

## 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 No.1 with Brown and Caldwell Corporation for Engineering Services for Lift Station Number 005 Rehabilitation, Project CIP0103\_P Lift Station Rehabilitation.

**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: 4106\_F Wastewater General Construction Fund/PWK/CIP0103\_P.

	<b>(a) Current Year Estimate</b>	<b>(b) Next Year Annualized</b>	<b>(c) Annual Continuing Costs Thereafter</b>
Personnel	\$ _____	\$ _____	\$ _____
Operating	835,086		
Capital	_____	_____	_____
<b>Total</b>	<u>\$835,086</u>	<u>_____</u>	<u>_____</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Project is expected to last 17 months from notice to proceed.

**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 \_\_\_\_\_).

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

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? 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. This Authorization is for Pumping Station 005 which is over 60 years old and at the end of its expected service life. This second Authorization is for the final design services of the station. City staff requested Brown and Caldwell Corporation to provide a scope of work and fee for the required services and has negotiated a Services Authorization with Brown and Caldwell Corporation, and agreed to a not to exceed fee of \$835,086 for the second phase.

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