Louisville Metro Council City Agency Request

F-1 -	ood Development Fund (NDF)	
$\boldsymbol{\vdash}$	rastructure Fund (CIF)	
Municipal A	Aid Program (MAP)	
Primary Sponsor: Councilman Kelly Downard and	Councilman Glen Stuckel	
Amount: \$750.00	Date: June 4, 2015	-
Zamounte, Wildows	Date: 3019 4, 2015	
Description of program/project including pub project/program and any external grantee(s):	blic purpose, additional funding	sources, location of
LMAS Spot Clinic/Van scheduled for		wer Park in District
17. The clinic provides rabies vaccine	es, licenses, microchips, e	etc.
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City Agency: Louisville Metro Animal S	Services	
Contact Person: Jessica Jo Monidomen		
Contact Person: Jessica Jo Montgomery	, ,	
Agency Phone: 502 574-5524		
500 574 5504		letermined the funds
Agency Phone: 502 574-5524 I have reviewed this request for an expenditur will be used for a public purpose.	re of city tax dollars, and have d	
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Agency Phone: 502 574-5524 I have reviewed this request for an expenditur will be used for a public purpose. 16 District # Council Member Signature Approved by: Appropriations Committee Committee Council Member Signature	re of city tax dollars, and have d 375.00 Amount	
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Agency Phone: 502 574-5524 I have reviewed this request for an expenditur will be used for a public purpose. 16 District # Council Member Signature Approved by: Appropriations Committee C Clerk's Office & OMB Use Only: Request Amount:	\$375.00 Amount Chairman Amended Amount:	Date
Agency Phone: 502 574-5524 I have reviewed this request for an expenditure will be used for a public purpose. 16 District # Council Member Signature Approved by: Appropriations Committee Council Clerk's Office & OMB Use Only: Request Amount: Reference #:	\$375.00 Amount Chairman Amended Amount: To OMB:	Date Date
Agency Phone: 502 574-5524 I have reviewed this request for an expenditur will be used for a public purpose. 16 District # Council Member Signature Approved by: Appropriations Committee Council Clerk's Office & OMB Use Only: Request Amount: Reference #:	\$375.00 Amount Chairman Amended Amount: To OMB:	Date Date
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Agency Phone: 502 574-5524 I have reviewed this request for an expenditur will be used for a public purpose. 16 District # Council Member Signature Approved by: Appropriations Committee C Clerk's Office & OMB Use Only: Request Amount:	\$375.00 Amount Chairman Amended Amount: To OMB:	Date Date

REVIEWED

MTE 6/9/15 TIME 2:25

Departmen	t/Project:
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LMÂS - Spot Clinic/Van - Tom Sawyer Park, July 18, 2015

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.

17	Glen Sturbel (1)	\$375.00	6-8-15
District #	Council Member Signature	Amount	Date
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

Carroll, Debbie

Subject:

FW: Animal Services Spot Clinic - Tom Sawyer Park

From: Carroll, Debbie

Sent: Monday, June 08, 2015 3:10 PM

To: Crook, Laura Cc: Eatherly, Kip

Subject: RE: Animal Services Spot Clinic - Tom Sawyer Park

Laura, Tom Sawyer Park is good for July 18 also! I will process the paperwork for the funding in the amount of \$750.00. As a reminder, we are sharing this with Councilman Glen Stuckel, Dist 17.

Debbie

From: Crook, Laura

Sent: Wednesday, June 03, 2015 2:24 PM

To: Carroll, Debbie

Subject: RE: Animal Services Spot Clinic - Tom Sawyer Park

Yes. Vet staff and the business office can cover the 18th, so now we just hope the park is free, too!

From: Carroll, Debbie

Sent: Wednesday, June 03, 2015 1:51 PM

To: Crook, Laura

Subject: RE: Animal Services Spot Clinic - Tom Sawyer Park

Laura, would you hold the 18th? Still waiting to hear from Mr. Foreman.

Debbie

From: Carroll, Debbie

Sent: Tuesday, June 02, 2015 2:46 PM

To: Crook, Laura

Cc: Eatherly, Kip; clay.foreman@ky.gov

Subject: RE: Animal Services Spot Clinic - Tom Sawyer Park

Thank you Laura. Mr. Foreman, how does July 18 work for you? Thanks....

Debbie

From: Crook, Laura

Sent: Tuesday, June 02, 2015 2:34 PM

To: Carroll, Debbie

Cc: Eatherly, Kip; <u>clay.foreman@ky.gov</u>

Subject: RE: Animal Services Spot Clinic - Tom Sawyer Park

Debbie.

I just checked with vet staff, and on our end, we can do July 18th. Please let me know if this will work.

Thanks, Laura

From: Carroll, Debbie

Sent: Tuesday, June 02, 2015 11:39 AM

To: Crook, Laura

Cc: Eatherly, Kip; clay.foreman@ky.gov

Subject: RE: Animal Services Spot Clinic - Tom Sawyer Park

Laura, I will initiate the paperwork for \$750. Would one of the following Saturday's in July work for LMAS? (July 11, 18 or 25)?

Mr Foreman, how does the park look for the above dates?

Thanks,

Debbie Carroll Dist 16 LA

Helton, Jessamyn

From:

Stuckel, Glen

Sent:

Tuesday, June 09, 2015 2:00 PM

To:

Ott, Stephen; Helton, Jessamyn

Subject:

SPOT

Stephen,

I give my permission for my legislative aide, Kip Eatherly, to sign my name to an NDF request for \$375 towards the SPOT van coming to my district in July.

Glen Stuckel

NDF OR CIF INTERAGENCY CHECKLIST	
Interagency Name: LMAS	
Program/Project Name: Spot Clinic - M-18-15 - Dists 16 01	
	Yes/No/NA
Request Form: Is the NDF Request Signed by all Council Member(s) Appropriating Funding?	Y
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	NIA
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NIA
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NIA
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.	NIA
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.	NIA
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000?	71
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?	N
10.	_
Prepared by: Date: 6-8-1	5