

**Fiscal Impact Statement**

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and annualized costs. Include all related costs necessary to place the asset in service.

**Description:** KIA Center Energy Wheel Replacement

**Expenses**

Will the action be funded from the Department's current year budget?  Yes  No

If No, please identify how this action will be funded, including any proposed Budget Resolution Committee (BRC) action(s). Funded from TDT Funding

	<b>Current Fiscal Year Cost Estimate</b>	<b>Estimated Annualized Cost Thereafter</b>
Personnel	\$0	\$0
Operating/Capital	\$0	\$0
<b>Total Amount</b>	\$540,720.00	\$0

Comments (optional): (enter text here)

**Revenues**

What is the source of any revenue and the estimated amount? N/A Amount \$0

Is this recurring revenue?  Yes  No

Comments (optional): (enter text here)

**Funding**

Expenses/Revenues will be recorded to:

	<b>Source #1</b>	<b>Source #2</b>	<b>Source #3</b>
Fund	4098 F	(enter text here)	(enter text here)
Department /Division	Venues	(enter text here)	(enter text here)
Cost Center/Project/Grant	VEN0028 P	(enter text here)	(enter text here)
<b>Total Amount</b>	\$540,720.00	\$0	\$0