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: \$500.00	Date: July 1, 2019
location of project/program and any exteri	gram implemented by Solid Waste Management. This
City Agency: Solid Waste Management	
Contact Person: Kim Sullivan	* *
Agency Phone: 502-574-2781	
I have reviewed this request for an expend determined the funds will be used for a pull documentation from the receiving departments of the council Member Signature	blic purpose and have the attached
Approved by: Appropriations Committee Chair Clerk's Office & OMB Use Only:	rman Date
Request Amount:	Amended Amount:
Reference #:	To OMB:
Budget Revision #:	
Account #:	
To Project Manager:	
Actual Cost:	Funds Returned:

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name:	Solid Waste Management	
Program/Project Name:	Recycle Cart Program-D15	
	Yes/N	No/NA
Request Form: Is the Request Signed by Appropriating Funding?	y all Council Member(s) Yes	6
Request Form: If matching funds are to account numbers in the request form desc	be used, are they disclosed with ription?	
Request Form: If matching funds are to the request exclude the matching fund am	be used, does the amount of ount?	
Request Form: If other funds are to be disclosed with account numbers in the requestion.	used for this project, are they uest 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 life of more than one year? If not, the fundation	ed, does the project have a useful ding source is probably NDF.	
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.		
Ordinance Required: Is the request a transfer so, is the amount given for the fiscal year	nsfer from NDF to cost center? or \$25,000 or less?	
Supporting Documentation: Does the attestimate and description of cost?	tachment include a valid Yes	

Submitted by:

Date: July 1, 2019

Hughes, Susan

From:

Sullivan, Kimberly L

Sent:

Monday, July 1, 2019 11:58 AM

To:

Hughes, Susan

Cc:

Bradley, Maxwell B.; Luckett, Daniel R

Subject:

RE: D-15 Recycle Cart Program

Accepted.

Thanks

Kimberly Sullivan

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: Monday, July 1, 2019 11:53 AM

To: Sullivan, Kimberly L < Kimberly. Sullivan@louisvilleky.gov>

Cc: Bradley, Maxwell B. <Maxwell.Bradley@louisvilleky.gov>; Luckett, Daniel R <Daniel.Luckett@louisvilleky.gov>

Subject: D-15 Recycle Cart Program

Hi Kim, I have prepared an NDF in the amount of \$500 for the recycle cart program. I need confirmation you will accept the funding. Thank you and Max for being so helpful on this program.

Susan

Susan W. Hughes

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