

AGENDA ITEM REQUEST FORM

Department: City Manager's Office

Department Director: David Biggs

Phone: 799-8216

Meeting Date: July 11, 2017

Final Decision Date Deadline: July 11, 2017

SUBJECT:

Possible Reinstatement of City Council Health Benefits

INDICATE APPROPRIATE BODY

☒ City Council

☐ Successor Agency to the Redevelopment Agency

☐ Public Finance Authority

☐ Finance Commission

☐ Planning Commission

☐ Community/Library Services Commission

☐ Oversight Board

☐ Other _____

ITEM

☐ Presentation/Introduction

☐ Study Session

☐ Grant Application/Acceptance

☐ Public Hearing

☐ Resolution

☐ Video/PowerPoint

☐ Consent Calendar

☐ Ordinance

☒ Discussion Action

☐ Contract/Agreement

RECOMMENDED ACTION:

Receive a Report, Discuss Options, and if applicable, Adopt a Resolution Reinstating City Council Medical Insurance Benefits

☐ Copy of executed Resolution/Ordinance/Contract/Application required immediately upon approval.

REVIEWED AND APPROVED FOR AGENDA:

City Attorney (if Contract, Ordinance or Resolution)

Signature

Date

Finance Department for Fiscal Impact

Signature

Date

City Manager

Signature

Date

AGENDA ITEM NO: