Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

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

Paving Fund (PAV)

Primary Sponsor: Vitalis Conshima				
Amount: \$4,608.00	Date: 10/18/2018			
Description of program/project including plocation of project/program and any extern These funds are for the removal of three trees on East addresses for the removals are 200, 203, and 204 (see	nal grantee(s): Esplanade Avenue, which are			
	*	* *		
City Agency: Division of Community Forestry				
Contact Person: Erin Thompson				
Agency Phone: 502-574-4030				
determined the funds will be used for a pu	blic purpose and have t	he attached		
determined the funds will be used for a pudocumentation from the receiving department	blic purpose and have t nent concerning the pro	he attached		
determined the funds will be used for a pu	blic purpose and have t	he attached ject/expenditure.		
determined the funds will be used for a purdocumentation from the receiving departm Approved by: Appropriations Committee Chair Clerk's Office & OMB Use Only: Request Amount:	\$4,608.00 Amount Amended Amount:	he attached eject/expenditure. 10/18/2018 Date Date		
Approved by: Appropriations Committee Chair Clerk's Office & OMB Use Only: Reference #:	\$4,608.00 Amount Amended Amount: To OMB:	he attached eject/expenditure. 10/18/2018 Date Date		
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District # Council Member Signature Approved by: Appropriations Committee Chair Clerk's Office & OMB Use Only: Request Amount: Reference #:	\$4,608.00 Amount Amended Amount: To OMB:	he attached eject/expenditure. 10/18/2018 Date Date		

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST				
Interagency Name: Division of Community forestry Program/Project Name: The Removals on East Esp.				
Program/Project Name: Tree Removals on East Esp.	lanade			
9	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.	Yes			
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?	No			
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes			

Submitted by: Ellen Hurt Date: 10/18/18



Bob Ray Company, Inc.

"No Job Too Small, No Tree Too Tall"

www.bobrayco.com

Phone 502-216-6768

Customer Name Lou Metro/DCF	Phone 502-216-6768	Cell	Date10)/18/18	
Job Location 200 Esplanade Ave.			City Louisville State KY Zip		
Billing Address (If different) 611 W. Jefferson Lo	uisville KY 40202		Email erin.thompson@louisvilleky.gov		
	-Specifications for Contra	act (or) Estimates -			
10					
5 (0) 5501 6 1 1					
Remove 42" DBH Oak tree and stun	np.				
\$1,920.00					
Name of the Control o					
*					
, *					
We propose to furnish material, labor and equipment to complete v	work in accordance with above or	ecifications The P	Och Bay Commany Ing's artimated seet of the		
presented above is \$ 1,920.00 Services are subject to 6 with a revised estimated cost before commencing any such addition	% sales tax. Should there be any r	eason to modify th	te scope of work, the Bob Ray Company, Inc. will require y	our approval	
All work is to be completed in accordance with ANSI A300 standards*. All agreements are contingent upon weather, accidents and other delays beyond our control. See reverse side for the terms and conditions of work to be performed. The above price(s) and specification(s) are satisfactory and hereby accepted. You are authorized to do the work as specified.					
This agreement and any noted attachments constitutes the entire agreement between the Bob Ray Co., Inc. and the below signed concerning the subject matter hereof. This agreement supersedes all prior agreements, discussions, representations, warranties and covenants between the Parties with respect to the above specified work. There are no warranties, representations, covenants or agreements, expressed or implied, between the parties except those expressly set forth in this agreement.					
Any amendments or modifications of this agreement shall be in writing and executed by the contracting parties.					
Your signature below will constitute a binding contract.					
Representative's Signature Adam Palmer	Date C	ustomer's Signatu	ле Da	te	



Bob Ray Company, Inc.

"No Job Too Small, No Tree Too Tall"

www.bobrayco.com

Customer Name Lou Metro/DCF	Phone 502-216-6768	Cell		Date _1(0/18/18
Job Location 203 Esplanade Ave.			City Louisville	State KY Zip	
Billing Address (If different) 611 W. Jefferson L	ouisville KY 40202		Email erin.thompson@	louisvilleky.gov	
	-Specifications for Contract (or) Est	imates ·	-		
Remove 47" DBH Oak tree and stu	ump.				
\$1,920.00					
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2					
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We propose to furnish material, labor and equipment to comple presented above is \$ 1,920.00 Services are subject to with a revised estimated cost before commencing any such addi	o 6% sales tax. Should there be any reason to n	s. The E odify th	Bob Ray Company, Inc.'s estimate ne scope of work, the Bob Ray Co	ed cost of the performance mpany, Inc. will require y	e of the tasks our approval
All work is to be completed in accordance with ANSI A300 s the terms and conditions of work to be performed. The above ${\sf pr}$	tandards*. All agreements are contingent upo ice(s) and specification(s) are satisfactory and	n weath hereby	er, accidents and other delays be accepted. You are authorized to	eyond our control. See rea do the work as specified.	erse side for
This agreement and any noted attachments constitutes the entir supersedes all prior agreements, discussions, representations, w representations, covenants or agreements, expressed or implied	varrantles and covenants between the Parties (vith res	pect to the above specified work	ct matter bereof. This agree. There are no warrantle:	eenient s,
Any amendments or modifications of this agreement shall be in	writing and executed by the contracting partic	·\$.			
Your signature below will constitute a binding contract.					
Representative's Signature Adam Palmer	Date 10/18/18 Customer's	Signati	ure	Da	ile



Bob Ray Company, Inc.

"No Job Too Small, No Tree Too Tall"

www.bobrayco.com

Customer Name Lou Metro/DCF	Phone 502-216-6768	B Cell		Date 10/18/	18
Job Location 204 Esplanade Ave.		***************************************	City Louisville	State KY Zip 402	
Billing Address (If different) 611 W. Jefferson L	ouisville KY 40202			son@louisvilleky.gov	
	-Specifications for Contr	act (or) Estimates			
Remove 20" DBH Ash tree and stu	mp.				
£769.00					
\$768.00					
9					
4					
if					

We propose to furnish material, labor and equipment to complete presented above is \$ 768.00 Services are subject to the with a revised estimated cost before commencing any such additional cost before commencing and cost before cost before commencing and cost before cost	% sales fax. Should there be any re	ecifications. The Bo ason to modify the	ob Ray Company, Inc.'s es escope of work, the Bob R	timated cost of the performance of the tay Company, Inc. will require your ap	tasks proval
All work is to be completed in accordance with ANSI A300 sta the terms and conditions of work to be performed. The above pric	ndards*. All agreements are contine(s) and specification(s) are satisfa	ngent upon weathe ctory and hereby a	er, accidents and other del accepted. You are authoriz	lays beyond our control. See reverse si zed to do the work as specified.	de for
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Any amendments or modifications of this agreement shall be in w	riting and executed by the contract	ing parties.			
our signature below will constitute a binding contract.					
Representative's Signature Adam Palmer	Date 10/18/18 Cu	stomer's Signatur	re	Date	
					Chipmonacount