

GENERAL FACT SHEET

11R-194

BILL NUMBER

<p>BRIEF TITLE Smiths Detection _____</p> <p>_____</p> <p>_____</p>	<p>APPROVAL DEADLINE _____</p> <p>_____</p>	<p>REASON _____</p> <p>_____</p> <p>_____</p>
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DETAILS	POSITIONS/RECOMMENDATIONS	
<p>Agreement between Smiths Detection and the Lincoln-Lancaster County Health Department for use of the Smith Detection HazMat ID System. The agreement is for a 3-year partnership beginning in 2011.</p>	<p>Sponsor</p>	
	<p>Program Departments, or Groups Affected</p>	<p>All automated departments</p>
	<p>Applicants/ Proponents</p>	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	<p>Opponents</p>	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	<p>Staff Recommendations</p>	<p><input type="checkbox"/> For <input type="checkbox"/> Against Reason Against</p>
	<p>Board or Commission Recommendation</p>	<p>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)</p>
	<p>CITY COUNCIL ACTIONS (For Council Use Only)</p>	<p><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</p>

DETAILS

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 Costs \$
	INCREASE REVENUE EXPECTED/YEAR \$	
SOURCE OF FUNDS	CITY [Approximately]	
	_____ \$ _____ %	
	_____ \$ _____ %	
	_____ \$ _____ %	
	NON CITY [Approximately]	
	_____ \$ _____ %	

BENEFIT COST	
<input type="checkbox"/> Front Foot	Average Assessment
<input type="checkbox"/> Square Foot	\$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER