

GENERAL FACT SHEET

BILL NUMBER 13R-42

BRIEF TITLE

APPROVED DEADLINE

REASON

Keep Lincoln-Lancaster County Beautiful

Litter Reduction & Recycling Grant Program

DETAILS

POSITIONS/RECOMMENDATIONS

<p>REQUEST FOR CONSENT AGENDA ITEM</p> <p>NO NEW CITY FUNDS WILL BE OBLIGATED</p> <p>Grant Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and the Nebraska Department of Environmental Quality for \$19,000.00 for the Litter Reduction and Recycling Grant Program - Keep Lincoln-Lancaster County Beautiful Program - Cleanup Activities.</p> <p>Term of Agreement: January 1, 2013 - June 30, 2014</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
<p>Discussion (Including Relationship to other Council Actions)</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: Elaine Severe - 402-441-8093

REVIEW BY:

REFERENCE NUMBER