

# CAPITAL PROJECT

## Ordinance Fiscal Note

Ordinance Number

Ordinance Title (in Brief)

Authorizing Change Order for the construction of Fire Station No.15.

Is this ordinance for the following:

- New Construction
- Replacement
- Repair

Was this project programmed in the Five-Year Capital Improvement Plan?

No  
FY \_\_\_\_\_

Yes

If no, please detail the reasons why this project was not included and need for present funding request.

Please identify source of funds below.

Non-City source and amount.

Source of Funds: Not Applicable

Fiscal Year Funded: \_\_\_\_\_

Amount of Non-City Funds: \$ \_\_\_\_\_

City source and amount.

Acct #: 3719-077700-B-070013109

Name of Fund: 3230-078027-B-07001309

Fiscal Year Funded: \_\_\_\_\_

Amount of City Funds: \$ 242,000.00

If ordinance is for new construction or replacement of asset please provide the following information:

Total estimated costs (design through construction): \$ \_\_\_\_\_

Estimated lifespan of project in years: \_\_\_\_\_

Estimated annual operating and maintenance costs: \$ \_\_\_\_\_

*(Please detail type of maintenance or operating costs needed, additional staffing, capital maintenance costs, utilities, etc.)*

Are these O&M costs reflected in the current budget?

No

Yes

If yes, please provide source of funds. \_\_\_\_\_

If no, please identify year in which additional operating and maintenance costs will be needed.

FY \_\_\_\_\_

Reference Numbers: (Previously approved legislation): \_\_\_\_\_

Reviewed by:

OMB Approval Date