

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 annualized costs. Include all related costs necessary to place the asset in service.

Description: This action is for the continued employment contract for Marsha Tim for the position of Project Manager for a period of one year.

Expenses

Will the action be funded from the Department's current year budget? ☒ Yes ☐ No

If No, please identify how this action will be funded, including any proposed Budget Resolution Committee (BRC) action(s). (enter text here)

	Current Fiscal Year Cost Estimate	Estimated Annualized Cost Thereafter
Personnel	\$123,585	\$123,585
Operating/Capital	\$0	\$0
Total Amount	\$123,585	\$123,585

Comments (optional): 88,275.20 annual salary plus 40% benefits

Revenues

What is the source of any revenue and the estimated amount? N/A Amount \$0

Is this recurring revenue? ☐ Yes ☒ No

Comments (optional): N/A

Funding

Expenses/Revenues will be recorded to:

	Source #1	Source #2	Source #3
Fund	0001 F	<u>(enter text here)</u>	<u>(enter text here)</u>
Department /Division	OBFS/TMD	<u>(enter text here)</u>	<u>(enter text here)</u>
Cost Center/Project/Grant	TMD0002 C	<u>(enter text here)</u>	<u>(enter text here)</u>
Total Amount	\$123,585	\$0	\$0