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: <u>Approving Award of contract to RTD Construction, Inc. for construction of Lift Stations, #28, #53, #60 and #67 rehabilitation, Project No. CIP0071_P.</u>

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime? \Box Yes \boxtimes 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? <u>Water Reclamation-Funds CIP0071_P.</u> 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: /PWK/Water Reclamation/Project CIP0071_P.

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>\$607,886.00</u> <u>\$607,886.00</u>	<u>\$2,000,000.00</u> <u>\$2,000,000.00</u>	

6. If costs do not continue indefinitely, explain nature and expiration date of costs: <u>one-time construction contract</u>

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: \Box Yes \boxtimes No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ _____ Payment due date _____

(c) What is the nature of these costs: <u>Rehabilitation of lift stations #28, #53, #60 & #67</u>

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ _____. 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: _____\$

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>Award of contract to lowest responsive and responsible bidder RTD Construction Inc, for the bid amount of \$ 2,607,886.00, for lift stations, #28, #53, #60 and #67 rehabilitation project. These Stations are outdated requiring constant maintenance. Improvements include converting from a dry well can station to a wet well type, new pumps, electric and electronic controls, wet well and site restoration.</u>

13. APPROVED: <u>Thomas Connery, P.E.</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08