

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: Services Authorization with Southeastern Surveying and Mapping Corporation (SSMC)

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? _____ PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

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: 1100_F Gas Tax Fund/Public Works/STW0022_P ADA Sidewalk Transition Plan.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	148,681.68		
Capital			
Total	<u>\$148,681.68</u>	<u></u>	<u></u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: It is expected to take 16 weeks from notice to proceed to update the City's ADA Transition Plan.

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 N/A 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. To provide accessibility requirements under the ADA, the City is required to perform self-evaluations of current facilities. The City is then required to develop a Transition Plan to address any deficiencies. For this proposal, SSMC will review the City's existing ADA Transition Plan, identify physical obstacles limiting accessibility along a sample of the City's roadways, reviewing and updating the City's defined methodologies for the making the facilities accessible, developing a schedule and budgetary cost estimated for making access modification and preparing an updated Transition Plan Report.

13. **APPROVED:** Rick Howard (Submitting Director or authorized Division Mgr **Only**)