

## **Council Action Fiscal Impact Form**

A fiscal impact form is required for each item scheduled for City Council action regardless of the subject.

Agenda	Date:							
11/13/	2024							
Departm								
Library								
Agenda	File Num	ıber:						
24-325	1							
Cost Cor	nsideratio	on Type:	□ No C	ost Consid	eration 🗵 Cost	Consideration		
☐ Cost Considera					ation to Others 🛛 Future Cost Consideration			
			☐ Gran	t 🗆 Rev	venue □ Reven	ue Foregone		
			□ Gran	ic - Rev	rende 🗀 Neven	ac i oregone		
 Funds bi	udgeted	for this e	xpenditure	(check all	that apply) 🗵 Op	perating $\square$ Capit	tal □ Grant	
					$oxtimes$ Operating $\ \Box$			
		•				Capital 🗀 Grafit	•	
General	Fund Co	ntingency	/? ⊠ Yes	∐ No L	N/A			
unding	Summar	y (insert	rows if nece	essary; ins	ert a new table fo	or each funding ca	itegory)	
Operat	ing							
					FY 2025	FY 2026	Future Years	
Fund	Dept	Unit	Project	Object	This Item	Year 2		
				/RSRC	(Current Year)	Biennial		
0001	LIB	5392		4860	\$2,510,000.00	\$2,760,000.00	\$10,042,750.00	
				Total	\$2,510,000.00	\$2,760,000.00	\$10,042,750.00	
			umber or ter numbei	r or N/A)	LIB-2025-00026	254		



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Position Detail					
Position(s) Authorize	ed? □ Yes	□ No ⊠ N/	'A		
Position Summary (I	Insert rows i	f necessary)			
			Add FY	Add FY	Future Years
Job Title (Position / Form required)	Adjustment	Salary/Benefit	rs Year 1	Year 2	
<u>Capital Project Deta</u> Capital Summary (In	<del></del>	necessary)			
Description		lame or Fund	Add FY	Add FY	Future Years
		,	Year 1	Year 2	
Impact on Operating Future Operating an Description of Imp	nd Maintena			ssary) Add FY Year 2	Future Years
Other Detail Other Summary (Ins Description (Use the impacts not listed a	nis section to		Add FY	Add FY	Future Years
			Year 1	Year 2	
Form Completed By	: 				
Name			Phone Number		
Sarah Rodriguez			214-671-1946		

Revision Date: December 7, 2021