



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:

November 9, 2022

Department:

MGT

Agenda File Number:

22-2623

Cost Consideration Type:

☒ No Cost Consideration ☐ Cost Consideration

☐ Cost Consideration to Others ☐ Future Cost Consideration

☐ Grant ☐ Revenue ☐ Revenue Foregone

Justification to Support Immediate Consideration (additional detail required on Page 2):

☐ COVID-19 Related ☐ Mission Critical ☐ Immediate Health or Safety Concern

☐ High Community Impact ☒ No current or future cost to the City ☐ Cash is already on deposit

Funds budgeted for this expenditure (check all that apply) ☐ Operating ☐ Capital ☐ Grant

Appropriations Needed (check all that apply): ☐ Operating ☐ Capital ☐ Grant

General Fund Contingency? ☐ Yes ☐ No ☒ N/A

Funding Summary (insert rows if necessary; insert a new table for each funding category)

Grant						
					FY 2023	FY
Fund	Dept	Unit	Project	Object /RSRC	This Item (Current Year)	Future Year
				Total		



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What is the contract ID number or requisition number?	
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Justification

If a Justification to Support Immediate Consideration was selected, provide additional detail below.

This is an updated temporary ordinance to replace the current COVID-19 temporary ordinance.

If no Justification to Support Immediate Consideration was selected, please justify the agenda item considering the COVID-19 pandemic.

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Describe the impact, if the agenda item were delayed or cancelled.

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Position Detail

Position(s) Authorized? ☐ Yes ☐ No ☒ N/A

Position Summary (Insert rows if necessary)

		Add FY	Add FY	Future Years
Job Title (Position Adjustment Form required)	Salary/Benefits	Year 1	Year 2	
		0	0	

Capital Project Detail

Capital Summary (Insert rows if necessary)

Description	Fund Name or Fund Category	Add FY	Add FY	Future Years
		Year 1	Year 2	

Operating and Maintenance Detail

Impact on Operating and Maintenance? ☐ Yes ☒ No ☐ N/A

Future Operating and Maintenance Impact (Insert rows if necessary)

Description of Impact	Add FY	Add FY	Future Years
	Year 1	Year 2	

Other Detail

Other Summary (Insert rows if necessary)

Description (Use this section to describe fiscal impacts not listed above)	Add FY	Add FY	Future Years
	Year 1	Year 2	

Form Completed By:

Name	Phone Number
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Revision Date: May 14, 2020