

GENERAL FACT SHEET

08-105

BILL NUMBER

BRIEF TITLE

APPROVAL DEADLINE

REASON

Lease Agreement

Space for the Lincoln Area Agency on Aging at the American Legion Post #280, Bennet

DETAILS

POSITIONS/RECOMMENDATIONS

| | | |
|--|--|--|
| Approving the Agreement between the American Legion Post #280 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 - June Pederson Director, LAAA 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

| | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|------------------------|-------------|------------------------------------|-------------------|--------------------------------|----------|--------------------------------|--------------------------|----|-------|------------------|-------|------------------|-------|------------------|
| | POLICY OR PROGRAM CHANGE <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____ | | | | | | | | | | | | | | | | |
| | OPERATIONAL IMPACT ASSESSMENT _____ _____ _____ | | | | | | | | | | | | | | | | |
| | FINANCES | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td rowspan="3">COST AND REVENUE PROJECTIONS</td> <td>COST of total project:</td> <td>\$ 2,295.00</td> </tr> <tr> <td>COST of this Ordinance/ Resolution</td> <td>\$ 2,295.00</td> </tr> <tr> <td>RELATED annual operating Costs</td> <td>\$ 75.00</td> </tr> <tr> <td colspan="2">INCREASE REVENUE EXPECTED/YEAR</td> <td>\$</td> </tr> </table> | COST AND REVENUE PROJECTIONS | COST of total project: | \$ 2,295.00 | COST of this Ordinance/ Resolution | \$ 2,295.00 | RELATED annual operating Costs | \$ 75.00 | INCREASE REVENUE EXPECTED/YEAR | | \$ | | | | | | |
| | COST AND REVENUE PROJECTIONS | | COST of total project: | \$ 2,295.00 | | | | | | | | | | | | | |
| COST of this Ordinance/ Resolution | | | \$ 2,295.00 | | | | | | | | | | | | | | |
| RELATED annual operating Costs | | \$ 75.00 | | | | | | | | | | | | | | | |
| INCREASE REVENUE EXPECTED/YEAR | | \$ | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td rowspan="6">SOURCE OF FUNDS</td> <td colspan="2">CITY [Approximately]</td> </tr> <tr> <td>2008-2009</td> <td>\$ 2,370.00 % 100</td> </tr> <tr> <td>Aging City Budget</td> <td>\$ _____ % _____</td> </tr> <tr> <td>08/08</td> <td>\$ _____ % _____</td> </tr> <tr> <td colspan="2">NON CITY [Approximately]</td> </tr> <tr> <td>_____</td> <td>\$ _____ % _____</td> </tr> <tr> <td>_____</td> <td>\$ _____ % _____</td> </tr> <tr> <td>_____</td> <td>\$ _____ % _____</td> </tr> </table> | SOURCE OF FUNDS | CITY [Approximately] | | 2008-2009 | \$ 2,370.00 % 100 | Aging City Budget | \$ _____ % _____ | 08/08 | \$ _____ % _____ | NON CITY [Approximately] | | _____ | \$ _____ % _____ | _____ | \$ _____ % _____ | _____ | \$ _____ % _____ |
| SOURCE OF FUNDS | | CITY [Approximately] | | | | | | | | | | | | | | | |
| | | 2008-2009 | \$ 2,370.00 % 100 | | | | | | | | | | | | | | |
| | | Aging City Budget | \$ _____ % _____ | | | | | | | | | | | | | | |
| | | 08/08 | \$ _____ % _____ | | | | | | | | | | | | | | |
| | | NON CITY [Approximately] | | | | | | | | | | | | | | | |
| | _____ | \$ _____ % _____ | | | | | | | | | | | | | | | |
| _____ | \$ _____ % _____ | | | | | | | | | | | | | | | | |
| _____ | \$ _____ % _____ | | | | | | | | | | | | | | | | |
| BENEFIT COST <input type="checkbox"/> Front Foot <input checked="" type="checkbox"/> Square Foot _____ 4,189 | Average Assessment \$ 45 a day x 51 days _____ 0.547 | | | | | | | | | | | | | | | | |

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

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

REVIEW BY:

REFERENCE NUMBER