Louisville Metro Council City Agency Request

✓ Neighborhood De	velopment Fund (NDF)				
Capital Infrastruc	cture Fund (CIF)				
Municipal Aid Pro	ogram (MAP)				
Paving Fund (PA	v)				
Primary Sponsor: James Peden					
Amount: \$1,530.00 Date: August 3, 2016					
Description of program/project including public purproject/program and any external grantee(s): Provide six sets of bleaches for spectators Firefighter Combat Challenge in Louisville of 27th. The event will be in the parking lot justice.	at the Kentucky Fire Commission's on Friday August 26th & Saturday August				
the public.	st west or oragger rield and is open to				
Louisville Metro Fire and some suburban fir participate.	re departments are expected to				
City Agency: Metro Parks					
Contact Person: Regina Tate					
Agency Phone: 363-5591					
I have reviewed this request for an expenditure of ciwill be used for a public purpose. District # Council Member Signature	ity tax dollars, and have determined the funds $ \begin{array}{ccc} & & & & & & & & \\ & & & & & & & \\ & & & & $				
Approved by: Appropriations Committee Chairm	man Date				
Clerk's Office & OMB Use Only:					
Request Amount:	Amended Amount:				
Reference #:	To OMB:				
Budget Revision #:					
Account #:					
To Project Manager: Completion Date:					
Actual Cost: Funds Returned:					

Department/Project: Metad Parks - Bleechers Five Fishter Compart Challage

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.

District #	Edus P. Mulhale Council Member Signature	150, 00 Amount	8/4/20/ Date
15 District #	Mariane Butter Council Member Signature	\$200.	8 8/16 Date
24 / District #	Council Member Signature	\$150.00 Amount	8/11/16/ Date
20 District #	Stuat B lups— Council Member Signature	156-00 Amount	\\ \(\) \(
District #	Vicki Oubrey Welch Council Member Signature	#150°D Amount	8/11/16 Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date

CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Metro Parks Program/Project Name: Bleachers for Firefighter Combat Challenge Yes/No/NA Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding? No Request Form: If matching funds are to be used, are they disclosed with NA 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? 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 NA 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. NA Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required. No 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? NA Supporting Documentation: Does the attachment include a valid estimate

Prepared by:

and description of cost?

John Torsky

Date: August 3, 2016

Yes

IRQ Account Invoice



Printed: 02-Aug-16, 10:18 AM User: tdumas

Remit payment to: Iroquois Amphitheater 1080 Amphitheater RD. Louisville, Ky 40214

		Invoice #			
		01-Aug-16		Ac	count #: 28610
Councilman James John Torsky 601 W Jefferson st Louisville KY 40202				Business #:	(502) 574-3468
Rental				Previous Balance	\$0.00
28073 - Fire Combat Challenge		29-Jul-1	16		84
				Total:	\$1,530.00
				Invoice Balance	\$1,530.00
Over 120 \$0.00	Over 90 \$0.00	Over 60 \$0.00	Over 30 \$0.00	Current \$1,530.00	