

Fiscal Note Form

P	art I.						
Date:	File ID/Resolution/Ordinance Number:						
11/24/2020		Original:	Substi	tute: 🗌			
Title:							
2020 Volvo EWR150E Wheeled Excavator and attachments							
Submitted By (Name, Title, Department, Ext.)							
Dave Wepking, Director							
Description:							
2020 Volvo EWR150E Wheeled Excavator with attachments							
Mandate:		Sunset?					
X No Yes (attach documentation)		No Yes − term?					
Part II.							
This file (check all that apply):							
Increases previously authorized expenditures		Decreases previously authorized expenditures					
Increases city services		Decreases city services					
Increases revenue		Decreases revenue					
Part III.							
Purpose	Specify type/use	Expenditure	Revenue	Ongoing	1-3 yrs	3-5 yrs	
Salaries/Wages		\$	\$				
Fringe Benefits		\$	\$				
Supplies/Materials		\$	\$				
Equipment	2020 Wheeled Excavator	\$ 204,491	\$				
Services		\$	\$				
Other		\$	\$				
Assumptions used in arriving at fiscal estimate:							
Vendor estim	nates and equipment resear	ch of pricinį	g and ope	erational	featur	es.	
Part IV.							
Revenue Source:							

X Department Account # 100-4218-535-70.03				
Grants Matching Fees TIF Contingency Fund				
Other, list:				
Part V.				
Impacts				
Does this impact citizens or businesses in the City? No X Yes – Describe impact:				
Assist with excavating of the City's infrastructure, sanitary, storm, water.				
Does this impact employees or operations? No x Yes – Describe impact:				
Address maintenance or emergency repairs of infrastructure.				
What are the goals?				
Completion of repairs of underground infrastructure.				
What are the performance criteria?				
Describe Timetable:				
Immediate.				
Miscellaneous				
Does this require new positions? X No Yes, how many?				
Information Technology resources needed? X No Yes – describe:				
Part VI.				
Performance Measurement Review Requested by committee or Common Council? Yes No				
Timeline for review:				