

**FINANCIAL IMPACT STATEMENT  
For Council Action Items**

(Deliver original to Financial Planning Division. Retain copy.)

1. Name of Initiator Ann Beier		2. Telephone No. 503-823-5463	3. Bureau/Office/ Dept. Office of Healthy Working Rivers
4a. To be filed (date) April 27, 2011	4b. Calendar (Check One) Regular      Consent 4/5ths x <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5. Date Submitted to FPD Budget Analyst:

**1) Legislation Title:**

Accept the Information Report on the Office of Healthy Working Rivers.

**2) Purpose of the Proposed Legislation:**

Provide City Council with a progress report on the work of the Office of Healthy Working Rivers.

**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.**

The legislation does not impact revenues.

**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)**

There are not costs to the City resulting from this legislation.


**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.)**

No staff will be created, eliminated or re-classified as a result of this legislation.

**6) Will positions be created or eliminated in future years as a result of this legislation?**

No positions will be created or eliminated in future years as a result of this legislation.

Ann Beier, Director Office of Healthy Working Rivers 
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APPROPRIATION UNIT HEAD (Typed name and signature)