

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: The Community Redevelopment Agency (CRA) is interested in contracting with a company to provide ambassador services for the downtown area to assist in providing an enhanced sense of safety and hospitality to both visitors and residents alike. The Ambassador Program is aimed at acting as a deterrent for unwanted activity; creating public relations with downtown businesses; addressing quality of life crimes including but not limited to panhandling; providing after hours escorts; and sharing safety/security related concerns to local agencies and stakeholders. After researching various programs and looking over multiple contracts from other jurisdictions, staff found this company to be the most impactful for our mission.

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? The start-up of this project for the remainder of FY17/18 will be funded by the DTO Project CRA0017 P; starting with FY18/19 the annual cost of the program will be captured under CRA/DDB operations CRA0002 C. 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: CRA0002 C.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	725,000	725,000	725,000
Capital			
Total	<u>725,000</u>	<u>725,000</u>	<u>725,000</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: _____

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: \$ _____ Payment due date _____

(c) What is the nature of these costs: _____

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. Ambassador programs are used throughout the country to promote hospitality and provide additional community policing. Staff is receiving increasing feedback from businesses and stakeholders expressing concerns related to downtown and feels a pilot ambassador program will help to identify, assess, prioritize and respond to these concerns.

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

FIS 3/14/08