

Louisville Metro Council City Agency Request

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

Primary Sponsor: Councilman Pat Mulvihill D10

Amount: \$3,000 **Date:** 9/20/2018

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Continued Sponsorship of the Discounted ReCycle Cart Program for D10 constituents to purchase ReCycle Carts at a discounted rate. The carts are discounted by \$25 to D10 Residents.

City Agency: Louisville Metro Solid Waste Management
Contact Person: Kimberly Sullivan or Shirlee LaRosa
Agency Phone: (502) 574-2781 or (502) 574-2779

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.

10 <input type="checkbox"/>	 Councilman Pat Mulvihill	\$3,000	9/20/2018
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: _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Louisville Metro Solid Waste Management

Program/Project Name: Discounted 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.	NA <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.	NA <input type="checkbox"/>
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	No <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: _____ Geoff Wohl D10 LA

Date: 9/20/2018

Email from Solid Waste Management verifying the need for more funding and the proper account number.



Thu 9/6/2018 2:22 PM

Bradley, Maxwell B.

RE: D10 - Discount Recycling Cart Program Participants

To Wohl, Geoff; Sullivan, Kimberly L

Cc Feltner, Sara N.

Hello Geoff,

Perfect timing—I opened this email right as your VM started.

I can confirm the account #1103-410-1503-150310-544805 is correct. Thanks.

Max

The screenshot shows a dialog box titled "Accounting Flexfield" with a close button (X) in the top right corner. The dialog contains five rows of account information, each with a label, a text input field containing a number, and a corresponding description:

FUND	1103	Gen Council NDF
DEPT	410	Public Works & Assets
DIVISION	1503	NDF Grants
UNIT/ACT	150310	D10 NDF Recycling Carts Project
ACCOUNT	544805	Sanitation Cart/Container Equipment

At the bottom of the dialog, there are four buttons: "OK", "Cancel", "Clear", and "Help".