

GENERAL FACT SHEET

BILL NUMBER HR-27

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Supply of Ice Melt, Quote 3225		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution to provide the Annual Supply of Ice Melt, Quote 3225 from Nebraska Salt & Grain Co., effective upon execution by both parties for a four (4) year period. This supply will be used by all City Departments for the acquisition of Ice Melt as needed. The estimated cost for one (1) year \$7,532.90/year for an estimated total of \$30,131.60 for four (4) years.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	All City Departments
	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 the Annual Supply of Ice Melt, Quote 3225 from Nebraska Salt & Grain Co., effective upon execution by both parties for a four (4) year period. This supply will be used by all City Departments for the acquisition of Ice Melt as needed. The estimated cost for one (1) year \$7,532.90/year for an estimated total of \$30,131.60 for four (4) years.

POLICY OR PROGRAM CHANGE	X NO <input type="checkbox"/> 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	
<input type="checkbox"/> Front Foot Assessment	Average
<input type="checkbox"/> Square Foot	\$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY:

REFERENCE NUMBER