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: Agreement for Network Maintenance, infrastructure, event, and managed services support for certain Telecommunications, WAN/LAN and Wi-Fi/RF network equipment, and broadcast and or video equipment for the Amway Center and GEICO Garage.

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: \bigvee Yes \square 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>4001_F/Venues/VEN0004_C</u>.

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$	\$	\$
Operating	\$0	\$661,197.00	\$643,599.00
Capital			
Total	<u>\$0</u>	<u>\$661,197.00</u>	<u>\$643,599.00</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: <u>The contract will be in effect</u> at the end of FY15-16 however, no expendutures on this contract will take place until FY16-17.

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: \$ <u>n/a</u> Payment due date _____

(c) What is the nature of these costs: $\underline{n/a}$

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? $\frac{n}{a}$. Tax roll_increase is: real property, \Box tangible personal property, \Box 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? $\underline{n/a}$ 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 network equipment infrastructure is a vital component for the operation of the Amway Center. The agreement will provide managed services for a four (4) year term with an option to extend for five (5) additional years or sixty (60) month periods or portions therof, up to a cumulative total of one-hundred and eight (108) months.

13. APPROVED: <u>Allen Johnson</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/15/04