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: Annexation of a +/-0.713 ac. undeveloped property which is generally located east of Conway Road, south of Hoffner Avenue, and west of Kempston Drive (4900 Hoffner Ave.).

| Costs: | | | |
|---|--|---|---|
| | e of this action require to include all personnel costs | rent year budget and/or through reallocation of existing Department resources: item be funded?PLEASE NOTE: If the action is funded by a grant received I year of the funding award, grantor name, granting agency or office name (if any), ement was approved by City Council. Yes No If Yes, BRC Date: BRC Item #: I/Dept/Program/Project: Not Applicable. (a) (b) (c) | |
| Yes No If No, It by the City please include | now will this item be fundented the fiscal year of the fu | ed?PLEASE NO anding award, grantor r | TE: If the action is funded by a grant receive name, granting agency or office name (if any |
| Did this item require Bl | RC action? Yes No | If Yes, BRC Date: | BRC Item #: |
| 4. This item will be cha | rged to Fund/Dept/Progran | m/Project: Not Applica | <u>ble</u> . |
| 5. | (a) Current <u>Year Estimate</u> | (b) Next Year <u>Annualized</u> | (c) Annual Continuing Costs Thereafter |
| Personnel Operating Capital Total | \$0 <u>\$0</u> | \$ | \$ |
| 6. If costs do not contin | ue indefinitely, explain na | ture and expiration date | e of costs: |
| 7. OTHER COSTS | | | |
| | e costs, one-time payments ed above: Yes No | , lump sum payments, | or other costs payable for this item at a later |
| (b) If yes, by Fiscal Yea | ar, identify the dollar amou | nt and year payment is | due: \$ Payment due date |
| (c) What is the nature o | f these costs: | | |
| REVENUE: | | | |
| | l increase in "valuation" ac angible personal property, | | 40,000.00. Tax roll increase is:). |
| 9 . What is source of the | revenue and the estimated | annual recurring rever | nue? Source: Ad Valorem Tax \$ 266.00 |
| • | nat is the estimated Fiscal Y | | n-recurring revenue that will be realized? |
| 11. What is the Payback | x period? N/A years | | |
| the City, including redu | | al cost (cash flow) redu | ted economies or efficiencies to be realized buctions to be realized in your budget. The |
| 13. APPROVED: Dean (| Grandin, Division Manager | <u>r</u> (Submitting Director | or authorized Division Mgr Only) |

FIS 3/14/08