

GENERAL FACT SHEET

BILL NUMBER 13-56

BRIEF TITLE	APPROVAL DEADLINE	REASON
Amending Title 9 of the LMC		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Establishing Chapter 9.30 of the Lincoln Municipal Code relating to Donation Boxes by adding Section 9.30.010 setting forth Definitions; Section 9.30.020 setting forth Legislative Intent of the Council; Section 9.30.030 prohibiting Donation Boxes for other than charitable purposes; Section 9.30.040 providing for issuance of Donation Box Permits; Section 9.30.050 , providing for Enforcement of this Chapter; Section 9.30.060, providing Exemptions for Donation Boxes on property owned by a Charitable Organization; and Section 9.30.070, providing for Severability of the provisions of this Chapter.</p>	Sponsor	DiAnna Schmieck
	Program Departments, or Groups Affected	
	Applicants/ Proponents	<p>Applicant Rod Confer for DiAnna Schmieck</p> <p>City Department Law Department / City Council</p> <p>Other: Health Dept.</p>
	Discussion (Including Relationship to other Council Actions)	<p>Opponents</p> <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</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

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> 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: Introduction 4-22-13

FACT SHEET PREPARED BY: Rod Confer, City Attorney

REVIEW BY:

REFERENCE NUMBER