

GENERAL FACT SHEET

BILL NUMBER 12R-18

BRIEF TITLE	APPROVAL DEADLINE	REASON
Upgrade of 9-1-1 Telephone (System, Maintenance, Monitoring and Warranty), Bid No. RFP11-146		Multiple Year Contract - 60 months

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution for Windstream Communication to provide Maintenance, Monitoring and Warranty for Upgraded 9-1-1 Telephone System for the City of Lincoln as per Bid No. 11-146, for a sixty (60) month term beginning upon execution of the contract. The cost for this sixty (60) month period is \$149,406.00.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Finance - 911
	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 for Windstream Communication to provide Maintenance, Monitoring and Warranty for Upgraded 9-1-1 Telephone System for the City of Lincoln as per Bid No. 11-146, for a sixty (60) month term beginning upon execution of the contract. The cost for this sixty (60) month period is \$149,406.00.	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:

REVIEW BY:

REFERENCE NUMBER