

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10-132

| BRIEF TITLE | APPROVED DEADLINE | REASON |
|-----------------------------------|-------------------|--------|
| Lease Agreement - Lincoln Medical | | |
| Education Partnership | | |

| DETAILS | POSITIONS/RECOMMENDATIONS | |
|---|---|--|
| <p>Lease agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and the Lincoln Medical Education Partnership for the lease of office space for the Health Department's Women, Infants & Children (WIC) Program at the Lincoln Medical Education Partnership facility. Lease term - October 1, 2010 - September 30, 2014 - \$381.50 per month.</p> <p>Lease will be paid through Federal WIC FUNDS</p> | Sponsor | |
| | Program Departments, or Groups Affected | |
| | Applicants/Proponents | <p>Applicant</p> <p>City Department</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 | 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 |

