

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10-12

BRIEF TITLE

Lease Agreement

APPROVED DEADLINE

REASON

Space for the Lincoln Police Department Southeast Team's substation for Officers to do reports and follow up investigations in the team area.

DETAILS

POSITIONS/RECOMMENDATIONS

Approving the Agreement between Lincoln Medical Educational Partnership and Lincoln Police Department for leased space to be utilized for the Southeast Team Substation. <p style="text-align: center;">FILED</p> <p style="text-align: center;">JAN 28 2010</p> <p style="text-align: center;">CITY CLERK'S OFFICE LINCOLN, NEBRASKA</p>	Sponsor	Lincoln Police Department
	Program Departments, or Groups Affected	
Discussion (Including Relationship to other Council Actions)	Applicants/Proponents	Applicant Michele Selvage Administrative Officer City Department Police Other
	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			
	COST AND REVENUE PROJECTIONS	COST of total project:	\$ 4,500.00	
		COST of this Ordinance/ Resolution	\$ 4,500.00	
		RELATED annual operating Costs	\$	
	INCREASE REVENUE EXPECTED/YEAR	\$		
SOURCE OF FUNDS	CITY [Approximately]			
	Police Budget	\$ 4,500.00	100 %	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	NON CITY [Approximately]			
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
BENEFIT COST				
<input type="checkbox"/> Front Foot		Average Assessment		
<input checked="" type="checkbox"/> Square Foot \$ 125.00 month		\$ 0.78 per sq ft		

APPLICABLE DATES: 02/01/2010 - 01/31/2013

FACT SHEET PREPARED BY: Michele Selvage, Administrative Officer/Police

REVIEW BY:

REFERENCE NUMBER