

**GENERAL
FACT SHEET**

O/R-265
BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON
Public Power Week	October 8, 2001	

DETAILS	POSITIONS/RECOMMENDATIONS														
<p>Reason for Legislation</p> <p>Recognizing the week of October 7-13, 2001 to be Public Power Week in Lincoln, Nebraska.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Sponsor</td> <td>Terry Bundy, Administrator and CEO, LES</td> </tr> <tr> <td>Programs, Departments, or Groups Affected</td> <td></td> </tr> <tr> <td>Applicants/Proponents</td> <td> Applicant City Department Other </td> </tr> <tr> <td>Opponents</td> <td> Groups or Individuals Basis of Opposition </td> </tr> <tr> <td>Staff Recommendation</td> <td> <input type="checkbox"/> For <input type="checkbox"/> Against Reason Against </td> </tr> <tr> <td>Board or Commission Recommendation</td> <td> 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) </td> </tr> <tr> <td>CITY COUNCIL ACTIONS (FOR COUNCIL USE ONLY)</td> <td> <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 </td> </tr> </table>	Sponsor	Terry Bundy, Administrator and CEO, LES	Programs, Departments, or Groups Affected		Applicants/Proponents	Applicant City Department Other	Opponents	Groups or Individuals Basis of Opposition	Staff Recommendation	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against	Board or Commission Recommendation	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
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<p>Discussion (Including Relationship to other Council Actions)</p>															

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 cost	\$ _____
	INCREASED REVENUE EXPECTED / YEAR	\$ _____

SOURCE OF FUNDS	CITY		\$ _____	% _____
			\$ _____	% _____
			\$ _____	% _____
			\$ _____	% _____
	NON CITY		\$ _____	% _____
			\$ _____	% _____
			\$ _____	% _____
			\$ _____	% _____

BENEFIT COST /

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

(Use This Space For Further Discussion, If Necessary)

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEWED BY:

REFERENCE NUMBERS: