GENERAL FACT SHEET **BILL NUMBER** 13R-122

BRIEF TITLE	APPROVAL DEADLINE	REASON
Unit Price Contract for Parts and Service for Quincy Air Compressor Quote No. 4300		Multiple Year Contract - Two (2) year term with the option to renew for one (1) additional two (2) year term.

DETAILS		POSITIONS/RECOMMENDATIONS
Resolution to approve the Unit Price Contract for Parts and Service for Quincy Air Compressor – StarTran, for the Public Works and Utilities Department (StarTran) as per Quote 4300, for a two (2) year term beginning at the execution of the contract with the option to renew for one (1) additional two (2) year period. This service will be used by StarTran only with an approximate cost of $4,000.00 per year for the two (2) year term.	Sponsor	Purchasing
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	❑ For ❑ Against Reason Against
	Board or Commission Recommend.	BY ❑ For ❑ Against ❑ No Action Taken ❑ For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	❑ Pass ❑ Pass (As Amended) ❑ Council Sub. ❑ Without Recommendation ❑ Hold ❑ Do not Pass

DETAILS	POLICY/PROGRAM IMPACT	
Resolution to approve the Unit Price Contract for Parts and Service for Quincy Air Compressor – StarTran, for the Public Works and Utilities Department (StarTran) as per Quote 4300, for a two (2) year term beginning at the execution of the contract with the option to renew for one (1) additional two (2) year period. This service will be used by StarTran only with an approximate cost of $4,000.00 per year for the two (2) year term.	**POLICY OR PROGRAM CHANGE**	X NO ❑ 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 ❑ Front Foot ❑ Square Foot $_____	Average Assessment $_____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Kim Wilnes

REVIEW BY: Suzanne Siemer

REFERENCE NUMBER