

## **Meeting Agenda Item Coversheet**

| O R T P  |                      |  |                              |                              |  |               |         |       |
|--|----------------------|--|------------------------------|------------------------------|--|---------------|---------|-------|
| MEETING DATE:  |                      | May 10, 20   | 21                           | Submitted By: Administration |  |               |         |       |
| SUBJECT: This will be the name of the Item as it will appear on the Agenda   |                      | Fee increase for Inframark contract.   |                              |                              |  |               |         |       |
| STAFF RECOMMEND<br>(MOTION READ)   |                      | amount of 593.500 annually to accommodate addition   |                              |                              |  | ional         | the     |       |
| SUMMARY<br>and/or<br>JUSTIFICATION:  | due to neces suffici | suant to budget discussions last year and the potential need for additional personnel to the growth of the City and demand on the prior staffing levels it is currently essary to add a dedicated FTE to the Westlake contract with Inframark. There are cient funds left in the 2021 budget to cover for the remainder of this fiscal year and be accommodated for in the upcoming budget for 2022. |                              |                              |  |               |         |       |
| SELECT, if applicable  |                      | AGREEMENT:   |                              |                              |  | BUDGET:       |         |       |
|  |                      | STAFF REPORT:  |                              |                              |  | PROCLAMATION: |         |       |
|  |                      | EXHIBIT(S):  |                              |                              |  | OTHER:        |         | х     |
| IDENTIFY EACH ATTACHMENT. For example, an agreement may have 2 exhibits, identify the agreement and Exhibit A and Exhibit B  SELECT, if applicable   |                      | Memorano   | TION:                        | erstanding                   |  | ORDINANCE:    |         |       |
| IDENTIFY FULL RESOLUTION OR ORDINANCE TITLE (if Item is not a Resolution or Ordinance, please erase all default text from this field's textbox and leave blank) Please keep text indented. |                      |  |                              |                              |  |               |         |       |
| FISCAL IMPACT (if a  |                      | any):  | General Government line item |                              |  |               | \$40,00 | 00.00 |