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: This is a service Contract for Sidewalk Trip Hazard Remediation and Condition Assessement. The work includes surveying all sidewalks in the City of Orlando, grinding raised joints of uneven sidewalk segments, documenting trip hazards and damaged sidewalks.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime? \Box Yes \boxtimes 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: <u>STW 12P & STW 13P</u>.

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$0	\$0	\$0
Operating	\$93,750.00	\$562,500.00	\$562,500.00
Capital	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>\$93,750.00</u>	<u>\$562,500.00</u>	<u>\$562,500.00</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: <u>This is a one year (12 months)</u> <u>Contract with up to 3 renewals.</u>

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: \Box Yes \boxtimes 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:

 \Box real property, \Box tangible personal property, \Box 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. <u>This</u> <u>Contract will remove thousands of trip hazards as well as document/survey the condition of sidewalks throughout the entire City. The survey/documentation will allow City forces and contractors to concentrate efforts on the areas most needing repair. This should reduce the trip and fall incidents by making the sidewalks safer for the general public.</u>

13. APPROVED: <u>Lisa Henry</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08