

**GENERAL FACT SHEET**

13R-272

**BILL NUMBER**

**BRIEF TITLE**  
LEP Plan Approval  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPROVAL DEADLINE**  
Dec. 2013  
 \_\_\_\_\_

**REASON**  
Federal Compliance Requirement  
 \_\_\_\_\_  
 \_\_\_\_\_

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

All recipients of federal funds are required to have a LEP Plan in place to insure compliance with federal law. The proposed LEP is based upon a template/worksheet generated by the FTA for recipients of their funds. Input was sought from city departments and it is incorporated into the plan.	Sponsor	
	Program Departments, or Groups Affected	All departments
	Applicants/ Proponents	Applicant City Law, Human Rights Department  City Department  Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals None Known  Basis of Opposition
	Staff Recommendations	x For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY Not Applicable <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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <u>The proposed plan clarifies and standardizes our existing practices and procedures in written form.</u> _____ _____
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>  (\$5,000.00 in existing General expense budget for potential expenses)	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:

Kimberley Taylor-Riley and Lin Quenzer  
 Co-Coordinators for Title VI/ADA

REVIEW BY:

REFERENCE NUMBER