

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: Extension of RFP10-00318, Peer Group Security Services-Venues.

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? _____

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: 4001_F/Venues/VEN0004_C/VEN0005_C & Fund 4170_F/Venues/OSO0001_C.

| 5. | (a) Current Year Estimate | (b) Next Year Annualized | (c) Annual Continuing Costs Thereafter |
|--------------|---------------------------------|--------------------------------|--|
| Personnel | \$ | \$ | \$ |
| Operating | \$61,000.00 | \$1,239,000.00 | \$ |
| Capital | | | |
| Total | <u>\$61,000.00</u> | <u>\$1,239,000.00</u> | <u>\$</u> |

6. If costs do not continue indefinitely, explain nature and expiration date of costs: The current contract end on August 31, 2015 and this extension is for continued services through June 30, 2016 or (10) additional months.
Current Year Estimate is for one month only.

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: \$ n/a Payment due date _____

(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:
☐ real property, ☐ tangible personal property, ☐ other (identify _____).

9. What is source of the revenue and the estimated annual recurring revenue? Source: n/a \$ _____

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. Orlando Venues need additional time to bring a potential new vendor up to speed on operations as the sports season begins in October and runs through June of 2016. This contract extension will allow for future contract expirations to be aligned with the Venues off-peak season. Cost of services provided under this agreement is related to the number of events held in each facility and may be directly or indirectly reimbursed by the Lessee.

13. APPROVED: Allen Johnson (Submitting Director or authorized Division Mgr **Only**)