



### 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:** Establishing a contract to replace the roof at Fire Station #8

#### 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	\$0	\$0
Operating/Capital	\$275,000.00	\$0
<b>Total Amount</b>	\$275,000.00	\$0

Comments (optional): .This will be funded by FAC0019 P.

#### Revenues

What is the source of any revenue and the estimated amount? (enter text here) Amount \$0

Is this recurring revenue? ☐ Yes ☐ No

Comments (optional): (enter text here)

#### Funding

Expenses/Revenues will be recorded to:

	Source #1	Source #2	Source #3
Fund	5005 F	(enter text here)	(enter text here)
Department /Division	Facilities Management	(enter text here)	(enter text here)
Cost Center/Project/Grant	FAC0001 C	(enter text here)	(enter text here)
Total Amount	\$275,000.00	\$0	\$0