Louisville Metro Council City Agency Request

■ Neighborhood Development Fund (NDF)

Capital Infrastructure Fund (CIF)

Municipal Aid Program (MAP)

Paving Fund (PAV)

Primary Sponsor: Bill Hollander

Amount: \$1,000	Date: September	1, 2017
Description of program/project including location of project/program and any exter		ial funding sources,
Grant to Metro Parks for Annual Trunk or Treat ex Aquatic Center. Event includes carnival games. F prizes for the event. This is a free event, open to t	Funds will be used to purchas	
City Agency: Metro Parks		
Contact Person: Keith Smith		
Agency Phone: 502.895.6499		
determined the funds will be used for a pudocumentation from the receiving department		
9 Bill Hollade	ment concerning the proj	ject/expenditure. 09/01/2017
2101001		
9 Bul Hellada Council Member Signature Approved by:	\$1,000 Amount	09/01/2017 Date
9 Bul Hollada Council Member Signature	\$1,000 Amount	09/01/2017
9 Bul Holded Council Member Signature Approved by: Appropriations Committee Chain	\$1,000 Amount	09/01/2017 Date
9 District # Council Member Signature Approved by: Appropriations Committee Chain Clerk's Office & OMB Use Only:	s1,000 Amount irman Amended Amount:	09/01/2017 Date Date
9 District # Council Member Signature Approved by: Appropriations Committee Chain Clerk's Office & OMB Use Only: Request Amount:	s1,000 Amount irman Amended Amount: To OMB:	09/01/2017 Date Date
9 District # Council Member Signature Approved by: Appropriations Committee Chain Clerk's Office & OMB Use Only: Request Amount: Reference #:	\$1,000 Amount irman Amended Amount: To OMB:	09/01/2017 Date Date
9	\$1,000 Amount irman Amended Amount: To OMB:	09/01/2017 Date Date

Ethridge, Kyle

From:

Smith, Keith D

Sent:

Friday, September 1, 2017 10:55 AM

To: Subject: Ethridge, Kyle RE: Trunk or Treat

Kyle / Councilman Hollander

Yes, we can take a Sponsorship from you.

The funds would be used to help buy prizes and candy to give out at the Trunk or Treat event.

I want to thank you, for your sponsorship of a \$1000 it will help out a lot. Like I stated in the pass this is a

FREE event.

If I need to send anything else to you, please let me know.

Thank you

Keith D Smith Aquatic Supervisor Mary T Meagher Aquatic Center Office # (502) 895-6499 Cell # (502)744-0556

From: Ethridge, Kyle

Sent: Thursday, August 31, 2017 4:14 PM

To: Smith, Keith D

Subject: RE: Trunk or Treat

Keith,

I think we want to sponsor the Trunk or Treat event at \$1,000. Does Metro Parks accept those funds?

Also, specifically, what will the funds be used for?

Thanks, Kyle



Ms. Kyle Ethridge | Legislative Assistant Office of Councilman Bill Hollander 601 W. Jefferson Street | Louisville, KY 40202 d: (502) 574-3908 o: (502) 574-1109

Click <u>here</u> to sign up for the District 9 weekly eNews, and sign up for the D9 <u>blog</u> for the latest neighborhood news and alerts!

From: Smith, Keith D

Sent: Thursday, August 31, 2017 9:42 AM

To: Ethridge, Kyle

Subject: RE: Trunk or Treat

Here is the info for the trunk or treat. This is a FREE event, it cost us \$2500 to put this event on each year, we are trying to get a few sponsors to help with the cost, do you think that Councilman Hollander would want to be a sponsor? Do you think that you all would like to put you cars in the lineup for trunk or treat? Thanks

Keith D Smith Aquatic Supervisor Mary T Meagher Aquatic Center Office # (502) 895-6499 Cell # (502)744-0556

From: Ethridge, Kyle

Sent: Thursday, August 31, 2017 9:28 AM

To: Smith, Keith D **Subject:** Trunk or Treat

Keith,

Do you have a date for Trunk or Treat event?

Thanks!



Ms. Kyle Ethridge | Legislative Assistant Office of Councilman Bill Hollander 601 W. Jefferson Street | Louisville, KY 40202 d: (502) 574-3908 o: (502) 574-1109

Click <u>here</u> to sign up for the District 9 weekly eNews, and sign up for the D9 <u>blog</u> for the latest neighborhood news and alerts!

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST Interagency Name: Metro Parks Annual Trunk or Treat Program/Project Name: Yes/No/NA **Request Form:** Is the Request Signed by all Council Member(s) Yes Appropriating Funding? **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 NA 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 NA funding source is probably NDF. Funding Source: If CIF is being requested, does the project have a useful NA 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 NA \$5,000? If so, an ordinance is required. **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 Yes estimate and description of cost?

Submitted by:

Date: