Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

Date: August 12, 2019

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

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s): Grant to Metro Public Works for sidewalk repair at 2363 Frankfort Avenue.		
City Agency: Metro Public Works		
Contact Person: Craig Allen		
Agency Phone: (502) 574-6159		
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.		
9 Pour House Signature Council Member Signature	\$1,410.67 \\ \frac{\\$1,2/19}{\text{Date}}	
Approved by: Appropriations Committee Chain	irman Date	
Clerk's Office & OMB Use Only:	mman Date	
Request Amount:	Amended Amount:	
Reference #:	To OMB:	
Budget Revision #:		
Account #:		
To Project Manager:	Completion Date:	
Actual Cost:	Funds Returned:	

Primary Sponsor: Bill Hollander

Amount: \$1,410.67

Ethridge, Kyle

From:

Allen, Craig L

Sent:

Friday, August 9, 2019 4:07 PM

To:

Ethridge, Kyle

Cc:

Hollander, Bill H.

Subject:

Sidewalk Repair Estimate

Follow Up Flag:

Flag for follow up

Flag Status:

Flagged

Hi Kyle,

Please see the sidewalk repair estimate you requested below for 2363 Frankfort Ave.

LOCATION	2363 Frankfort Ave	
REQUESTED BY	Dist 9	
RATE	5	
DATE SENT	8/9/2019	
ESTIMATE BY	CA	
	10x5 of hist sw, 10' of hist curb, seed and	
MEASUREMENTS/COMMENTS	protection	
ESTIMATE AMOUNT	\$1,410.67	
Estimate is valid for 120 days from date		
	A	

sent.

Any requests after 120 days will require

re-inspection.

Thanks,

Craig Allen, E.I.T.
Engineer I
Louisville Metro Public Works & Assets
444 South 5th Street, 4th Floor
Louisville KY 40202
(502)574-6159

- OCC Silly Holland

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST Interagency Name: Metro Public Works Sidewalk repair at 2363 Frankfort Avenue **Program/Project Name:** 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 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. 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? No **Supporting Documentation:** Does the attachment include a valid Yes estimate and description of cost?

Submitted by:

Date: 8 12 10