

## 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 the contract for processing and disposal municipal solid waste while a new solicitation is being developed.

**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: Solid Waste Management Fund/#4150/CostCenter SWM003 and SWM004.

5.	(a) <b>Current Year Estimate</b>	(b) <b>Next Year Annualized</b>	(c) <b>Annual Continuing Costs Thereafter</b>
Personnel	\$	\$	\$
Operating	\$240,000.00	\$ 600,000.00	N/A
Capital			
<b>Total</b>	<u>240,000.00</u>	<u>\$ 600,000.00</u>	<u>N/A</u>

6. If costs do not continue indefinitely, explain nature and expiration date of 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:  Yes  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 N/A 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. This is an extension of the contract for processing and disposal of municipla solid waste collected within the City limits under the same terms and conditions. This extension will allow the City time to develop a new solicitation with a significant change in scope. This contract supplements the operating hours of the Orlange County Landfill.

**13. APPROVED:** Michael W. Carroll, SW Division Manager (Submitting Director or authorized Division Mgr **Only**)