

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: Increase to Kone Elevator, Escalator, & Moving Walking Services Repair Agreement for services required at the Amway Center, Geico Garage and Orlando Citrus Bowl.

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 & 4005_F / Orlando Venues / VEN0004, VEN0005 & OSO0001_C.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	\$95,501.60	\$98,556.58	\$98,556.58
Capital			
Total	<u>\$95,501.60</u>	<u>\$98,556.58</u>	<u>\$98,556.58</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Current fiscal year estimate is for one (1) year of service at the Amway Center and Geico Garage, and 5.5 months of service at the Orlando Citrus Bowl. Original agreement term ends 03/31/2019.

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. The Kone Elevator, Escalator, & Moving Walking Services Repair Agreement covers both preventative and routine maintenance. The proposed number of units being serviced for escalator/elevators at the Amway Center & Geico Garage was previously covered under a separate prepaid construction agreement.

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