

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: This request is for the service agreement for the Amway Center and GEICO Garage fire alarm systems and security systems. This provides for maintenance of the complete life safety system for the two facilities.

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/Venues/VEN0004_C & 4001_F/Venues/VEN0005_C.

| 5. | (a) Current | (b) Next Year | (c) Annual Continuing |
|--------------|------------------------------|--------------------------------|--|
| | <u>Year Estimate</u> | <u>Annualized</u> | <u>Costs Thereafter</u> |
| Personnel | \$ | \$ | \$ |
| Operating | \$91,737.36 | \$137,606.00 | \$137,606.00 |
| Capital | | | |
| Total | <u>\$91,737.36</u> | <u>\$137,606.00</u> | <u>\$137,606.00</u> |

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Estimate is for eight (8) months in current FY.

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 Orlando Venues requires periodic maintenance of the critical life safety systems and security systems for the Amway Center and the GEICO Garage. This includes access control systems, Fire Alarm systems and CCTV systems. The cost will be shared between two programs (VEN0004_C, Amway Ctr & VEN0005_C, GEICO Garage) with annual cost for Amway Center being \$100,450.00 and annual cost of \$37,156.00 for the GEICO garage, totalling \$137,606.00 annually.

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

