## 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.

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:   5001 F/FIN/FLT0003 C.   5.	1. DESCRIPTION: Award	of a contract to Ford for	warranty repairs.		
☐ 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?	Costs:				
Yes   No If No, how will this item be funded?				or new personnel or the use	e of overtime?
4. This item will be charged to Fund/Dept/Program/Project: 5001 F/FIN/FLT0003 C.  (a) (b) (c)  Current Next Year Annual Continuing Year Estimate Annualized Costs Thereafter  Personnel \$ \$ \$ \$ \$  Operating \$50,000 \$50,000 \$50,000  Capital \$ \$ \$  Total \$ \$ \$  6. If costs do not continue indefinitely, explain nature and expiration date of costs:  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? \$ \frac{N/A}{A}. 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: \$  10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized? Source Fiscal year \$ non-recurring revenue  11. What is the Payback period? 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. Award	Yes No If No, ho by the City please includ	w will this item be funded the the fiscal year of the fu	d? PLEASE NO:	ΓE: If the action is funded by a	grant received
5.	Did this item require BR	C action? ☐ Yes ☒ No	If Yes, BRC Date: _	BRC Item #:	
Serion Se	4. This item will be charg	ged to Fund/Dept/Program	m/Project: <u>5001_F/FIN/I</u>	FLT0003_C.	
Operating \$50,000 \$50,000 \$50,000 Capital \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5.	Current	Next Year	Annual Continuing	
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	the City, including reduct	tions in personnel or actu			

**13. APPROVED:** <u>David Dunn, Fleet/Facilities Management Division Manager</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08