CAPITAL PROJECT			
Ordinance Fiscal Note		Ordinance Number	
Ordinance Title (in Brief)			
Project No. 62200525 - Rehabilitate	e Taxiway C @ KCI Airp	oort	
ls this ordinance for the following:	New Construction Replacement X Repair		
Was this project programmed in the Five-Y	ear Capital Improvement Plan	?NoX Yes FY 2021	
If no, please detail the reasons why this proje	ect was not included and need for	r present funding request.	
Please identify source of funds below. Non-City source and amount. Source of Funds: Fiscal Year Funded Amount of Non-City Funds: City source and amount. Acct #: Name of Fund: Fiscal Year Funded Amount of City Funds: If ordinance is for new construction or replace to the control of		<u>Fu</u> nd	
Estimated lifespan of project in years	, · <u> </u>		
Estimated annual operating and maintenance (Please detail type of maintenance or operating co.		l maintenance costs, utilities, etc.)	
Are these O&M costs reflected in the curre If yes, please provide source of funds.	nt budget?	No Yes	
If no, please identify year in which additional o	operating and maintenance costs	s will be needed. FY	
Reference Numbers: (Previously approved legisl	lation):		
Reviewed by:			
	OMB Appr	roval Date	