

**GENERAL FACT SHEET**

13-11

**BILL NUMBER**

**BRIEF TITLE**

**APPROVAL DEADLINE**

**REASON**

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**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>Approving a lease agreement between the Lincoln Medical Educational Partnership and City of Lincoln, on behalf of the Lincoln Police Department, for space to be utilized for the Southeast Team Substation. The term of the lease is from February 1, 2013 to September 30, 2013.</p> <p>The current lease expires at the end of January, and does not contain a holdover provision. The Lincoln Police Department is anticipating moving this substation to another location. This move is to better serve the southeast team area. Until the new location is determined and ready, LPD needs to continue using the space provided by LMEP.</p>	<p>Sponsor</p>	<p>Police Department</p>
	<p>Program Departments, or Groups Affected</p>	<p>All automated departments</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	<p>Applicants/ Proponents</p>	<p>Applicant</p> <p>City Department</p> <p>Other</p>
	<p>Opponents</p>	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	<p>Staff Recommendations</p>	<p><input type="checkbox"/> For <input type="checkbox"/> Against Reason Against</p>
	<p>Board or Commission Recommendation</p>	<p>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)</p>
<p>CITY COUNCIL ACTIONS (For Council Use Only)</p>	<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</p>	

**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 <input type="checkbox"/> Square Foot		Average Assessment \$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Chief Jim Peschong

REVIEW BY:

REFERENCE NUMBER