FISCAL IMPACT STATEMENT

| DATE: | February 5, 2024 | | |
|---------------------------|---|---------------------|-------------------------|
| FROM (Dept.): | Engineering Department | | |
| CONTACT: | Giovanni Zinn, City Engineer | PHONE | 946-8105 |
| SUBMISSION ITEM (| Title of Legislation): | | |
| ORDER OF THE BO | ARD OF ALDERS AUTHORIZING TH | E MAYOR TO | ENTER INTO A |
| | EMENT WITH THE SUCCESSFUL RE | | , |
| | ROVIDE FACILITY MANAGEMENT S | <u>SERVICES FOI</u> | <u>r The Central</u> |
| FACILITIES PORTFO | <u>OLIO</u> | | |
| | be in as much detail as possible both person l, capital or special funds; and source of funce. | - | - |
| | GENERAL SPECIAL BONI | ITEM/I | AL/LINE DEPT/ACT/OBJ |
| A. Personnel | | | |
| 1. Initial start up | | | |
| 2. One-time | | | |
| 3. Annual | | | |
| B. Non-personnel | | | |
| 1. Initial start up | | | |
| 2. One-time | | | |
| 3. Annual | TBD | 1502101 | 0-56623 |
| List Revenues: Will type. | this item result in any revenues for the City | ?? If Yes, please | list amount and |
| NO X YES | | | |
| 1. One-time | | | |
| 2. Annual | | | |

Other Comments:

Contract amounts depend on General Fund allocation per fiscal year. Vendor will receive a facility management fee and be reimbursed for expenditures made on behalf of the City of New Haven. The 5 year agreement only sets management fees for the term of the contract. Reimbursable expenses will be determined by facility needs and cost of living adjustments.