

# CAPITAL PROJECT

## Ordinance Fiscal Note

Ordinance Number

**Ordinance Title (in Brief)**

Authorizing a \$503,000.00 Design Professional Services Contract with HNTB Corporation for the Little Blue River Project

Area 2 - South Inflow and Infiltration (I/I) Reduction project; and recognizing this ordinance as having an accelerated effective date.

**Is this ordinance for the following:**

- Design Professional Services
- New Construction
- Replacement
- Repair

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

No  
**FY18**

Yes

If yes, please identify year in which this project was funded.

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

**Does this project leverage non-city funds for design/construction?**

No

Yes

If yes, please identify source and amount.

Source of Funds: \_\_\_\_\_

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

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

If no, please identify source and amount of city funds.

Acct #s: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

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

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

8187-807769-B-611040-81000693

Overflow Control Program

AL

\$ 503,000.00

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

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

Estimated lifespan of project in years \$ \_\_\_\_\_ N/A

Estimated annual operating and maintenance costs \$ \_\_\_\_\_ N/A

*(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.

\_\_\_\_\_ N/A

**Reference Numbers: (Previously approved legislation):**

\_\_\_\_\_ N/A

\_\_\_\_\_ N/A

\_\_\_\_\_ N/A

**Reviewed by:**

OMB Approval Date