CONTRACT DATA SHEET

PSC Type (ch	eck one): X	New	Addendum	Sole Source:	Yes XNo						
			Contractor Inform	ation							
1. Legal Name	of Contractor:	Green Hom	e Services, Inc.								
	2123 Shelbyvill				**************************************						
· · · · · · · · · · · · · · · · · · ·	& Zip: Louisvil										
	Contact Person:										
5. Phone: 502	2-291-5715		Email:								
6. Revenue Co	ommission Taxp	ayer ID#: _									
7. Federal Tax	ID#(SSN if so	le proprietor):								
			Department Inform	ation							
8. Requesting Department: Develop Louisville											
9. Contact Per	son Name & Te	lephone: <u>La</u>	ura Grabowski, 574-7	308							
		- A-1-1-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			***************************************						
			Contract Informa	tion							
10. Not to excee	ed amount: \$_2!	50,000			•						
11. Are expenses reimbursed? No											
12. If yes list allowable expenses and maximum amount reimbursable: n/a											
			ct: 5/1/15 - 4/30/16								
14. Funding Sou	rce CDBG, We	atherization	, Lead	Federal F	unds yes no						
15. Scope & Pur	rpose of the con	tract:									
Interior and/o	r exterior re	habilitatic	n of single-family	y homeowner units	.						
				,							
	+		Authorizations	<u> </u>							
Department Direct	otor.	onl	Admorizations	Date:_	4/14/15						
Purchasing Direct	tor: Mac	uan.	Salmon	Date:	422/15						
County Attorney:	The Coun Contract a as to its fo	and has appr	as written the attached oved that document as	Date:_ d Professional Service C s to the legality of the ins	ontract or Sole Source trument itself only and						
		F	or Purchasing Use	Only							
Human Relations Insurance require	Commission re ments have be	ood standing equirements l en satisfied	with the Revenue Cor	-							

Attach all justification documentation to this form, along with signed Written Findings Form.

CONTRACT DATA SHEET

	one)	. IVEW	Addendum	2016	Source:	Yes <u>^</u>	_No					
		(Contractor In	formation		·						
Legal Name of Contractor: Green Home Services, Inc.												
	2. Address: 12123 Shelbyville Rd., Suite 179											
3. City, State, & Zi	p: Louisville,	KY 40243				***************************************						
4. Contractor Cont	act Person: S		oel				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
5. Phone: 502-29°	1-5715		Email:									
6. Revenue Comm												
7. Federal Tax ID #	(SSN if sole	proprietor):										
	Doug		epartment In	formation								
Requesting Department: Develop Louisville Contact Person Name & Telephone: Laura Grabowski, 574-7308												
9. Contact Person I	Name & Telep	hone: Laui	a Grabowski, s	0/4-/308								
		**************************************	Contract Info									
10. Not to exceed ar			Contract info	rmation								
11. Are expenses re												
12. If yes list allowable expenses and maximum amount reimbursable: n/a												
13. Beginning and er												
14. Funding Source	CDBG, Weath	nerization, l	_ead		Federal F	inds ves no						
15. Scope & Purpose			-			ando ,00 110						
Interior and/or ex			of single-fa	amily homeo	wner units	i.						
			Ü	,								
							j.					
			Authorizat	tions		***************************************						
Department Director:					Date:	-						
Department Director:					Date:							
Department Director: Purchasing Director:												
Purchasing Director:		216			Date:							
		<i>M.</i>	Also	P	Date:	<u>5-5-1</u>	Source					
Purchasing Director:	The County A	Altorney has has approv	LS written the atte		Date:Date:	5-5-15	Source					
Purchasing Director:	The County A	all littorney has has approv	written the atte	ached Professio ent as to the lega	Date:Date:	5-5-15	Source					
Purchasing Director: County Attorney:	The County A Contract and as to its form.	Altorney has has approv	written the atte	ached Profession ent as to the lega Use Only	Date:Date:	5-5-15	Source					
Purchasing Director: County Attorney: Contractor is registered	The County A Contract and as to its form.	Attorney has has approv	written the attered that document	ached Profession ent as to the lega Use Only	Date:Date:	5-5-15	Source					
Purchasing Director: County Attorney:	The County A Contract and as to its form. ed and in good armission requits have been s	Attorney has has approvements has approvements has assisting when the satisfied	written the attered that document of the Revenue we been met	ached Professionent as to the legal Use Only Commission	Date:Date:	5-5-15	Source					

Attach all justification documentation to this form, along with signed Written Findings Form.