

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 07R-234

| BRIEF TITLE | APPROVED DEADLINE | REASON |
|--------------------------|-------------------|--------|
| DHS METROPOLITAN MEDICAL | | |
| RESPONSE SYSTEM AWARD | | |

DETAILS

POSITIONS/RECOMMENDATIONS

| | | |
|---|---|--|
| Approval of the 2007 Metropolitan Medical Response System Award for the Lincoln-Lancaster County Health Department for 10/12/07-6/30/10 for \$258,145.00. | 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 |

