

**GENERAL FACT SHEET**

Fill-in form, tab to next field

BILL NUMBER 09R-203

BRIEF TITLE

APPROVED DEADLINE

REASON

Lincoln Public Schools Agreement with the  
Health Department for Mass Clinic Operations

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

Agreement between the City of Lincoln, on behalf of the Lincoln-Lancaster County Health Department, and the School District of the City of Lincoln (LPS) for LPS to provide space in LPS facilities for the Health Department to conduct a mass clinic(s). Agreement term: 2009-2013.	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	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	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**

	<b>POLICY OR PROGRAM CHANGE</b>	<input 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		Average Assessment		
<input type="checkbox"/> Square Foot    \$ _____		\$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER