

**GENERAL FACT SHEET**

**09-77**

**BILL NUMBER**

BRIEF TITLE	APPROVAL DEADLINE	REASON
Amending LMC Section 4.20.010		
Library Board; Term of Directors		

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>An ordinance amending Section 4.20.010 of the Lincoln Municipal Code relating to the Board of Directors of the Library Board of the City of Lincoln to amend the term of said directors; and repealing Section 4.20.010 of the Lincoln Municipal Code as hitherto existing.</p>	Sponsor	Robin Eschliman, City Council
	Program Departments, or Groups Affected	
	Applicants/ Proponents	<p>Applicant</p> <p>City Department</p> <p>Other -</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p><input checked="" type="checkbox"/> For <input type="checkbox"/> Against</p> <p>Reason Against</p>
	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)	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="checked" type="checkbox"/> NO <input type="checkbox"/> 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> <input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot	Average Assessment \$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Jocelyn Golden, Assistant City Attorney

REVIEW BY:

REFERENCE NUMBER