FINANCIAL IMPACT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.) 1. Name of Initiator 2. Telephone No. 3. Bureau/Office/Dept. Kyle Chisek 503-823-7041 PBOT/PMD 5a. To be filed (hearing date): 5b. Calendar (Check One) Date Submitted to Commissioner's office December 15, 2010 Regular Consent 4/5ths and FPD Budget Analyst: \boxtimes December 8, 2010 1) Legislation Title: *Accept a grant in the amount of \$654,000 from Oregon Department of Transportation for Springwater Trail: SE Umatilla to SE 19th and authorize Intergovernmental Agreement (Ordinance) 2) Purpose of the Proposed Legislation: Accept grant from ODOT and authorize IGA for the design and construction of on-street bicycle boulevard connections to fill the gap in the Springwater Trail in Sellwood. Revenue and/or Expense: Is ALL the Revenue and/or Expense a part of the current year's budget? SAP COST OBJECT No(s).: If NO, complete Steps 3 & 4. For modifications to budgets, identify/discuss only the changes to the budget. then go to Step #5. 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. \$654,000 added grant funds from ODOT. What are the costs to the City as a result of this legislation? What is the source of funding for the expense? **Staffing Requirements:** 5) Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? 6) Will positions be created or eliminated in future years as a result of this legislation?

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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4) Expense:

No.

No.