

## Louisville Metro Council City Agency Request

Neighborhood Development Fund (NDF)

■ Capital Infrastructure Fund (CIF)

Municipal Aid Program (MAP)

Paving Fund (PAV)

**Primary Sponsor:** Donna L. Purvis

**Amount:** 188.00

**Date:** 10/23/2023

**Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):**

Funding for a street sign to honor Ron King at Ellerholt Court and Virginia Avenue.

**City Agency:** Public Works

**Contact Person:** William Hines

**Agency Phone:** 502-794-6862

**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.**

5



District #

  
Council Member Signature

188.00

Amount

10/10/2023

Date

**Approved by:** \_\_\_\_\_  
Appropriations Committee Chairman Date

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

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

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

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

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

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

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

<b>Department/Project:</b> Public Works/ Honorary street sign for Ron King Way
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### 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

<b>Interagency Name:</b> Public Works	
<b>Program/Project Name:</b> Honorary street sign for Ron King Way	
	<b>Yes/No/NA</b>
<b>Request Form:</b> Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes <input type="checkbox"/>
<b>Request Form:</b> If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA <input type="checkbox"/>
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA <input type="checkbox"/>
<b>Request Form:</b> If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NA <input type="checkbox"/>
<b>Funding Source:</b> 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 <input type="checkbox"/>
<b>Funding Source:</b> 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 <input type="checkbox"/>
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	NA <input type="checkbox"/>
<b>Ordinance Required:</b> 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 <input type="checkbox"/>
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	Yes <input type="checkbox"/>

**Submitted by:** \_\_\_\_\_ Carmen W. Washington

**Date:** 10/23/2023