

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: A Continuing Wastewater Engineering Services Authorization with Tetra Tech, Inc. for Lift Stations 28, 54, 56 & 64 Upgrades

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: 4107_F Wastewater Renewal and Replacement Fund/PWK/CIP0071_P.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating			
Capital	<u>259,106.32</u>	_____	_____
Total	<u>\$259,106.32</u>	=====	=====

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Project is expected to last 18 months from design to final construction.

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? \$ _____. 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: _____ \$ _____

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. City of Orlando Wastewater department has identified four (4) can stations that are wet pit/dry pit constructed in the 1960's. These stations have reached their useful life and are in need of improvements. These stations need replacement of electrical, instrumentation, mechanical components and have areas classified as confined spaces, causing maintenance difficulties, reliability, and safety issues. Such modifications will increase stations reliability, operational issues, eliminate confined space risks and hazards. The City and Tetra Tech, negotiated a not-to-exceed fee proposal of \$259,106.32 for this project and staff considers fee proposal reasonable and appropriate for this project

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

