

GENERAL FACT SHEET

BILL NUMBER 12R-56

BRIEF TITLE	APPROVAL DEADLINE	REASON
CIP Amendment for the		To authorize and appropriate TIF funds for the
Yolande Avenue Redevelopment		approved redevelopment project.
Project		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Amending the FY 11/12 CIP is required to authorize and appropriate TIF funds for the Yolande Avenue redevelopment project: street rehab and sidewalk construction on Yolande Ave and 20th Street.</p>	Sponsor	Recommend approval Urban Development Department
	Program Departments, or Groups Affected	Urban Development Department
	Applicants/Proponents	Applicant: Urban Development
<p>Discussion (Including Relationship to other Council Actions)</p> <p>- Declaring the Yolande Avenue Redevelopment Area Blighted and Substandard by Resolution No. A-86390 on 6/27/11.</p> <p>- Approval of the Yolande Avenue Redevelopment Plan by Resolution A-86597 on 11/14/11.</p>	Opponents	Groups or Individuals
		Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> X For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> x 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 Costs	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ _____
SOURCE OF FUNDS	CITY [Approximately]		
	TIF	\$ 183,569 % _____	
		\$ _____ % _____	
		\$ _____ % _____	
	NON CITY [Approximately]		
		\$ _____ % _____	
		\$ _____ % _____	
		\$ _____ % _____	
BENEFIT COST			
<input type="checkbox"/> Front Foot Assessment		Average	
<input type="checkbox"/> Square Foot	\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Wynn Hjermstad

REVIEW BY: David Landis

REFERENCE NUMBER