

GENERAL FACT SHEET

Fill in form, tab to next field

BILL NUMBER 03R-221

BRIEF TITLE	APPROVED DEADLINE	REASON
Malcolm and Waverly Public Schools		
Interlocal Agreements		

DETAILS	POSITIONS/RECOMMENDATIONS	
The attached Interlocal Agreements with Waverly Public Schools will allow Health Department staff to provide nursing consultation services to these schools during the 2003-2004 school year.	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant City Department Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	<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

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>																																																	
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>																																																	
	FINANCES																																																		
	COST AND REVENUE PROJECTIONS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">COST of total project:</td> <td style="width:10%;"></td> <td style="width:10%; text-align:right;">\$</td> <td style="width:10%;"></td> </tr> <tr> <td>COST of this Ordinance/ Resolution</td> <td></td> <td style="text-align:right;">\$</td> <td></td> </tr> <tr> <td>RELATED annual operating Costs</td> <td></td> <td style="text-align:right;">\$</td> <td></td> </tr> <tr> <td>INCREASE REVENUE EXPECTED/YEAR</td> <td></td> <td style="text-align:right;">\$</td> <td></td> </tr> </table>	COST of total project:		\$		COST of this Ordinance/ Resolution		\$		RELATED annual operating Costs		\$		INCREASE REVENUE EXPECTED/YEAR		\$																																		
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SOURCE OF FUNDS	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">CITY [Approximately]</td> </tr> <tr> <td style="width:60%;"><hr/></td> <td style="width:10%; text-align:right;">\$</td> <td style="width:10%;"></td> <td style="width:10%; text-align:right;">%</td> </tr> <tr> <td><hr/></td> <td style="text-align:right;">\$</td> <td></td> <td style="text-align:right;">%</td> </tr> <tr> <td colspan="4">NON CITY [Approximately]</td> </tr> <tr> <td><hr/></td> <td style="text-align:right;">\$</td> <td></td> <td style="text-align:right;">%</td> </tr> </table>			CITY [Approximately]				<hr/>	\$		%	<hr/>	\$		%	<hr/>	\$		%	<hr/>	\$		%	<hr/>	\$		%	NON CITY [Approximately]				<hr/>	\$		%																
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BENEFIT COST																																																			
<input type="checkbox"/> Front Foot		Average Assessment																																																	
<input type="checkbox"/> Square Foot \$ _____		\$ _____																																																	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Health Director

REVIEW BY:

REFERENCE NUMBER