

CAPITAL PROJECT		160021
Ordinance Fiscal Note		Ordinance Number
Ordinance Title (in Brief)		
Project No. 62080331 - Relief Well System Rehabilitation		
Amendment No. 4		
Is this ordinance for the following:		<div><input type="checkbox"/> New Construction</div> <div><input type="checkbox"/> Replacement</div> <div><input checked="" type="checkbox"/> Repair</div>
Was this project programmed in the Five-Year Capital Improvement Plan?		<div><input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes</div> <div>2016</div>
If no, please detail the reasons why this project was not included and need for present funding request.		
Please identify source of funds below.		
Non-City source and amount.		
Source of Funds: _____		
Fiscal Year Funded _____		
Amount of Non-City Funds: \$ _____		
City source and amount.		
Acct #: 8300-627270-611060-62080331		
Name of Fund: Kansas City Airports Funds		
Fiscal Year Funded 2016		
Amount of City Funds: \$ 1,323,520		
If ordinance is for new construction or replacement of asset please provide the following information:		
Total estimated costs (design through construction): \$ _____		
Estimated lifespan of project in years \$ _____		
Estimated annual operating and maintenance costs \$ _____		
(Please detail type of maintenance or operating costs needed, additional staffing, capital maintenance costs, utilities, etc.)		
Are these O&M costs reflected in the current budget?		<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
If yes, please please provide source of funds.		_____
If no, please identify year in which additional operating and maintenance costs will be needed.		FY _____
Reference Numbers: (Previously approved legislation): _____		
Reviewed by: _____		
Capital Project Ordinance Fiscal Note 021109		OMB Approval Date
		Contract Central