☐ Capital Infra	cil City Agency Re od Development Fund Istructure Fund Aid Program (MAP)	quest	
Primary Sponsor: Councilman David Tandy	Ald Flogram (MAF)	Market M	
Amount: 5,000 Date: April 21, 2015			
Amount 0,000 Bate. April 21, 2013			
Description of program/project including put location of project/program and any external cover the cost of 100 recycling binds for district four	grantee(s): District Four is	allocating \$5000 to	
Location of project/program: Recycling Bind	s		
City Agency: Solid Waste			
Contact Person: Keith Hackett			
Agency Phone: 574.2775			
I have reviewed this request for an expenditu funds will be used for a public purpose.	re of city tax dollars, and	have determined the	
Cail July			
_4	\$5000	4/21/2015	
District # Council Member Signature	Amount	Date	
District # Council Member Signature	Amount	Date	
District # Council Member Signature	Amount	Date	
Annuoved hou			
Approved by: Appropriations Committee Chair Clerk's Office & OMB Use Only:	rman	Date	
Request Amount:	Amended Amount:		
Reference #:			
Budget Revision #:			
Account #:	9)		
To Project Manager:	Completion Date:		
Actual Cost:			
Department/Project:	OPEICE O	F METRO COUNCIL CLI	

DATE 4/30/15 TIME 10:09

King, Keidra

From:

Hackett, Keith

Sent:

Tuesday, April 21, 2015 3:07 PM

To:

King, Keidra

Subject:

RE: Recycling Binds

Confirmed, we will accept the \$5,000 for 100 recycling carts on behalf of President Tandy and District 4.

From: King, Keidra

Sent: Tuesday, April 21, 2015 2:59 PM

To: Hackett, Keith

Subject: Recycling Binds

Hello Keith,

President Tandy would like to do an interagency exchange to cover the cost of 100 recycling binds for district

four residents.

Can you please confirm that you will accept \$5,000 from District Four?

Yours in Service,

Keidra D.C. King Metro Council District Four Councilman David Tandy 601 West Jefferson Street Louisville, Kentucky 40202

Office: 502.574.1104



^{*}All meeting and public appearance request should be sent to District4@louisvilleky.gov *

NDF OR CIF INTERAGENCY CHECKLIST				
Interagency Name: 8010 Must				
Program/Project Name: Recucling Binds				
Request Form: Is the NDF Request Signed by all Council Member(s) Appropriating Funding?				
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?				
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?				
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?				
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.				
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.				
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000?	W			
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?	M			
Prepared by: Kudull Kurd Date: 41211	2015			