|---------------------------|--|
| Cruise Date: Boat: Cruise From: Occasion: Contact: Phone: | Sunday, October 26, 2014 Spirit of Jefferson 4th St Louisville,KY Marty Storch (502) 574-1112 | | Boarding Time Sailing Time: Number Hours Number Guest Capacity: | | 4:00 pr : 1:00 | |
| Description | | Unit P | rice | Quantity | Amount | |
| Spirit Of Jefferso Charter Re Balance Due | on Mon/thurs. 3hr Intal Fee | 1,500 | .00 | 1 | 1,500.00 | |
| | , ,,,,, | nsiderations | | | | |
| See terms of attached Make checks payable Please make our staff | | f Contract act to a 1 1/2% fee. selchair accesability is | limited to | o the ballroom | deck. | |
| Deposits: | See terms of charter agreemen | nt. | · · · · · · · · · · · · · · · · · · · | | | |
| etty Cissell, narter Sales | 04/23/14 Date | Patron Signature | H | | 6-//- _/ | |

Please read, sign and return this agreement with your deposit.

** We appreciate your business! Thank you. **



WDC / Belle of Louisville Spirit of Jefferson 401 West River Road Louisville, KY 40202 (502) 574-2992 - Phone (502) 574-3030 - Fax www.belleoflouisville.org

| | CHARTER CONTrac | st with: Metro | o Par | KS | | | |
|--|---|-------------------|--|---------|--------------------------------------|------------------------|--------------|
| Marty Storch Metro Parks 3783 Illinois ave Louisville, KY 40213 | | | Contract No: | | | 8727-1 04/23/14 | |
| Cruise Date: Boat: Cruise From: Occasion: Contact: Phone: | Sunday, October 26, 2014 Spirit of Jefferson 4th St Louisville,KY Marty Storch (502) 574-1112 | | Boarding Ti Sailing Time Number Ho Number Gu Capacity: | | ng Time: ber Hours: ber Guests | e: 1:30 urs: 1:00 | |
| Description | | Un | it Pric | æ | Quantity | T | Amount |
| Spirit Of Jefferso Charter Rei Balance Due | n Mon/thurs. 3hr ntal Fee | 1, | 500.0 | 0 | 1 | | 1,500.00 |
| See terms of attached of Make checks payable to Please make our staff a | Terms of tharter lease. De Belle of Louisville, past due balances are subjectware if you have a wheelchair in your party, whee | t to a 1 1/2% fee | y is lim | ited to | the baliroom | deck. | |
| Deposits: | See terms of charter agreement | | | | | | |
| etty Cissell, harter Sales | <u>04/23/14</u> Date | Patron Signal | ∠ ture | | | | -//-/ ate |

Please read, sign and return this agreement with your deposit.

** We appreciate your business! Thank you. **

NDF OR CIF INTERAGENCY CHECKLIST

| Interagency Name: Metho Parks | |
|--|--|
| Program/Project Name: RIVERVILW PARK-SDIRIT OF THERE | son Cruisa |
| | 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? | na |
| 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? | 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. | nla |
| 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. | nja |
| Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? | n'o |
| 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? | nla |
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| Prepared by: SM SM Date: U17/ | 4 |