

GENERAL FACT SHEET

BILL NUMBER 10R-98

| BRIEF TITLE | APPROVAL DEADLINE | REASON |
|----------------------------------|-------------------|----------------------------------|
| Portable Chemical Toilet Service | | Multiple Year Contract - 4 years |
| | | |
| | | |

DETAILS **POSITIONS/RECOMMENDATIONS**

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| <p>Resolution to provide Portable Chemical Toilet Service for the City of Lincoln as per Bid No. 2925 for four years, beginning at the execution of the contract. This services will be used mainly by the Parks & Recreation Department at the City Golf Courses, the City Parks and as-needed for special events. The approximate cost will be \$19,300/year for a total of \$77,200 for the four (4) year period.</p> | Sponsor | Purchasing |
| | Program Departments, or Groups Affected | Parks & Recreation |
| | Applicants/ Proponents | Applicant: Purchasing City Department: Other |
| <p>Discussion (Including Relationship to other Council Actions)</p> | Opponents | Groups or Individuals Basis of Opposition |
| | Staff Recommend. | <input type="checkbox"/> For <input type="checkbox"/> Against Reason Against |
| | Board or Commission Recommend. | 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

Resolution to provide Portable Chemical Toilet Service for the City of Lincoln as per Bid No. 2925 for four years, beginning at the execution of the contract. This services will be used mainly by the Parks & Recreation Department at the City Golf Courses, the City Parks and as-needed for special events. The approximate cost will be \$19,300/year for a total of \$77,200 for the four (4) year period.

POLICY OR PROGRAM CHANGE

NO 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

Front Foot Assessment

Average

Square Foot

\$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER