

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

Primary Sponsor: Barbara Sexton Smith

Amount: \$750 **Date:** 2-7-2018

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

City Agency: Solid Waste Management
Contact Person: Kimberly Sullivan
Agency Phone:

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.

4  \$750 02-7-2018
District # Council Member Signature Amount 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: _____

Department/Project:
Solid Waste Management Constituent Recycle Cart Discount

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: Solid Waste Managment

Program/Project Name: Discounted Constituent Recycle Cart Program

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

Submitted by: Christa Rol

Date: 2/7/18

From: Sullivan, Kimberly L
Sent: Tuesday, July 25, 2017 7:59 AM
To: Robinson, Christa
Subject: FW: Recycle Cart Discount Re: Contact Councilwoman Barbara Sexton Smith [#717]

Hi Christa. The way the discount program works:

- The District office provides cart appropriations and sends me the account code
- Using the attached form, citizens complete the form, write in District 4, and send us a check or money order for \$25.
- Monthly you will receive a report on how many participants, with their name and address, have taken advantage of the program in your area.
- I will handle JVing the funds from your account to ours
- If you would like to revise the form in adding your District's information that is fine.

If you have any questions or concerns please let me know.

Thanks.

Kimberly Sullivan

Administrative Supervisor II
Louisville Metro Public Works
Solid Waste Management Services
600 Meriwether Avenue
Louisville, KY 40217
Office: (502) 574-2781
Cell: (502) 216-0426
Fax: (502) 574-4155
Website: www.louisvilleky.gov

Robinson, Christa

From: Sullivan, Kimberly L
Sent: Tuesday, February 20, 2018 11:40 AM
To: Robinson, Christa
Cc: Bradley, Maxwell B.
Subject: Discount Recycling Cart Program

We (SWMS) will accept the \$750 in CIF funds for the discounted constituent recycling carts.

thanks

Kimberly Sullivan

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