

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 for overhead roll-up door repairs and services at City facilities

Expenses

Will the action be funded from the Department's current year budget? $\ oxin \ Yes \ oxin \ No$

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

Estimated Annualized

	Cost Estimate	Cost Thereafter
Personnel	\$ <u>0</u>	\$0
Operating/Capital	\$25,000.00	\$75,000.00
Total Amount	\$25,000.00	\$75,000.00

Current Fiscal Year

Comments (optional): Initial three-yearn term is for \$225,000 - \$75,000 annually

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	OBFS/Facilities Management	(enter text here)	(enter text here)
Cost Center/Project/Grant	FAC0001 C	(enter text here)	(enter text here)
Total Amount	\$75,000.00	\$ <u>0</u>	\$ <u>0</u>