

**GENERAL FACT SHEET**

**BILL NUMBER** 13-2

BRIEF TITLE	APPROVED DEADLINE	REASON
Chapter 8.16		

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>In 2007, the Lincoln Municipal Code was brought up to date regarding communicable disease with the addition of Title 8, Chapter 8.18, the Communicable Disease Act of 2007. Chapter 8.18 has the provisions necessary to address communicable disease issues within the community. With issues being addressed in Chapter 8.18 of the Code, the need for Chapter 8.16 of the Lincoln Municipal Code no longer exists and it contains outmoded concepts and provisions.</p> <p>The recommendation to repeal LMC 8.16 was approved by the Board of Health on December 11, 2012.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY Board of Health</p> <input checked="" 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)
	<p>CITY COUNCIL ACTIONS (For Council Use Only)</p>	<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**

	<b>POLICY OR PROGRAM CHANGE</b>	<input 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	Average Assessment		
<input type="checkbox"/> Square Foot	\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Tim Timmons

REVIEW BY:

REFERENCE NUMBER