

**GENERAL FACT SHEET**

|             |                   |        |
|-------------|-------------------|--------|
| BRIEF TITLE | APPROVAL DEADLINE | REASON |
|-------------|-------------------|--------|

Report concerning claims against the City of Lincoln

| DETAILS  | POSITIONS/RECOMMENDATIONS   |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
|--|---|---------|---------------------|---|--|-----------------------|--|-----------|--|----------------------|--|------------------------------------|---|--|--|
| <p>Reason for Legislation</p> <p>Report of new and pending claims against the City of Lincoln, as well as claims which have been disposed of, for February 16-28, 2013. The State statutes require that all claims against political subdivisions be reported to the governing body.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Sponsor</td> <td style="padding: 5px;">City Law Department</td> </tr> <tr> <td style="padding: 5px;">Programs, Departments, or Groups Affected</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Applicants/Proponents</td> <td style="padding: 5px;">                     Applicant<br/><br/>                     City Department<br/>                         Law<br/>                     Other                 </td> </tr> <tr> <td style="padding: 5px;">Opponents</td> <td style="padding: 5px;">                     Groups or Individuals<br/><br/>                     Basis of Opposition                 </td> </tr> <tr> <td style="padding: 5px;">Staff Recommendation</td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> For    <input type="checkbox"/> Against<br/>                     Reason Against                 </td> </tr> <tr> <td style="padding: 5px;">Board or Commission Recommendation</td> <td style="padding: 5px;"> <input type="checkbox"/> For    <input type="checkbox"/> Against<br/> <input type="checkbox"/> No Action Taken<br/> <input type="checkbox"/> For with revisions or conditions<br/>                     (See Details column for conditions)                 </td> </tr> <tr> <td style="padding: 5px;">                     CITY COUNCIL ACTIONS<br/><br/>                     (FOR COUNCIL USE ONLY)                 </td> <td style="padding: 5px;"> <input type="checkbox"/> PASS<br/> <input type="checkbox"/> PASS (AS AMENDED)<br/> <input type="checkbox"/> COUNCIL SUB.<br/> <input type="checkbox"/> WITHOUT RECOMMENDATION<br/> <input type="checkbox"/> HOLD<br/> <input type="checkbox"/> DO NOT PASS                 </td> </tr> </table> | Sponsor | City Law Department | Programs, Departments, or Groups Affected |  | Applicants/Proponents | Applicant<br><br>City Department<br>Law<br>Other | Opponents | Groups or Individuals<br><br>Basis of Opposition | Staff Recommendation | <input checked="" type="checkbox"/> For <input type="checkbox"/> Against<br>Reason Against | Board or Commission Recommendation | <input type="checkbox"/> For <input type="checkbox"/> Against<br><input type="checkbox"/> No Action Taken<br><input type="checkbox"/> For with revisions or conditions<br>(See Details column for conditions) | CITY COUNCIL ACTIONS<br><br>(FOR COUNCIL USE ONLY) | <input type="checkbox"/> PASS<br><input type="checkbox"/> PASS (AS AMENDED)<br><input type="checkbox"/> COUNCIL SUB.<br><input type="checkbox"/> WITHOUT RECOMMENDATION<br><input type="checkbox"/> HOLD<br><input type="checkbox"/> DO NOT PASS |
| Sponsor  | City Law Department   |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
| Programs, Departments, or Groups Affected  |   |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
| Applicants/Proponents  | Applicant<br><br>City Department<br>Law<br>Other  |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
| Opponents  | Groups or Individuals<br><br>Basis of Opposition  |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
| Staff Recommendation   | <input checked="" type="checkbox"/> For <input type="checkbox"/> Against<br>Reason Against  |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
| Board or Commission Recommendation   | <input type="checkbox"/> For <input type="checkbox"/> Against<br><input type="checkbox"/> No Action Taken<br><input type="checkbox"/> For with revisions or conditions<br>(See Details column for conditions)   |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |
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| <p>Discussion (Including Relationship to other Council Actions)</p>  |   |         |                     |   |  |                       |  |           |  |                      |  |                                    |   |  |  |