

GENERAL FACT SHEET

BILL NUMBER 12R-283

BRIEF TITLE	APPROVED DEADLINE	REASON
Nebraska Department of Health & Human Services Program Services Agreement		

DETAILS	POSITIONS/RECOMMENDATIONS	
<p>Program Services Agreement between the Nebraska Department of Health and Human Services and the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department for the Every Woman Matters Program,</p> <p>Term of Agreement is July 1, 2012 - June 30, 2017.</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	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

	POLICY OR PROGRAM CHANGE	<input 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:

REVIEW BY: Elaine Severe
402-441-8093

REFERENCE NUMBER