

BRIEF TITLE	APPROVAL DEADLINE	REASON
Unit Price Contract for Pavement		4 Year Term
Bid No. 12-187		

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to approve a Unit Price Contract for Pavement Services , projects less than \$25,000.00 each, pursuant to Bid No. 12-187 for the City of Lincoln for a four (4) year term.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Public Works & Utilities
	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 to approve a Unit Price Contract for Pavement Services , projects less than \$25,000.00 each, pursuant to Bid No. 12-187 for the City of Lincoln for a four (4) year term.	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>
	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:

FACT SHEET PREPARED BY: Kim Wilnes

REVIEW BY:

REFERENCE NUMBER