

GENERAL FACT SHEET

BILL NUMBER 11R-193

BRIEF TITLE	APPROVAL DEADLINE	REASON
Armored Car Services, Bid No. 09-209		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to provide Armored Car Services, Bid No. 09-209 , effective upon execution by both parties for a two (2) year renewal period with the option to renew for an additional (1) one year term. This will be used by various departments. The estimated cost to The City for two (2) years is \$9,500.00/year.	Sponsor	Purchasing
	Program Departments, or Groups Affected	City of Lincoln Police Department\County Health
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	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 Armored Car Services, Bid No. 09-209 , effective upon execution by both parties for a two (2) year renewal period with the option to renew for an additional (1) one year term. This will be used by various departments. The estimated cost to The City for two (2) years is \$9,500.00/year.	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		Average Assessment
<input type="checkbox"/> Square Foot	\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY:

REFERENCE NUMBER