



# Fiscal Note Form

Part I.

|            |   |
|------------|---|
| Date:      | File ID/Resolution/Ordinance Number:                                    |
| 11/24/2020 | Original: <input type="checkbox"/> Substitute: <input type="checkbox"/> |

|  |
|--|
| Title:                                       |
| <b>Refuse Packer Body McNeilus</b>           |
| Submitted By (Name, Title, Department, Ext.) |
| <b>Dave Wepking, Director</b>                |

|   |
|---|
| Description:  |
| <b>Purchase of a 20 yard packer body (McNeilus)</b> |

|  |  |
|--|--|
| Mandate:   | Sunset?  |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (attach documentation) | <input type="checkbox"/> No <input type="checkbox"/> Yes – term? |

Part II.

|   |   |
|---|---|
| This file (check all that apply):                                     |   |
| <input type="checkbox"/> Increases previously authorized expenditures | <input type="checkbox"/> Decreases previously authorized expenditures |
| <input type="checkbox"/> Increases city services                      | <input type="checkbox"/> Decreases city services                      |
| <input type="checkbox"/> Increases revenue                            | <input type="checkbox"/> Decreases revenue                            |

Part III.

| Purpose            | Specify type/use           | Expenditure       | Revenue | Ongoing | 1-3 yrs | 3-5 yrs |
|--------------------|----------------------------|-------------------|---------|---------|---------|---------|
| Salaries/Wages     |                            | \$                | \$      |         |         |         |
| Fringe Benefits    |                            | \$                | \$      |         |         |         |
| Supplies/Materials |                            | \$                | \$      |         |         |         |
| Equipment          | <b>20 yard Packer Body</b> | <b>\$ 111,515</b> | \$      |         |         |         |
| Services           |                            | \$                | \$      |         |         |         |
| Other              |                            | \$                | \$      |         |         |         |

|   |
|---|
| Assumptions used in arriving at fiscal estimate:                                  |
| <b>Vendor estimates and equipment research of pricing and operation features.</b> |

Part IV.

|                 |
|-----------------|
| Revenue Source: |
|-----------------|

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|---|
| <input checked="" type="checkbox"/> Department Account # <u>550-4233-535-70.03</u><br><input type="checkbox"/> Grants <input type="checkbox"/> Matching <input type="checkbox"/> Fees <input type="checkbox"/> TIF <input type="checkbox"/> Contingency Fund<br><input type="checkbox"/> Other, list: |
|---|

Part V.

|   |   |
|---|---|
| <b>Impacts</b>  |   |
| Does this impact citizens or businesses in the City? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Describe impact:<br>Provides refuse/recycling containment that can be used to both collections in lieu of a split container. |   |
| Does this impact employees or operations? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Describe impact:<br>More efficient, can be used for both collections i.e. refuse and recycling.   |   |
| <b>What are the goals?</b>  |   |
| Increase dependability, service life of refuse/recycling fleet.   |   |
| <b>What are the performance criteria?</b>   |   |
| Collection/storage of refuse and recycling materials.   |   |
| <b>Describe Timetable:</b>  |   |
| Immediate.  |   |
| <b>Miscellaneous</b>  |   |
| Does this require new positions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how many?   |   |
| Information Technology resources needed?  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – describe: |

Part VI.

|   |
|---|
| Performance Measurement Review Requested by committee or Common Council? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Timeline for review: _____  |