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: Paper: Office, Virgin and Recycled Content, C17-0058 (State of Florida contract 14111500-15-1) with Mac Papers, Inc.

Costs:			
	e of this action require the h include all personnel costs b		new personnel or the use of overtime?
	in the current year budget a No, how will this item be fu		ation of existing Department resources:
Did this item require B	RC action? Yes No	If Yes, BRC Date: _	BRC Item #:
4. This item will be cha	arged to Fund/Dept/Program	/Project: <u>Various Dep</u>	artments.
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel Operating Capital	\$ \$100,000.00	\$ \$100,000.00	\$ \$100,000.00
Total	\$100,0 <u>00.00</u>	\$100,000.00	<u>\$100,000.00</u>
6. If costs do not contin7. OTHER COSTS	nue indefinitely, explain natu	ure and expiration date	e of costs:
	re costs, one-time payments, eflected above: Yes Yes		or other costs payable for this item at a
(b) If yes, by Fiscal Ye	ear, identify the dollar amour	nt and year payment is	due: \$ N/A Payment due date
(c) What is the nature of	of these costs: N/A		
REVENUE:			
	d increase in "valuation" add tangible personal property,		
9. What is source of th	e revenue and the estimated	annual recurring rever	nue? Source: <u>N/A</u> \$
	hat is the estimated Fiscal Y Fiscal year \$ no		n-recurring revenue that will be
11. What is the Paybac	k period? N/A years		
realized by the City, in	cluding reductions in person	inel or actual cost (cas	ted economies or efficiencies to be h flow) reductions to be realized in aper requirements at state-wide pricing.

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