

GENERAL FACT SHEET

07R-134

**BILL NUMBER**

**BRIEF TITLE**

**APPROVAL DEADLINE**

**REASON**

Saline County Interlocal Agreement

Provide cooperative agreement  
between City of Lincoln and Saline Co.

**DETAILS**

**POSITION/RECOMMENDATIONS**

Approving the Interlocal Agreement between the County of Saline and the City of Lincoln for the cooperative agreement for the mutual and separate responsibilities of each in the operation, management, support, monitoring, and evaluation of the Saline Eldercare Program as specified in the Saline Eldercare Service Plan.	Sponsor	Finance/Accounting
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant - DeLayne Peck 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 columns 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 _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project      \$ COST of this Ordinance/ Resolution      \$
		RELATED annual operating Costs      \$
		INCREASED REVENUE EXPECTED/YEAR      \$
	SOURCE OF FUNDS	CITY [Approximately] 2007-08 <u>on-going</u> \$ _____ % _____ Aging City Budget      \$ _____ % _____ 08/07      \$ _____ % _____  NON CITY [Approximately] _____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____
	BENEFIT COST <input type="checkbox"/> Front Foot <input checked="" type="checkbox"/> Square Foot	Average Assessment \$ _____ \$ _____ _____

APPLICABLE DATES: 07/01/2007 - 06/30/2008

FACT SHEET PREPARED BY: Deborah A. Baines, Office Specialist  
 Lincoln Area Agency on Aging

REVIEWED BY:

REFERENCE NUMBER: