

GENERAL FACT SHEET

BILL NUMBER 10R-90

BRIEF TITLE	APPROVAL DEADLINE	REASON
Unit Price for Miscellaneous Landscaping Installation and Maintenance Services		Contract is for two year (2) term with the option to renew for (1) one additional two year term.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>To approve the Unit Price for Miscellaneous Landscaping Installation and Maintenance Service for the City of Lincoln. Contract is for two year (2) term with the option to renew for (1) one additional two year term.</p>	Sponsor	Finance/Purchasing
	Program Departments, or Groups Affected	All Departments
	Applicants/ Proponents	<p>Applicant: Shelly Hinze</p> <p>Finance/Purchasing</p> <p>City Department: Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	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

	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 Assessment <input type="checkbox"/> Square Foot	Average \$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: *Shelly Hinze*

REVIEW BY:

REFERENCE NUMBER