

**GENERAL
FACT SHEET**

03R-315
BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON
LES 2004 Budget Resolution	12/31/03	

DETAILS
<p>Reason for Legislation</p> <p>Adopting Lincoln Electric System Annual Budget for 2004 to become effective January 1, 2004.</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>The Lincoln Electric System (LES) 2004 Annual Budget is recommended for approval by the LES Administrative Board at its scheduled meeting of October 17, 2003.</p>

POSITIONS/RECOMMENDATIONS	
Sponsor	
Programs, Departments, or Groups Affected	
Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
Staff Recommendation	<p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p style="text-align: center;">Reason Against</p>
Board or Commission Recommendation	<p>BY</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions</p> <p>(See Details column for conditions)</p>
CITY COUNCIL ACTIONS (FOR COUNCIL USE ONLY)	<p><input type="checkbox"/> PASS</p> <p><input type="checkbox"/> PASS (AS AMENDED)</p> <p><input type="checkbox"/> COUNCIL SUB.</p> <p><input type="checkbox"/> WITHOUT RECOMMENDATION</p> <p><input type="checkbox"/> HOLD</p> <p><input type="checkbox"/> DO NOT PASS</p>

POLICY / PROGRAM IMPACT

POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES
OPERATIONAL IMPACT ASSESSMENT	

FINANCES

COST AND REVENUE PROJECTIONS	COST of total project \$ _____
	COST of this ordinance/resolution \$ _____
	RELATED annual operating cost \$ _____
	INCREASED REVENUE EXPECTED / YEAR \$ _____

SOURCE OF FUNDS	CITY	_____	\$ _____	% _____
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	NON CITY	_____	\$ _____	% _____
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	

BENEFIT COST /

Front Foot Average Assessment
 Square Foot \$ _____ \$ _____

(Use This Space For Further Discussion, If Necessary)

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEWED BY:

REFERENCE NUMBERS: