

**IN LIEU OF
DIRECTORS' MEETING
ADDENDUM**

Monday, July 29, 2019

I. MAYORS OFFICE

1. Fiscal Impact Statement, Health/Environmental Public Health - Dated July 23, 2019
2. Fiscal Impact Statement, Library/Donations - Dated July 23, 2019

II. DIRECTORS CORRESPONDENCE

III. CONSTITUENT CORRESPONDENCE

1. Request for delay on Council Agenda Items 5.b. and 5.c. - Ann Post

FISCAL IMPACT STATEMENT

DEPARTMENT/DIVISION: Health/ Environmental Public Health

DATE: 7/23/19

NEED – Two Senior Office Assistants audited their positions and have been reclassified by Human Resources to a higher classification: Office Specialist. This will result in a change in salary. The current hourly rate for both positions is \$21.184/hour and the new rate would be \$22.164. This will result in increased salary costs in FY19 of \$78.40 per pay period per position for a total of \$156.80 per pay period (there are 2 pay periods remaining in FY19, so the fiscal impact of salary increases would be \$313.60 in FY19). Other associated costs for benefits would result in an increase of \$61.62. For FY20, the fiscal impact of the salary increase will be \$2,000 per position, for a total of \$4,000. Other associated costs for benefits would result in an increase of \$786. It should be noted that both positions are funded through user fees and these changes will not impact the general fund.

FUTURE IMPACT:	<input checked="" type="checkbox"/> Ongoing	<input type="checkbox"/> Limited	Projected Completion Date _____
----------------	---	----------------------------------	---------------------------------

REVENUES GENERATED	LEGISLATIVE CHANGES		
	City	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> X
	County	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> X
	State	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> X

IMPACT	Current Fiscal Year	Next Fiscal Year Annualized
PERSONNEL (full time equivalents) – There will be no change in FTEs.	No Change	No Change
PERSONNEL (cost) business unit: Salaries, FICA, and Pension FY '19 – 1 month (\$.98 / hr) FY '20 – 11 months (\$.98 / hr) and 1 month (\$.741 / hr)		
BU 12122	187.61	2,393.19
BU 12125	93.81	1,196.60
BU 12127	93.81	1,196.60
SUPPLIES business unit: N/A object code description	N/A	N/A
OTHER SERVICES & CHARGES business unit: N/A object code description	N/A	N/A
EQUIPMENT business unit: N/A object code description	N/A	N/A
TOTAL EXPENDITURES	\$375.23	\$ 4,786.39

SOURCE OF REVENUES – 100% fee funded via user fees, emission fees, occupation tax on waste haulers

DIRECTOR Patricia D. Lopez DATE 7-24-19

FINANCE DEPARTMENT COMMENTS	Availability of Appropriations: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	BUDGET OFFICER <u>Sherry Wolf Dostal</u>
	PURCHASING AGENT _____
FINANCE DIRECTOR <u>[Signature]</u>	DATE <u>7/26/19</u>

APPROVED: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	MAYOR <u>Sturion Taylor Baird</u>
	DATE <u>July 26, 2019</u>

WHEN TO USE FISCAL IMPACT STATEMENT

1. Requesting transfer of operating appropriations.
2. Requesting increase in personnel (full time equivalents) appropriations.
3. Requesting transfer of capital improvement appropriations.
4. Requesting operational change not authorized during the budget process.
5. Requesting appropriations based on receipt of additional funds from outside sources.
6. Requesting use of Contingency funds.

HOW TO USE FISCAL IMPACT STATEMENT

NEED: There should be a detailed explanation of why a change to the previously approved budget is necessary. If the change will have any impact beyond the current fiscal year, it should also be noted.

FUTURE IMPACT: One of the boxes should be checked. An example of an item with ongoing impact would be a request for additional fte authorization that will also be requested in upcoming budgets. This would necessitate filling out the "Next Fiscal Year Annualized" column. An example of an item with limited impact would be asking for authorization to use salary savings for the one time purchase of equipment. If "Projected Completion Date" applies, please fill in.

REVENUES GENERATED: Please note if the request will affect current and future revenues.

LEGISLATIVE CHANGES: These boxes should be marked yes or no. Some of the actions this form is used for (transfer of capital improvement appropriations, Contingency Funds) require a City Council ordinance.

PERSONNEL (full time equivalents): Please note the number of fte's the request involves, if applicable.

PERSONNEL (cost), SUPPLIES, OTHER SERVICES AND CHARGES, EQUIPMENT: All entries in these boxes must have the business unit, object code, and object code description along with the dollar amount. Negative amounts must be indicated by brackets.

TOTAL EXPENDITURES: This box should contain the sum of the dollar amounts in the various expenditure categories.

SOURCE OF REVENUES: This box should contain the name of the fund the action is required for.

FISCAL IMPACT STATEMENT

DEPARTMENT/DIVISION: Library/Donations

DATE: 7/23/19

NEED

The Library is proposing the creation of a 20 hours per week Professional/Technical Worker for Fiscal Year 2019-20 that will be privately funded by the Lincoln Community Foundation.

FUTURE IMPACT:	<input type="checkbox"/> Ongoing	<input checked="" type="checkbox"/> Limited	Projected Completion Date <u>8-19-20</u>
-----------------------	----------------------------------	---	--

REVENUES GENERATED	LEGISLATIVE CHANGES		
	City	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	County	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	State	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

IMPACT	Current Fiscal Year	Next Fiscal Year Annualized
PERSONNEL (full time equivalents) .50 FTE U4904 Prof/Tech Worker		
PERSONNEL (cost) business unit: object code description		
SUPPLIES business unit: object code description		
OTHER SERVICES & CHARGES business unit: object code description		
EQUIPMENT business unit: object code description		
TOTAL EXPENDITURES		

SOURCE OF REVENUES

DIRECTOR

Patricia Beach

DATE

7-23-19

FINANCE DEPARTMENT COMMENTS	Availability of Appropriations: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	BUDGET OFFICER <u>Sherry Wolf Debal</u>
	PURCHASING AGENT _____
FINANCE DIRECTOR <u>[Signature]</u>	DATE <u>7/24/19</u>

APPROVED: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	MAYOR
	MAYOR <u>Simon Gaylor Baird</u>

WHEN TO USE FISCAL IMPACT STATEMENT

1. Requesting transfer of operating appropriations.
2. Requesting increase in personnel (full time equivalents) appropriations.
3. Requesting transfer of capital improvement appropriations.
4. Requesting operational change not authorized during the budget process.
5. Requesting appropriations based on receipt of additional funds from outside sources.
6. Requesting use of Contingency funds.

HOW TO USE FISCAL IMPACT STATEMENT

NEED: There should be a detailed explanation of why a change to the previously approved budget is necessary. If the change will have any impact beyond the current fiscal year, it should also be noted.

FUTURE IMPACT: One of the boxes should be checked. An example of an item with ongoing impact would be a request for additional fte authorization that will also be requested in upcoming budgets. This would necessitate filling out the "Next Fiscal Year Annualized" column. An example of an item with limited impact would be asking for authorization to use salary savings for the one time purchase of equipment. If "Projected Completion Date" applies, please fill in.

REVENUES GENERATED: Please note if the request will affect current and future revenues.

LEGISLATIVE CHANGES: These boxes should be marked yes or no. Some of the actions this form is used for (transfer of capital improvement appropriations, Contingency Funds) require a City Council ordinance.

PERSONNEL (full time equivalents): Please note the number of fte's the request involves, if applicable.

PERSONNEL (cost), SUPPLIES, OTHER SERVICES AND CHARGES, EQUIPMENT: All entries in these boxes must have the business unit, object code, and object code description along with the dollar amount. Negative amounts must be indicated by brackets.

TOTAL EXPENDITURES: This box should contain the sum of the dollar amounts in the various expenditure categories.

SOURCE OF REVENUES: This box should contain the name of the fund the action is required for.

Angela M. Birkett

From: Ann K. Post <APost@baylorenvnen.com>
Sent: Monday, July 29, 2019 1:47 PM
To: Jane Raybould; James M. Bowers; Sandra J. Washington; Bennie R. Shobe; Roy A. Christensen; Tammy J. Ward; Richard W. Meginnis; Council Packet; Teresa Meier
Cc: Mark A. Hunzeker; Kali L. Trotter; Brian Will; Miki M. Esposito
Subject: Request for Delay on Council Agenda Items 5.b. and 5.c.

Dear Council Members,

I am contacting you as applicant on behalf of Vic and Kathleen Hannan regarding items 5.b. and 5.c. on today's Council Agenda – Appeal of denial of Special Permit 19025 and Appeal of Denial of Request for Deviation.

We understand there are concerns about efforts made to work with the adjacent property owners to the east, the Pine Lake Heights Congregation of Jehovah's witnesses. Therefore, we request the Council delay public hearing and action on items 5.b. and 5.c. two weeks to August 12, 2019, while we make additional efforts to communicate with this property owner.

Best,

Ann K. Post

Attorney

Baylor Evnen, LLP

Wells Fargo Center | 1248 O St., Ste. 600 | Lincoln, NE 68508

P: 402.475.1075 | F: 402.475.9515

apost@BaylorEvnen.com | BaylorEvnen.com



This is a transmission from the law firm of Baylor Evnen, LLP and may contain information which is confidential, privileged and protected by the attorney-client or attorney work product privileges. If you are not the addressee, note that any disclosure, copying, distribution, or use of the contents of this message is prohibited and may be a violation of law. If you have received this transmission in error, please destroy it and notify us immediately at 402.475.1075.