

**GENERAL FACT SHEET**

05-186

**BILL NUMBER**

**BRIEF TITLE**

Lease Agreement

**APPROVAL DEADLINE**

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**REASON**

Space for the Lincoln Area Agency on Aging at the Hickman Presbyterian Church

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

Approving the Agreement between Firth Community Center and the Lincoln Area Agency on Aging for leased space to be utilized by the ActivAge Center Program.	Sponsor	Finance/Accounting
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant - Debra J. Peck Division Administrator, CA&S  City Department -Aging  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**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____	
	<b>FINANCES</b>		
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:	\$ 480.00
		COST of this Ordinance/ Resolution	\$ 480.00
		RELATED annual operating Costs	\$ _____
	INCREASE REVENUE EXPECTED/YEAR	\$ _____	
<b>SOURCE OF FUNDS</b>	CITY [Approximately] <u>2005-2006</u> \$ 480.00      % 100 <u>Aging City Budget</u> \$ _____      % _____ <u>08/05</u> \$ _____      % _____  NON CITY [Approximately] _____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____		
<b>BENEFIT COST</b>	<input type="checkbox"/> Front Foot <input checked="" type="checkbox"/> Square Foot      \$ <u>10 a day x 51 days</u> Average Assessment _____		

APPLICABLE DATES:                      09/1/05 - 08/31/06

FACT SHEET PREPARED BY: Deborah Baines, Office Specialist/LAAA

REVIEW BY:

REFERENCE NUMBER