

GENERAL FACT SHEET

BILL NUMBER _____

BRIEF TITLE

APPROVED DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

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

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER