

**GENERAL FACT SHEET**

11R-307

**BILL NUMBER**

BRIEF TITLE	APPROVAL DEADLINE	REASON
Addendum to UNL Interlocal agreement on online food handler training	_____	_____

DETAILS	POSITIONS/RECOMMENDATIONS	
<p>The Health Department needs access to data on food handlers trained through the UNL online training program on a daily basis and in formats not identified in our original agreement of 2009. In order to get this data, UNL will need to develop new programming to transfer the data in the correct formats and automate this process so that multiple staff do not have to do downloads every day. This new data sharing protocol will improve permit management, increase staff productivity and assure equitable enforcement.</p>	Sponsor	Health
	Program Departments, or Groups Affected	All automated departments
	Applicants/Proponents	<p>Applicant <b>Judith A. Halstead, MS, Health Director</b></p> <p>City Department <b>Health</b></p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions) The City Council approved the original interlocal agreement on November 9, 2009.</p>	Opponents	<p>Groups or Individuals <b>None identified</b></p> <p>Basis of Opposition</p>
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	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 (See Details column for conditions)</p>
	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**

	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____		
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	Improve data access and staff productivity. _____ _____		
	<b>FINANCES</b>			
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:	\$	
		COST of this Ordinance/ Resolution	\$ 4,830	
		RELATED annual operating Costs	\$ 0	
	INCREASE REVENUE EXPECTED/YEAR	\$ 0		
<b>SOURCE OF FUNDS</b>	CITY [Approximately]			
	_____	\$ 0	% 0	
	_____	\$	%	
	_____	\$	%	
	NON CITY [Approximately]			
	Fees	\$ 4,830	% 100	
	_____	\$	%	
	_____	\$	%	
<b>BENEFIT COST</b>				
<input type="checkbox"/> Front Foot		Average Assessment		
<input type="checkbox"/> Square Foot		\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, MS, Manager, Environmental Public Health Division

REVIEW BY:

REFERENCE NUMBER