

GENERAL FACT SHEET

BILL NUMBER 10R-158

| BRIEF TITLE | APPROVAL DEADLINE | REASON |
|---------------------|-------------------|--------|
| Agreement with PSSI | | |
| | | |
| | | |

DETAILS

POSITIONS/RECOMMENDATIONS

| | | |
|--|---|--|
| <p>Approving a PSSI CAD System Upgrade Agreement between the City and Public Safety Systems Incorporated (PSSI) for installing a PSSI Software Upgrade System, procuring and installing the computers/servers and associated equipment, provide technical resources to prepare custom programs and provide training and consulting services in implementing the upgraded CAD system.</p> | Sponsor | Finance Department |
| | Program Departments, or Groups Affected | Law Department |
| | Applicants/ Proponents | <p>Applicant Don Herz</p> <p>City Department Finance Dept.</p> <p>Other</p> |
| <p>Discussion (Including Relationship to other Council Actions)</p> | Opponents | <p>Groups or Individuals</p> <p>Basis of Opposition</p> |
| | Staff Recommendations | <input type="checkbox"/> For <input type="checkbox"/> Against Reason Against |
| | Board or Commission Recommendation | <p>BY</p> <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 <hr/> <hr/> <hr/> | |
| | OPERATIONAL IMPACT ASSESSMENT | <hr/> <hr/> <hr/> <hr/> | |
| | 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 | Average Assessment | | |
| <input type="checkbox"/> Square Foot | \$ _____ | \$ _____ | |

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY: Don Herz, Finance Director

REFERENCE NUMBER