Louisville Metro Council City Agency Request

	Neighborhood Development Fund (NI Capital Infrastructure Fund (CIF) Municipal Aid Program (MAP) Paving Fund (PAV)	OF)
Primary Sponsor: David Tandy		
Amount: \$7230 Date: 1/4/2015		
Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s): District Four is allocating funding for the purchase of 10 decorative trash receptacles and liners for the district.		
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City Agency: Solid Waste		
Contact Person: Steve Fenster Agency Phone: 574-1186		
I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.		
4 District # Council Member	r Signature 7230 Amount	1/4/2015 Date
Approved by: Appropriations (Committee Chairman	Date
Clerk's Office & OMB Use On	ly:	
Request Amount:	Amended Amount	·
Reference #:	To OMB:	
Budget Revision #:		
Account #:		
To Project Manager:		
Actual Cost:	Funds Returned:	,

CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST Interagency Name: SOID WASTE Program/Project Name: Trash VLC EPTACLES Yes/No/NA **Request Form:** Is the Request Signed by all Council Member(s) Yes Appropriating Funding? Request Form: If matching funds are to be used, are they disclosed with NA account numbers in the request form description? Request Form: If matching funds are to be used, does the amount of the NA request exclude the matching fund amount? **Request Form:** If other funds are to be used for this project, are they NA 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 Yes probably NDF. **Funding Source:** If CIF is being requested, does the project have a useful Yes 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 NA \$5,000? If so, an ordinance is required. **Ordinance Required:** Is the request a transfer from NDF to cost center? If NA so, is the amount given for the fiscal year \$25,000 or less? Supporting Documentation: Does the attachment include a valid estimate Yes and description of cost?

Prepared by: Keidra King Date: 1/4/2015

King, Keidra

From:

Sullivan, Kimberly L

Sent:

Monday, January 04, 2016 12:32 PM

To:

King, Keidra

Cc: Subject: Bradley, Maxwell B.; Baldon, Antonio J Sr; Fenster, Steve A; Hackett, Keith

Receptacles and Liners

Per our conversation and request, we will accept the CIF funds of \$7,230 for decorative receptacles and liners for D4.

Thanks.

Kimberly Sullivan

Administrative Supervisor II Louisville Metro Public Works & Assets Solid Waste Management Services 600 Meriwether Avenue Louisville, KY 40217

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