

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

**Primary Sponsor:** Marianne Butler

**Amount:** \$500.00 **Date:** 5-10-17

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

District 15 will match citizen participation in purchasing a 90 gallon recycle roll carts. This match program will help with the recycle effort in our county.

**City Agency:** Solid Waste Management

**Contact Person:** Kimberly Sullivan

**Agency Phone:** 502-574-2781

**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.**

<u>15</u>		<u>\$500.00</u>	<u>May 10, 2017</u>
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:

Recycle Carts match D-15

### 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>	Solid Waste Management	
<b>Program/Project Name:</b>	Recycle Carts match D-15	
	<b>Yes/No/NA</b>	
<b>Request Form:</b> Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes	
<b>Request Form:</b> If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA	
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA	
<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	
<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.	No	
<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	
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	No	
<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?	No	
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	Yes	

Submitted by: \_\_\_\_\_

J. W. Hughes

Date: \_\_\_\_\_

5-10-17

## Luckett, Daniel R

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**From:** Luckett, Daniel R  
**Sent:** Tuesday, May 9, 2017 3:06 PM  
**To:** Luckett, Daniel R  
**Subject:** FW: Recycle Carts D-15

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**From:** Sullivan, Kimberly L  
**Sent:** Tuesday, May 9, 2017 3:04 PM  
**To:** Luckett, Daniel R  
**Cc:** Bradley, Maxwell B.  
**Subject:** RE: Recycle Carts D-15

We accept the funding.

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](http://www.louisvilleky.gov)

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**From:** Luckett, Daniel R  
**Sent:** Tuesday, May 09, 2017 2:49 PM  
**To:** Sullivan, Kimberly L  
**Subject:** FW: Recycle Carts D-15

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**From:** Hughes, Susan  
**Sent:** Tuesday, May 9, 2017 2:33 PM  
**To:** Kimberly Sullivan - PW&A - Solid Waste Mgmt Srvs ()  
**Cc:** Luckett, Daniel R  
**Subject:** Recycle Carts D-15

Hi Kimberly,

I have prepared the appropriation request for \$500.00 that will allow for the purchase of 20-90 gallon recycle carts through a match with SWMS. Please reply to accepting the funding.

We will revisit the continuation of this program after the fiscal year 2017-18.

Thanks so much for your assistance.

Susan