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.

to place the asset in servi	ce.		
1. DESCRIPTION: Reques	t for approval of a tenta	ative collective bargaini	ng agreement (herinafter CBA) between
			cal 678 (herinafter SEIU), representing
	ional, Supervisory, and	d White Collar units, fro	om October 1, 2016 through September
<u>30, 2019.</u>			
employees in pay grades	S15 through S08 effe	ective $1/1/17 = \$1,965,9$	rough S16 and a 6.5% wage increase for 2000 plus any related payroll tax/benefit
18%.	compensation, general	liability and Social Se	curity/Medicare taxes) estimated to be
b) Cost of 2.5% wa estimated to be 18%.	ge increases for FY 20	17/2018 = \$1,019,000 p	lus any related payroll tax/benefit items
c) Cost of 2.5% wa estimated to be 18%.	ge increases for FY 20	18/2019 = \$1,043,800 p	lus any related payroll tax/benefit items
Costs:			
2. Does the acceptance of Yes ⊠ No (if Yes, in			new personnel or the use of overtime?
3. Is the action funded in ⊠ Yes □ No If No			eation of existing Department resources:
Did this item require BRO	Caction? Tyes X No	o If Yes, BRC Date:	BRC Item #:
4. This item will be charg	ged to Fund/Dept/Progra	am/Project: <u>Various Fun</u>	ds / Contingency and Salary Budget.
5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel Operating Capital	\$2,320,000	\$1,205,000	\$1,235,000
Total	<u>\$2,320,000</u>	<u>\$1,205,000</u>	\$1,235,000
above are the incrementa one through three are \$ 4	l increase in costs from 0,086,641 (Oct - Dec 20	one year to the next. Th	e of costs: Note that the costs in #5 e total estimated payroll costs for years an - Sept 2017 at 7.5% or 6.5% rate), related payroll tax / benefit items.
7. OTHER COSTS			
(a). Are there any future of later date that are <i>not</i> refl			or other costs payable for this item at a
(b) If yes, by Fiscal Year,	identify the dollar amo	ount and year payment is	due: \$ Payment due date
(c) What is the nature of	these costs:		
REVENUE:			
8. What is the estimated i real property, tan			Tax roll_increase is:).

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 _____ 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. <u>To provide a CBA for SEIU, representing employees in the Professional, Supervisory, and White Collar Units.</u>
- **13. APPROVED:** Ana Palenzuela (Submitting Director or authorized Division Mgr **Only**) FIS 3/15/04