Louisville Metro Council City Agency Request ☐ Neighborhood Development Fund (NDF) Capital Infrastructure Fund (CIF) ☐ Municipal Aid Program (MAP) Primary Sponsor: Truccelula ava Jametton Amount: # 2 403, 74 Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s): Sedework repair, rest trimming, seed pratect City Agency: Juble Clarks Contact Person: Je ku akredge Agency Phone: 301-0250 I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose. 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: CFFICE OF METRO COUNCIL REVIEWED Funds Returned: Actual Cost:

Revised July 2013

Friend-Ellis, Myra

From:

Akridge, John L

Sent:

Monday, April 20, 2015 2:33 PM

To: Cc: Hamilton, Cheri; Friend-Ellis, Myra Allen, Craig L; Rivers, Arnitra N

Subject:

Estimate for 131 Northwestern Pkwy

Councilwoman Hamilton / Myra

Here is the estimate as requested. If you have any questions about the estimate please feel free to contact me. If you would like to proceed with repairs Craig Allen will be your project manager.

SR#	4424246
LOCATION	131 Northwestern Pkwy
REQUESTED BY	Council
RATE	4
DATE SENT	4/20/2015
ESTIMATE BY	J. Akridge
	4x24 sw, 4x9 dw, seed/protect, trim roots, &
MEASUREMENTS/COMMENTS	contingency.
ESTIMATE AMOUNT	\$2,403.74

Estimate is valid for 90 days from date

sent.

Any requests after 90 days will

require re-inspection.

John L. Akridge Louisville Metro Public Works & Assets Inspector Supervisor 3515 Newburg Road Louisville Ky, 40218 C: 502-301-0250

NDF OR CIF INTERAGENCY CHECKLIST		
Interagency Name:		
Program/Project Name: Side walk Repair 131 Mulhwestern	Phwaer	
	Yes/No/NA	
Request Form: Is the NDF Request Signed by all Council Member(s) Appropriating Funding?		
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?		
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?		
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?		
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.		
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.		
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000?		
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?		

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	TRESTON CONTRACTOR AND	
Prepared by: Date: 4-38-15		