

ADDITIONAL ANNUAL OPERATING COSTS / SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT

1. AGENCY
 Code _____ Name _____

2. PROJECT
 Project # _____ Name _____

3. ADDITIONAL ANNUAL OPERATING COSTS / SAVINGS. (Check whether reporting costs or savings.)

COSTS SAVINGS NO CHANGE

4.

| TOTAL ADDITIONAL OPERATING COSTS / SAVINGS | | | | |
|--|---------------|---------|-------|-------|
| Projected Financing Sources | | | | |
| (1) | (2) | (3) | (4) | (5) |
| Fiscal Year | General Funds | Federal | Other | Total |
| 1) | \$ | \$ | \$ | \$ |
| 2) | \$ | \$ | \$ | \$ |
| 3) | \$ | \$ | \$ | \$ |

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenues, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? YES NO
 If no, how will additional funds be provided?

7. Itemize below the cost factors that contribute to the total costs or savings reported above in Column 5 for the first fiscal year.

| <u>COST FACTORS</u> | <u>AMOUNT</u> |
|---------------------|---------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| TOTAL | |

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By: _____ Date _____
Signature of Authorized Official and Title