

GENERAL FACT SHEET

BILL NUMBER

BRIEF TITLE

APPROVAL DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant City Department Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	For Against Reason Against
	Board or Commission Recommendation	BY For Against No Action Taken For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	Pass Pass (As Amended) Council Sub. Without Recommendation Hold Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

Saint Elizabeth Health System will allow discounted treatment at multiple sites convenient to employees while discounts are offered for services, making necessary treatment more cost effective.	POLICY OR PROGRAM CHANGE	X NO " YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	None _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: NA- Cost of Workers Compensation coverage. COST of this Ordinance/ Resolution NA - Mandated cost of doing business.	
		RELATED annual operating Costs	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ 0
	SOURCE OF FUNDS	CITY [Approximately] allocated to all depts. with _____ % _____ \$ _____ % _____ \$ _____ %	
NON CITY [Approximately] _____ % _____ \$ _____ % _____ \$ _____ %			
BENEFIT COST			
" Front Foot		Average Assessment	
" Square Foot		\$ NA	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bill Kostner, Risk Manager

REVIEW BY: Georgia Glass, Personnel Director

REFERENCE NUMBER