

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 11R-291

BRIEF TITLE
2009 Metropolitan Medical Response System

APPROVED DEADLINE
July 31, 2012

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

Approval of 2009 Metropolitan Medical Response System (MMRS) Grant.	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

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<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: Stephen Frederick

REVIEW BY:

REFERENCE NUMBER