

City of Dallas Fiscal Impact Form

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

Agenda Date:

November 13, 2019

Department:

Convention and Event Services

Agenda File Number:

19-1665

Cost Consideration Type: ☐ No Cost Consideration ☒ Cost Consideration

☐ Cost Consideration to Others ☐ Future Cost Consideration

☐ Grant ☐ Revenue ☐ Revenue Foregone

Are funds budgeted for this expenditure? ☒ Yes ☐ No ☐ N/A

Do you need appropriation? ☐ Yes ☒ No ☐ N/A

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

Funding Summary (Insert rows if necessary)

| <input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> GRANT <input type="checkbox"/> CAPITAL | | | | | | | | |
|---|------|------|---------|--------------|--------------------------|-------------|-------------|-------------|
| | | | | | Add FY | Add FY | Add FY | Add FY |
| Fund | Dept | Unit | Project | Object /RSRC | This Item (Current Year) | Future Year | Future Year | Future Year |
| 0080 | CCT | 7838 | | 3320 | \$19,889,664 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | Total | \$19,889,664 | (Sum) | (Sum) | (Sum) |

What is the contract ID number or requisition number?
(Enter number or N/A)

CCT-2016-00001185

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Position Detail

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

Position Summary (Insert rows if necessary)

| | | Add FY | Add FY | Add FY |
|---|-----------------|-------------|-------------|-------------|
| Job Title (Position Adjustment Form required) | Salary/Benefits | Future Year | Future Year | Future Year |
| N/A | | | | |
| | | | | |

Capital Project Detail

Capital Summary (Insert rows if necessary)

| Description | Fund Name or Fund Category | Add FY | Add FY | Add FY |
|-------------|----------------------------|-------------|-------------|-------------|
| N/A | | Future Year | Future Year | Future Year |
| | | | | |
| | | | | |
| | | | | |

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 | Add FY |
|-----------------------|-------------|-------------|-------------|
| N/A | Future Year | Future Year | Future Year |
| | | | |
| | | | |

Other Detail

Other Summary (Insert rows if necessary)

| Description (Use this section to describe fiscal impacts not listed above) | Add FY | Add FY | Add FY |
|--|-------------|-------------|-------------|
| N/A | Future Year | Future Year | Future Year |
| | | | |
| | | | |
| | | | |

Form Completed By:

| Name | Phone Number |
|------------------|--------------|
| La Toya Jemerson | 214-939-2243 |

Revision Date: November 1, 2018