NDF FORM FY 06-07

Louisville Metro Council
Neighborhood Development Fund
City Agency Request

By: _____ _____
Councilman/woman **Date**

Amount: _____

For (include public purpose):
_____
_____
_____
_____

Location: _____
_____

City Agency : _____

Contact Person: _____

Agency Address: _____

Agency Phone: _____

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

_____ _____
Signature of Councilman/woman **Date**

Approved by Appropriations Committee on:

_____
Appropriations Committee Chair