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:	REPLACEMENT	OF SINGL	E SPACE PA	RKING METERS

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2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime? \square Yes $\boxed{\mathbf{X}}$ 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: X 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? Tyes X No If Yes, BRC Date: BRC Item #:								
4. This item will be charged to Fund/Dept/Program/Project: PKG0007_P.								
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>					
Personnel Operating	\$	\$	\$ \$119,610.00					
Capital Total	\$657,800.00 \$657,800.00		<u>\$119,610.00</u>					
6 . If costs do not continue indefinitely, explain nature and expiration date of costs: N/A								
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: \(\subseteq \text{Yes} \subseteq \text{No} \)
- (b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ N/A Payment due date N/A
- (c) What is the nature of these costs: N/A

REVENUE:

- 8. What is the estimated increase in "valuation" added to the tax rolls? \$ N/A. Tax roll increase is: N/A real property, N/A tangible personal property, N/A other (identify N/A).
- 9. What is source of the revenue and the estimated annual recurring revenue? Source: PKG0002 C \$1,200,000
- 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 N/A \$ N/A non-recurring revenue
- 11. What is the Payback period? 3 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 is for the replacement of existing coin only single space meters on City streets with new smart meters. The new meter mechanisms will fit into the City's existing housings, and will offer drivers additional payment options, including credit/debit card, smart card, coins, and pay-by-cell. The RFP committee has selected IPS Group as the company with proven technology and experience that best fits the City's needs.

13. APPROVED: Scott Zollars (Submitting Director or authorized Division Mgr Only) FIS 3/14/08