# FINANCIAL IMPACT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.)						
Name of Initiator	2. Telephone No.			3. Bureau/Office/Dept.		
Tom Brougham	503-823-1099			PBOT/SSM		
5a. To be filed (hearing date):	5b. Caler	One)	4. Date Submitted to Commissioner's of			
June 30, 2010	Regular	Consent	4/5ths	and FPD Budget Analyst:		
		$\boxtimes$		June	18, 2010	

## 1) Legislation Title:

\*Grant revocable permit to SagaCity Media Inc to close NW Couch St between NW 12th Ave and NW 13th Ave from 8:00 a.m. until 8:00 p.m. on July 17, 2010. (Ordinance)

## 2) Purpose of the Proposed Legislation:

SagaCity Media Inc, 623 SW Oak St, Suite 300, Portland, OR 97205, through Connie Apa, has requested permission to close NW Couch St between NW 12th Ave and NW 13th Ave from 8:00 a.m. until 8:00 p.m. on July 17, 2010 to host "Burgers and Beer", a community event and fundraiser to benefit Partners for a Hunger-Free Oregon. The applicant requests permission to locate a tent, concessions, restrooms, stage and fence in the requested street closure and to possess, use and sell food and alcoholic beverages in the area covered by the requested closure. The adjacent property owners have agreed in writing to this activity on the street in front of their property

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Revenue and/or Expense:
Is ALL the Revenue and/or Expense a part of the current year's budget? Yes X No
SAP COST OBJECT No(s): 9TR000000134 then go to Step #5.
If NO, complete Steps 3 & 4. For modifications to budgets, identify/discuss only the changes to the budget.
3) Revenue:

Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source. N/A

## 4) Expense:

What are the costs to the City as a result of this legislation? What is the source of funding for the expense? (Please include costs in the current fiscal year as well as costs in future years) (If the action is related to a grant or contract please include the local contribution or match required) ("If there is a project estimate, please identify the level of confidence.") N/A

## **Staffing Requirements:**

- 5) Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? (If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.) N/A
- 6) Will positions be created or eliminated in future years as a result of this legislation? N/A

Complete the following section if you are accepting and appropriating a grant via ordinance. This section should only be completed if you are adjusting total appropriations, which currently only applies to grant ordinances.

7) Change in Appropriations (If the accompanying ordinance amends the budget, please reflect the dollar amount to be appropriated by this legislation. If the appropriation includes an interagency agreement with another bureau, please include the partner bureau budget adjustments in the table as well. Include the appropriate cost elements that are to be loaded by the Grants Office and/or Financial Planning. Use additional space if needed.)

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Sponsored Program	Amount

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