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: Roll-Of Franchise for Action Recycling, LLC.

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: \Box Yes \boxtimes No If No, how will this item be funded?

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: n/a.

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	0	0	0
Capital	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>0</u>	<u>0</u>	<u>0</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: No cost to City

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? \$_____. 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: <u>Franchisee is required to pay \$25.00 per pull to the City</u> \$ <u>no change in revenue to City</u>

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. The award of this franchise doe not increase the number of pulls, and thereby the fees paid to the City, it simply increases, by one firm, the number of firms that are granted the right to provide roll-off service within the City limits.

13. APPROVED: <u>Mike Carroll, Solid Waste Division Manager</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/15/04