

Louisville Metro Council City Agency Request

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

Primary Sponsor: Councilman Kevin Triplett

Amount: \$1,000 **Date:** October 24, 2019

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

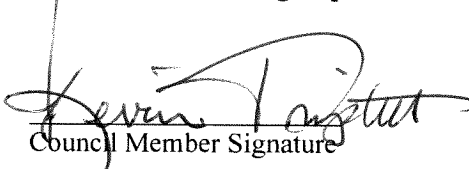
District 15 would like to add \$1,000 to the Discount Recycling Cart Program monitored by SWMS. This allows citizens a discount of \$25 per recycle cart (95/65 gallon).

City Agency: SWMS

Contact Person: Kim Sullivan

Agency Phone: 574-2781

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.

15		\$1,000	Oct 24, 2019
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: _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name:	SWMS
Program/Project Name:	Discounted Recycling Cart Program
	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.	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: _____ shughes

Date: Oct 24, 2019

Hughes, Susan

From: Sullivan, Kimberly L
Sent: Monday, October 28, 2019 10:19 AM
To: Hughes, Susan
Cc: Lockett, Daniel R; Bradley, Maxwell B.
Subject: RE: Recycle Program

Accepted. Thanks

Kimberly Lowery

Administrative Supervisor II
Solid Waste Management Services (SWMS)
600 Meriwether Avenue
Louisville, KY 40217
(502) 574-2781 ~ office
(502) 574-4155 ~ fax



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www.louisvilleky.gov

From: Hughes, Susan <Susan.Hughes@louisvilleky.gov>
Sent: Thursday, October 24, 2019 1:44 PM
To: Sullivan, Kimberly L <Kimberly.Sullivan@louisvilleky.gov>
Cc: Lockett, Daniel R <Daniel.Lockett@louisvilleky.gov>
Subject: Recycle Program

Hi Kim. District 15 has prepared documentation to transfer \$1,000 to the Discount Recycling Cart Program. I need a message from you that you will accept the funding for the program.

Thanks for facilitating and doing a great job on this highly successful program.

Susan

Susan W. Hughes

Administrative Clerk to
Councilman Kevin Triplett
District 15
502-574-1115