## 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. <b>DESCRIPTION:</b> Federally	y Funded Public Assista	ance State Agreement -	Hurricane Matthew
Costs:			
2. Does the acceptance of ☐ Yes ☐ No (if Yes, inc.)			new personnel or the use of overtime
	,	•	ation of existing Department resources Statre reimbursement of eligible City
Did this item require BRC	action?  Yes No	If Yes, BRC Date: _	BRC Item #:
<b>4.</b> This item will be charge	d to Fund/Dept/Program	m/Project: <u>To be determ</u>	ined
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel Operating Capital	\$	\$	\$
Total	<u>0</u>	<u>0</u>	<u>0</u>
6. If costs do not continue City costs to prepare and re		-	of costs: Reimbursement of eligible
7. OTHER COSTS			
(a). Are there any future collater date that are <i>not</i> reflective.			or other costs payable for this item at a
(b) If yes, by Fiscal Year, i	dentify the dollar amou	int and year payment is	due: \$ Payment due date
(c) What is the nature of the	ese costs:		
REVENUE:			
8. What is the estimated in real property,  tang			
<b>9</b> . What is source of the re-	venue and the estimated	l annual recurring reven	ue? Source:\$
			recurring revenue that will be ng. Fiscal year \$ non-
11. What is the Payback pe	eriod? years		
realized by the City, include	ling reductions in persont allows the City to se	nnel or actual cost (casl ek Federal reimburseme	ed economies or efficiencies to be n flow) reductions to be realized in ent for eligible expenses from the
13. <b>APPROVED</b> : Mike Car	roll, Solid Waste Divisi	on Manager (Submittin	g Director or authorized Division Mgr

**Only**) FIS 3/15/04