# 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: W. Central Blvd . Sanitary Sewer Phase 1 Project No. CIP0166\_P

### Costs:

**2**. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?  $\Box$  Yes  $\boxtimes$  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: igned Yes in 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: <u>4106/PWK/CIP0166\_P/ CIP0070\_P</u>.

5.	(a)	(b)	(c)
	Current	Next Year	Annual Continuing
	<u>Year Estimate</u>	<u>Annualized</u>	<u>Costs Thereafter</u>
Personnel Operating	\$	\$	\$
Capital	<u>\$ 4,152,382.82</u>	<u>\$ 0.00</u>	
<b>Total</b>	<u>\$ 4,152,382.82</u>	<u>\$ 0.00</u>	

**6**. If costs do not continue indefinitely, explain nature and expiration date of costs: <u>The construction of the project is anticipated to be completed by November 2016.</u>

### 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:  $\Box$  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, langible 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 <u>N/A</u> 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. These improvements will provide the required sanitary sewer capacity for the proposed MLS Stadium planned to be constructed at W. Central Blvd. and Parramore Avenue.

**13. APPROVED:** <u>Richard M. Howard, P.E., Public Works Director</u> (Submitting Director or authorized Division Mgr **Only**)

FIS 3/15/04