

FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. DESCRIPTION: King St & Orange Av Mast Arm Memorandum of Understanding with FDOT

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
☐ Yes ☒ No (if Yes, include all personnel costs below).

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources:
☒ Yes ☐ No If No, how will this item be funded? _____ PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

Did this item require BRC action? ☐ Yes ☒ No If Yes, BRC Date: _____ BRC Item #: _____

4. This item will be charged to Fund/Dept/Program/Project: 3001_F Capital Improvements Fund/PWK/TRE0002_P Pole and Mast Arm R&R Project.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$0	\$0	\$0
Operating	0	0	350.00
Capital	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>0</u>	<u>0</u>	<u>\$350.00</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: There is no current or next year cost. This mast arm will require periodic painting with an average cost of \$350 per year, assuming \$3,500 every 10 years.

7. OTHER COSTS

(a). Are there any future costs, one-time payments, lump sum payments, or other costs payable for this item at a later date that are **not** reflected above: ☐ Yes ☒ No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ _____ Payment due date _____

(c) What is the nature of these costs: _____

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ 0. Tax roll increase is:

☐ real property, ☐ tangible personal property, ☐ other (identify _____).

9. What is source of the revenue and the estimated annual recurring revenue? Source: N/A \$ 0

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?
Source N/A Fiscal year _____ \$ 0 non-recurring revenue

11. What is the Payback period? N/A years

12. **JUSTIFICATION:** Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget.
Reconstruction of the traffic signal is necessary because of the roadway changes required by the increased traffic demand of the new garage. This new mast arm traffic signal will better accommodate the traffic, is better able to withstand wind and other adverse weather conditions, and will require less periodic maintenance than the existing span wire traffic signal assembly

13. **APPROVED:** Charles E. Ramdatt, PE, PTOE (Submitting Director or authorized Division Mgr **Only**)