

GENERAL FACT SHEET

BILL NUMBER 12R-1

BRIEF TITLE	APPROVAL DEADLINE	REASON
Recycling Services		Required by law.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution to provide the Annual Requirements for Fluorescent Bulb Recycling Services, Bid No. 2807, effective upon execution by both parties for a two (2) year period. This recycling service will be used by All City Departments for Fluorescent Bulb Recycling Services as needed. The estimated cost for one (1) year \$2,671.34 /year for an estimated total of \$5,342.68 for two (2) years.</p>	Sponsor	Finance/Accounting
	Program Departments, or Groups Affected	All Departments
	Applicants/ Proponents	Applicant: Finance/Accounting City Department: Other
<p>Discussion (Including Relationship to other Council Actions)</p>	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

Resolution to provide the Annual Requirements for Fluorescent Bulb Recycling Services, Bid No. 2807 , effective upon execution by both parties for a two (2) year period. This recycling service will be used by All City Departments for Fluorescent Bulb Recycling Services as needed. The estimated cost for one (1) year \$2,671.34 /year for an estimated total of \$5,342.68 for two (2) years.	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	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	Average Assessment	
<input type="checkbox"/> Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER