Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)
Capital Infrastructure Fund (CIF)
Municipal Aid Program (MAP)
Paving Fund (PAV)

| Primary Sponsor: David James | |
|---|--|
| Amount: \$3,000 \$ 410 | 000 Date: 3 16 2620 |
| location of project/program and any exten | ernal grantee(s): Fund will be used with the |
| City Agency: LOUISVIILE Metro Pa | arks |
| Contact Person: Andrea Veenem | an |
| Agency Phone: 500 -574-3810 | |
| I have reviewed this request for an expend determined the funds will be used for a purdocumentation from the receiving department of the determined the funds will be used for a purdocumentation from the receiving department. District # Council Member Signature | taran da antara da a |
| Approved by: Appropriations Committee Chair Clerk's Office & OMB Use Only: | irman Date |
| Request Amount: | Amended Amount: |
| Reference #: | |
| Budget Revision #: | |
| Account #: | |
| To Project Manager: | Completion Date: |
| Actual Cost: | Funds Returned: |

| NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST | | | | |
|--|-----------|--|--|--|
| Interagency Name: WUISVITH METVO PAYKS | | | | |
| Program/Project Name: Tepairs wents & Improvements. | at local | | | |
| community centers in blo | 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. | - yes | | | |
| 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: Shalana R. J. D.

_____ Date: 3/16/2020

Vessel Management Tommy Jones DBA P.O. Box 3941 Louisville, KY 40201 Vesselmanagement849@gmail.com 270.883.2167

INVOICE

Councilman David A. James 601 W. Jefferson St Louisville, KY Contact Shalanna Taylor 502 574-1106

Invoice #

00001988

Invoice Date

03/09/2020

Due Date

04/09/2020

| ltem | Description | Unit Price | Quantity | Amount |
|------|--------------------------|------------|----------|----------|
| | Jazz in Central Park | 2000.00 | 1.00 | 2,000.00 |
| | Final Balance of Deposit | | | |
| | Next Payment Due On | | | |
| | " "June 5th \$5,000 | | | |
| | " "July 5th \$5,000 | | | |
| | " "August 10th \$10K | | | |

NOTES: Service Deposit - Jazz in Central Park 2020 3000.00 1.00 3,000.00

NOTES: Jazz In Central Park 2020 - Deposit

2 of 2 \$2,000

Total Balance \$20,000 after Deposit

| 2,000.00 | Subtotal |
|-----------------|-------------|
| 2,000.00 | Total |
| i d 0.00 | Amount Paid |
| ye \$2,000.00 | Balance Due |