OCT 15 2015 PM12:51 1.0x

Louisville Metro Council City Agency Request

\checkmark	✓ Neighborhood Development Fund (NDF)			
	Capital Infrastructure Fund (CIF)			
	Municipal Aid Program (MAP)			
Ц	Paving Fund (PAV) $(6-354)$ $7MP-35-7$			
Primary Sponsor: Marianne Butler				
Amount: \$1,610	Date: October 14, 2015			
Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):				
SPOT Clinic to be held in District 15. This event is open and available to the				
public.		(6		
0				
City Agency: Animal Services				
Contact Person: Skip Kalkhof				
Agency Phone: 502-574-5385				
I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.				
15 () hauan	m fully \$1,610 10/14/1	5		
District # Council Member	r Signature Amount Date	-		
Approved by:				
Appropriations C	Committee Chairman Date			
	ly:			
Clerk's Office & OMB Use Onl	iy.			
Clerk's Office & OMB Use Onl Request Amount:				
	Amended Amount:			
Request Amount:	Amended Amount: To OMB:			
Request Amount: Reference #: Budget Revision #:	Amended Amount: To OMB:			
Request Amount: Reference #: Budget Revision #:	Amended Amount: To OMB:			

Program/Project Name: SPOT 2015-16	Yes/No/NA
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	Ves
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?	-NA
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.	-N+
Funding Source: If CIF is being requested, does the project have a useful ife of more than one year? If not, the funding source is probably NDF.	-NA
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	- 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?	- NO
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes
	or minusering 1999 the Sunstance of the

Prepared by:

Bushignes

Date: October 14, 2015



3705 Manslick Road · Louisville, Kentucky 40215 · (502) 361-1318

fax (502) 363-9742 · www.louisvilleky.gov/AnimalServices · animals@louisvilleky.gov

INVOICE

Date: 10-05-2015	REMITT TO:
	3705 Manslick Rd.
Invoice Number: District1511142015	Louisville, KY 40215
SOLD TO: District 15	
ATTENTION: Marianne Butler	
ADDRESS 601 West Jefferson St.	
CITY, STATE, ZIP Louisville, KY. 40202	
Attn: Susan Hughes	
susan.hughes@louisvilleky.gov	
CUSTOMER ORDER NO.	
	SOLD BY Laura Crook
DESCRIPTION OF EVENT	
11-14-2015 Rabies Clinic	PRICE \$750.00
Salvation Army Building, Front Lot -	
1010 Beecher St.	
9am to 12pm (noon)	
With SPOT Vehicle	
TOTAL DUE	\$750.00



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INVOICE

Date: 10-05-2015	REMITT TO:
	3705 Manslick Rd.
Invoice Number: District1505142016	Louisville, KY 40215
SOLD TO: District 15	
ATTENTION: Marianne Butler	
ADDRESS 601 West Jefferson St.	
CITY, STATE, ZIP Louisville, KY. 40202	
Attn: Susan Hughes	
susan.hughes@louisvilleky.gov	
CUSTOMER ORDER NO.	
	SOLD BY Laura Crook
DESCRIPTION OF EVENT	
05-14-2016 Rabies Clinic	PRICE \$750.00
Salvation Army Building, Front Lot -	
1010 Beecher St.	
9am to 12pm (noon)	
With SPOT Vehicle	
TOTAL DUE	\$750.00
TOTAL DUE	3730.00

Hughes, Susan

From:

Kalkhof, Skip

Sent:

Monday, October 05, 2015 4:57 PM

To:

Hughes, Susan; Crook, Laura

Cc:

Luckett, Daniel R

Subject:

RE: SPOT Programs

Ms. Hughes,

It has averaged a 17 to 22 coupons at each event.

Regards,

Ship

Skip Kalkhof 502-574-5385 Assistant Coordinator Metro Animal Services



From: Hughes, Susan

Sent: Monday, October 05, 2015 4:55 PM

To: Crook, Laura

Cc: Kalkhof, Skip; Luckett, Daniel R **Subject:** RE: SPOT Programs

Thanks Laura. Can you let us know approximately how many \$5 coupons were used in the last 2 programs. I would like to send enough funding to possibly cover the coupons as well. I realize that is just an estimate —but may help both offices in the long run. We may even have a surplus from last year. I will process as soon as you confirm.

Thanks so much Laura.

Susan

Susan W. Hughes

Legislative Assistant to Councilwoman Marianne Butler District 15 502-574-1115 From: Crook, Laura

Sent: Monday, October 05, 2015 4:37 PM

To: Hughes, Susan

Cc: Kalkhof, Skip; Luckett, Daniel R **Subject:** RE: SPOT Programs

Mrs. Hughes,

Attached are invoices for each of the two District 15 rabies clinics on November 14th and May 14th. Please let me know if you need anything else.

Thanks,

Laura Crook
Public Education Coordinator
Louisville Metro Animal Services

From: Kalkhof, Skip

Sent: Monday, October 05, 2015 2:53 PM

To: Crook, Laura

Subject: FW: SPOT Programs

Laura,

See me today if you get a chance.

Thanks,

Ship

Skip Kalkhof 502-574-5385 Assistant Coordinator Metro Animal Services



From: Luckett, Daniel R

Sent: Monday, October 05, 2015 2:45 PM

To: Kalkhof, Skip

Subject: SPOT Programs

Hi Skip! I hope all is well!

Mrs. Hughes, here in the District 15 office is putting together an NDF to pay for our next 2 SPOT events sponsored by Councilwoman Butler. (Saturday, November 14, 2015 & Saturday, May 14, 2016) I have been in touch with Mrs. Crook there at Animal Services and she received the OK for these dates for our next 2 events. What we need now is an invoice to pay for these 2 events. Can you or someone else possibly forward this to Mrs. Hughes

(<u>Susan.Hughes@louisvilleky.gov</u>) and copy me. Thank you Sir for your help! I know we offer coupons, however we will account for that. Thanks!

Daniel Luckett, Jr. Administrative Clerk District 15 Councilwoman Marianne Butler office-502-574-1115 fax-502-574-4455