

CIF102021PW18

**Louisville Metro Council City Agency Request**  
**Neighborhood Development Fund (NDF)**  
 ■ **Capital Infrastructure Fund (CIF)**  
**Municipal Aid Program (MAP)**  
**Paving Fund (PAV)**


**Primary Sponsor:** Marilyn Parker

**Amount:** \$1359.60 **Date:** 9-29-21

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**  
 Sidewalk repair of a major tripping hazard at 4429 Rockwood Dr.

**City Agency:** Metro Public Works  
**Contact Person:** Craig Allen  
**Agency Phone:** 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.

<u>18</u> District #	 Council Member Signature	<u>\$1359.60</u> Amount	<u>9-29-21</u> Date
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**Approved by:** \_\_\_\_\_  
 Appropriations Committee Chairman Date

**Clerk's Office & OMB Use Only:**

Request Amount: \_\_\_\_\_ Amended Amount: \_\_\_\_\_

Reference #: CIF102021PW18 To OMB: \_\_\_\_\_

Budget Revision #: \_\_\_\_\_

Account #: \_\_\_\_\_

To Project Manager: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Actual Cost: \_\_\_\_\_ Funds Returned: \_\_\_\_\_

sh

**Department/Project:**  
Metro Public Works/Rockwood Drive Sidewalk

**Additional Signatures**

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____
District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

## NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

**Interagency Name:** Metro Public Works

**Program/Project Name:** Rockwood Drive Sidewalk

**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.

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 estimate and description of cost?

Yes

**Submitted by:** \_\_\_\_\_



**Date:** 9-29-21

**Lewis, Chris W**

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**From:** Allen, Craig L  
**Sent:** Wednesday, September 15, 2021 1:28 PM  
**To:** Lewis, Chris W  
**Subject:** Sidewalk Repair Estimate

Chris,

Please see the estimate below for the sidewalk repair at 4429 Rockwood Dr. If you have any questions let me know.

LOCATION	4429 Rockwood Dr
RATE	4
DATE SENT	9/15/2021
ESTIMATE BY	CA
MEASUREMENTS/COMMENTS	9'x9.5' of dw, 2.5'x4.5' of sw, seed and protection
ESTIMATE AMOUNT	\$1,359.60
<i>Estimate is valid for 120 days from date sent. Any requests after 120 days will require re-inspection.</i>	

Thanks,

Craig Allen, PE  
Engineer II  
Louisville Metro Public Works & Assets  
444 South 5<sup>th</sup> Street, 4<sup>th</sup> Floor  
Louisville KY 40202  
[craig.allen@louisvilleky.gov](mailto:craig.allen@louisvilleky.gov)  
(502)574-6159

## Harward, Sonya

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**From:** Lewis, Chris W  
**Sent:** Wednesday, September 29, 2021 4:22 PM  
**To:** Harward, Sonya  
**Subject:** Fwd: For CIF RE Rockwood Dr.

See below. Thanks!

Chris W. Lewis  
Office of Councilwoman Marilyn Parker  
601 West Jefferson Street  
Louisville, KY 40202  
574-1118

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**From:** Allen, Craig L <Craig.Allen@louisvilleky.gov>  
**Sent:** Wednesday, September 29, 2021, 4:17 PM  
**To:** Lewis, Chris W  
**Subject:** RE: For CIF RE Rockwood Dr.

Yes, Public Work will accept these funds for the repair below.

Thanks,

**Craig Allen, PE**  
**Engineer II**  
**Louisville Metro Public Works & Assets**  
[craig.allen@louisvilleky.gov](mailto:craig.allen@louisvilleky.gov)  
**(502) 574 6159**

**From:** Lewis, Chris W <Chris.Lewis@louisvilleky.gov>  
**Sent:** Wednesday, September 29, 2021 2:18 PM  
**To:** Allen, Craig L <Craig.Allen@louisvilleky.gov>  
**Subject:** FW: For CIF RE Rockwood Dr.

Can you please send me an email accepting the funds.

**Chris W. Lewis**  
Office of Councilwoman Marilyn Parker  
601 W. Jefferson Street | Louisville, KY 40202  
[\(502\) 574-1118](tel:5025741118)

**From:** Harward, Sonya <Sonya.Harward@louisvilleky.gov>  
**Sent:** Wednesday, September 29, 2021 2:17 PM  
**To:** Lewis, Chris W <Chris.Lewis@louisvilleky.gov>  
**Subject:** RE: For CIF RE Rockwood Dr.