

GENERAL FACT SHEET

BILL NUMBER 12R-147

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Supply and Service Parts Washing Machines, Quote 3972		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to provide the Annual Supply and Service Parts Washing Machines, Quote 3972 from Safety-Kleen Systems, Inc., effective upon execution by both parties for a two (2) year term. This supply will be used by PW&U - StarTran for the acquisition of Parts Washing Machine as needed. The estimated cost for two (2) year term is \$5,000.00.	Sponsor	Purchasing
	Program Departments, or Groups Affected	PW&U - StarTran
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> 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

<p>Resolution to provide the Annual Supply and Service Parts Washing Machines, Quote 3972 from Safety-Kleen Systems, Inc., effective upon execution by both parties for a two (2) year term. This supply will be used by PW&U - StarTran for the acquisition of Parts Washing Machine as needed. The estimated cost for two (2) year term is \$5,000.00.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>
	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 Assessment	Average	
<input type="checkbox"/> Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bob Walla

REVIEW BY:

REFERENCE NUMBER