Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

Capital Infrastructure Fund (CIF)

Municipal Aid Program (MAP)

Paving Fund (PAV)

Primary Sponsor: Councilman Pat Mulvihill

Am	ount:	\$600

Date: 04/23/2018

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s): Picnic Tables and Trash receptacles for the Annual Schnitzelburg Walk

City Agency: Metro Parks

Contact Person: Tangi Dumas

Agency Phone: (502) 368-5865

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose and have the attached documentation from the receiving department concerning the project/expenditure.

10	Pat Mulvihill	\$600	4/23/2018
District #	Council Member Signature	Amount	Date

Approved by: Appropriations Committee Chairman Clerk's Office & OMB Use Only:		Date
Request Amount:	Amended Amoun	t:
Reference #:	To OMB:	
Budget Revision #:		
Account #:		
To Project Manager:	Completion Date	:
Actual Cost:	Funds Returned:	

Revised May 2016

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Program/Project Name: Annual Schnitzelburg Walk	Annual Schnitzelburg Walk		
	Yes/No/NA		
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes		
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.	NA .		
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.	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 estimate and description of cost?	Yes		

Submitted by: Geoff Wohl D10 LA

Date: 4/23/2018



Iroquois Amphitheater 1080 Amphitheater Road Louisville KY 40214 Phone: (502)368-5865

RENTAL SALES RECEIPT

Total Paid

Receipt # Payment Date: Household:

3816 04/13/18 1306

Councilman Pat Mulvihill 601 W Jefferson St. Louisville KY 40202 geoff.wohl@louisvilleky.gov

Rental Reservation Reserv, Number; Rental Days; Rental Status; Quantity; Member Name; Rental Period;	Details: Picnic Tables 130 1 Future 20 Councilman Pat Mulvihi Fri 04/27/2018 @ 10:00	<u>New Fees</u> 300.00 Il am to Fri 04/27/2018 @ 3:00 pm	<u>Total Fees</u> 300.00	<u>New Paid</u> 0.00	<u>Total Paid</u> <u>Amount Due</u> 0.00 300.00
Rental Reservation Reserv. Number: Rental Days: Rental Status: Quantity; Member Name: Rental Period:	130 1 Future 20 Councilman Pat Mulvihil	<u>New Fees</u> 300.00 I am to Fri 04/27/2018 @ 3:00 pm	<u>Total Fees</u> 300.00	<u>New Paid</u> 0.00	<u>Total Paid</u> <u>Amount Due</u> 0.00 [*] 300.00
Processed on 04/13/1	8 @ 5:07 pm by tdumas	Total New Fees		Total Due	600.00 600.00

Total Fees Paid

Balance From Receipt

0.00

0.00 600.00