

**GENERAL FACT SHEET**

BILL NUMBER 12R-68

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Blood Chemistry Profiles, Quote 2969		Multiple Year Contract

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>Resolution to provide the Annual Requirements for Blood Chemistry Profiles, Quote 2968 from Nebraska LabLinc, effective May 20, 2012 for a two (2) year period. This supply will be used by the Risk Department for the acquisition of Blood Chemistry Profile Draws as needed. The estimated cost for one (1) year is \$18,000.00/year for an estimated total of \$36,000.00 for two (2) years.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	Risk Department
	Applicants/ Proponents	<p>Applicant: Purchasing</p> <p>City Department: Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	<p>BY</p> <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**

<p>Resolution to provide the Annual Requirements for Blood Chemistry Profiles, Quote 2968 from Nebraska LabLinc, effective May 20, 2012 for a two (2) year period. This supply will be used by the Risk Department for the acquisition of Blood Chemistry Profile Draws as needed. The estimated cost for one (1) year is \$18,000.00/year for an estimated total of \$36,000.00 for two (2) years.</p>	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/>
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:    \$ COST of this Ordinance/ Resolution        \$
		RELATED annual operating Costs        \$
		INCREASE REVENUE EXPECTED/YEAR        \$
	<b>SOURCE OF FUNDS</b>	CITY [Approximately]
_____ \$ _____ %		
_____ \$ _____ %		
_____ \$ _____ %		
NON CITY [Approximately]		
_____ \$ _____ %		
_____ \$ _____ %		
_____ \$ _____ %		
<b>BENEFIT COST</b>		
<input type="checkbox"/> Front Foot Assessment	Average	
<input type="checkbox"/> Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY:

REFERENCE NUMBER