

**GENERAL FACT SHEET**

Fill-in form, tab to next field

BILL NUMBER 10R-126

BRIEF TITLE

APPROVED DEADLINE

REASON

Nebraska Department of Labor  
Agreement

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

Exchange Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and the Nebraska Department of Labor for the Nebraska Department of Labor to provide a list of Nebraska employers in business the previous year to the Health Department. Agreement term - May 1, 2010 to April 30, 2013.	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

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>		
<b>FINANCES</b>			
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:	\$ _____
		COST of this Ordinance/ Resolution	\$ _____
		RELATED annual operating Costs	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ _____
	<b>SOURCE OF FUNDS</b>	CITY [Approximately]	
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
		NON CITY [Approximately]	
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
<b>BENEFIT COST</b>			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER