## 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:** Annexation of 1931 S. Fern Creek Avenue which is generally located south of E. Kaley Street, east of S. Fern Creek Avenue, and north of E. Harding Street.

C0515:				
2. Does the acceptance of Yes ⊠ No (if Yes, inc.			l or new personnel or the use o	f overtime?
Yes No If No, how	will this item be funded the fiscal year of the fu	d? PLEASE NC	allocation of existing Department TE: If the action is funded by a graname, granting agency or office nation.	ant received
Did this item require BRC	action?  Yes  No	If Yes, BRC Date:	BRC Item #:	
4. This item will be charge	ed to Fund/Dept/Progran	n/Project: Not Applica	<u>ble</u> .	
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>	
Personnel Operating Capital Total	\$0 <u>\$0</u>	\$	\$ 	
<b>6</b> . If costs do not continue	indefinitely, explain nat	ure and expiration date	e of costs:	
7. OTHER COSTS		•		
(a). Are there any future co date that are <i>not</i> reflected a		, lump sum payments,	or other costs payable for this item	at a later
(b) If yes, by Fiscal Year,	identify the dollar amou	nt and year payment is	due: \$ Payment due date	
(c) What is the nature of the	iese costs:			
REVENUE:				
8. What is the estimated in ☑ real property, ☐ tang			99,221. Tax roll_increase is:).	
9. What is source of the re-	venue and the estimated	annual recurring rever	nue? Source: Ad Valorem Tax \$ 65	9.82
<b>10</b> . If non-recurring, what Source <u>N/A</u> Fiscal year			n-recurring revenue that will be rea	lized?
11. What is the Payback pe	eriod? N/A years			
	ons in personnel or actua	al cost (cash flow) redu	ted economies or efficiencies to be actions to be realized in your budge	•
13. APPROVED: Dean Gra	ndin, Division Manager	_ (Submitting Director	or authorized Division Mgr <b>Only</b> )	

FIS 3/14/08