

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	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ _____
SOURCE OF FUNDS	CITY [Approximately]		
	\$ _____	% _____	
	\$ _____	% _____	
	\$ _____	% _____	
	NON CITY [Approximately]		
	\$ _____	% _____	
	\$ _____	% _____	
	\$ _____	% _____	
BENEFIT COST			
<input type="checkbox"/> Front Foot Assessment	Average		
<input type="checkbox"/> Square Foot	\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Rick Peo, Chief Assistant City Attorney

REVIEW BY:

REFERENCE NUMBER