

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: Requesting fees for: Special Hazard Inspections, Inspection for the Sale of Sparklers in Tents, Annual Mobile Food Service Inspections, Hazardous Material Recovery Cost, Administrative fee for Environmental Site Assessment Reviews, and Building Knox Box Key Installations by the Field Operation Bureau. Total incremental revenues are estimated at \$37,650.00.

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? By the business owners or users of the service.

Did this item require BRC action? Yes No If Yes, BRC Date: N/A BRC Item #: N/A

4. This item will be charged to Fund/Dept/Program/Project: OFR0003_P.

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: _____

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: \$ 0.00 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? \$ 0.00. 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: Fees for services.
 \$ \$37,650.00.

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 \$ 0.00 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. To implement fees to recover part of the cost for delivering additional technical services.

13. **APPROVED:** John M. Miller, Fire Chief (Submitting Director or authorized Division Mgr **Only**)