

FISCAL IMPACT STATEMENT NOTICE OF MOTION MM [18.11]

Financial Implications:

□ Operating
☐ Current year impacts: \$_6,000 (gross) ☐ Future year impacts: \$ (net)
\$ <u>0</u> (net)
☐ Future years
☐ Funding sources (specify):
 ☐ Accommodation within approved operating budget ☐ New revenues ☐ Reserve/Reserve Fund contributions ☐ Tax rate impact ☐ Other
☐ Budget adjustments: \$ (net)
☐ Impact on staffing levels: (positions)
☐ Capital ☐
☐ Current year impacts: \$0 ☐ Future year impacts: \$0 ☐ (debt)
\$0(debt)
☐ Funding sources (specify):
 ☐ Accommodation within approved capital budget ☐ New revenues ☐ Reserve/Reserve Fund contributions ☐ Other
☐ Budget adjustments: \$ (debt)
☐ Operating Impact:
☐ Program costs: \$ (net) ☐ Debt service costs: \$ (net)
Impacts/Other Comments:
Service Level Impact (specify):
Consistent with Council Strategic directions and fiscal priorities (specify):
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The estimated cost to the City associated with the installation is \$6,000 which will be fully reimbursed by Baycrest Health Sciences.
Submitted by:
Deputy City Manager & Chief Financial Officer
Date: May 4, 2016