

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: Approve Service Authorization with Hazen & Sawyer, P.C. for Engineering Services for Lift Station No. 3 Rehabilitation, Project No. CIP0150 P.

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: CIP0150 P.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	\$62,460		
Capital			
Total	<u>\$62,460</u>	<u></u>	<u></u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: This is a one-time services authorization that will expire upon project completion.

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? \$ N/A. Tax roll increase is:
☐ real property, ☐ tangible personal property, ☐ other (identify N/A).

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 n/a 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. This Authorization is for Lift Station No. 3, which is over 60 years old and at the end of its expected service life. This facility serves approximately 1.5 square miles of the downtown area and is critical to transfer sewer flow to Conserv II Water Reclamation Facility and Iron Bridge Regional Water Reclamation Facility. This Authorization is for additional construction phase services for the station rehabilitation. City staff requested Hazen & Sawyer, P.C. to provide a scope of work for the required services and has negotiated a Services Authorization for a not-to-exceed fee of \$62,460.

13. APPROVED: Victor Godlewski (Submitting Director or authorized Division Mgr **Only**)