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:** Award of Contract to L7 Construction, Inc. for construction of Conserv II WRF Effluent Analyzer **Storage Improvements** 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 \(\subseteq \) 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: Project CIP0169 P. (a) **(b)** (c) 5. **Next Year Annual Continuing** Current Annualized **Costs Thereafter Year Estimate** \$ \$ Personnel Operating Capital \$293,407 Total \$293,407 6. If costs do not continue indefinitely, explain nature and expiration date of costs: one-time construction 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: \square 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: _____\$ ____ 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. The City's Water Conserv II Water Reclamation Facility is required by permit to continuously monitor the plant effluent for high level disinfection parameters to meet public access reuse standards. The facility currently has composite samplers, a ChemScan unit, and chloride residual, turbidity, oxidation reduction potential (ORP), and pH analyzers installed in

various sheds on the facility's chlorine contact chambers. Many of the analyzers are aging and in need of replacement. The Project will replace the aging analyzers and consolidate all the monitoring equipment into two larger sheds. The

13. APPROVED: <u>Victor Godlewski</u> (Submitting Director or authorized Division Mgr **Only**)

Project is needed to ensure efficient operation of the facility and to facilitate regulatory compliance.