

# GENERAL FACT SHEET

**BILL NUMBER**

**BRIEF TITLE**

**APPROVAL DEADLINE**

**REASON**

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**DETAILS**

**POSITIONS/RECOMMENDATIONS**

	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant  City Department  Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	" For " Against Reason Against
	Board or Commission Recommendation	BY Personnel Board " For " Against " No Action Taken " For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	" Pass " Pass (As Amended) " Council Sub. " Without Recommendation " Hold " Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	" NO " YES _____ _____ _____
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ _____
		COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
<b>SOURCE OF FUNDS</b>	CITY [Approximately]	
	_____ \$ _____ % _____	
	_____ \$ _____ % _____	
	_____ \$ _____ % _____	
	NON CITY [Approximately]	
	_____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____	
<b>BENEFIT COST</b>		
" Front Foot	Average Assessment	
" Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER