FISCAL IMPACT STATEMENT

| DATE: | | nursday, March | 1, 2018 | | | |
|---|--|-------------------------------------|-------------------|--------------------|----------------------|------------------------|
| FROM (Dept.): | | ayor's Office | | | | |
| CONTACT: | _M | ayor, Toni N. H | arp | | _ PHONE: | 946-6413 |
| SUBMISSION ITEM (Title of Legislation): APPROPRIATING ORDINANCE #7, RALPH WALKER SKATING RINK ENTERPRISE FUND BUDGET, FISCAL YEAR 2018-19. | | | | | | |
| | | | | | | |
| List Cost: | Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose. | | | | | |
| | | | | | CAPITAL/ ITEM/DEP | LINE T/ACT/OBJ CODE |
| A. Personnel | | GENERAL | SPECIAL | BOND | | |
| | | | | | | |
| 1. Initial start up | | | | | | |
| 2. One-time | | | | | | |
| 3. Annual | | | | | | |
| B. Non-personnel | | | | | | |
| 1. Initial start up | | | | | | |
| 2. One-time | | | | | | |
| 3. Annual | | See Attached | | | | |
| List Revenues: | Will this ite | em result in any re | evenues for the (| City? If Yes, plea | ase list amount | and type. |
| NO YES X | | | | | | |
| 1. One-time | | | | | | |
| 2. Annual | X | Annual revenue for Enterprise funds | | | | |