Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

■ Capital Infrastructure Fund (CIF)
Municipal Aid Program (MAP)
Paving Fund (PAV)

Primary Sponsor: Barbara Sexton Smith	<u> </u>	
Amount: \$188	Date: 10-9-2017	
Description of program/project including location of project/program and any exchange Johnson Honorary Street sign at 16th	xternal grantee(s):	onal funding sources,
City Agency: Public Works Contact Person: Bonnie Roades	-	
Agency Phone: 502. 574-3091		
determined the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the receiving department of the funds will be used for a documentation from the funds will be used for a documentat		
District # Council Member Signature	Amount	Date
Approved by: Appropriations Committee C Clerk's Office & OMB Use Only:	Chairman	Date
Appropriations Committee C Clerk's Office & OMB Use Only:		Date
Appropriations Committee C Clerk's Office & OMB Use Only:	Amended Amount:	
Appropriations Committee C Clerk's Office & OMB Use Only: Request Amount: Reference #:	Amended Amount: To OMB:	
Appropriations Committee C Clerk's Office & OMB Use Only: Request Amount: Reference #: Budget Revision #: Account #:	Amended Amount: To OMB:	
Appropriations Committee C Clerk's Office & OMB Use Only: Request Amount: Reference #: Budget Revision #:	Amended Amount: To OMB: Completion Date:	

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST Interagency Name: Public Works Program/Project Name: Charlie Johnson Way 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 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 Yes funding source is 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. Yes Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required. NA **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 + Yes estimate and description of cost?

Submitted by:	Date:
500	

Robinson, Christa

From:

Hines, William A

Sent:

Friday, October 6, 2017 1:54 PM

To:

Robinson, Christa Roades, Bonnie J

Cc: Subject:

RE: Charlie Johnson Way

Christa,

My apologies for the miscommunication, I could have provided you the cost estimate. I was under the impression you needed billing information.

The cost for (1) honorary street name sign is \$188, so total for (2) will be \$376.

Thank you,

William A. Hines III Labor Supervisor Louisville Metro Public Works Signs & Markings Division 1450 Lexington Rd Louisville, KY 40206 (502) 794-6862



From: Roades, Bonnie J

Sent: Friday, October 06, 2017 12:55 PM

To: Robinson, Christa **Cc:** Hines, William A

Subject: FW: Charlie Johnson Way

HI, Christa

I will be forwarding your request to the supervisor over fabrication, William Hines. He will be able to help you with your request.

Bill -

Please see Christa's request.

thanks

From: Robinson, Christa

Sent: Friday, October 06, 2017 12:31 PM