

FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. Description: FY 2014 Central Florida HIDTA Grant

Costs:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
X Yes No (if Yes, include all personnel costs below).

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources:
☐ Yes X No If No, how will this item be funded? **2014 Executive Office of the President, Office of National Drug Control Policy, High Intensity Drug Trafficking Areas (HIDTA) Program cooperative agreement approval by City Council. Award Period 1/1/14-12/31/15.** PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

Did this item require BRC action? X Yes No If Yes, BRC Date: **BRC TBD** BRC Item #.

4. This item will be charged to Fund/Dept/Program/Project: **F1130_F/OPD/Cost Center TBD.**

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$92,084	\$0	\$0
Operating	7,440	0	0
Capital	0	0	0
Total	99,524	0	0

6. If costs do not continue indefinitely, explain nature and expiration date of costs: _____

7. OTHER COSTS

(a). Are there any future costs, one-time payments, lump sum payments, or other costs payable for this item at a later date that are **not** reflected above: ☐ Yes X No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ _____ Payment due date _____

(c) What is the nature of these costs: _____

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ _____. Tax roll increase is:

☐ real property, ☐ tangible personal property, ☐ other

9. What is source of the revenue and the estimated annual recurring revenue? Source: _____ \$ _____

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?
Source _____ Fiscal year _____ \$ _____ non-recurring revenue

11. What is the Payback period? _____ years

12. **JUSTIFICATION:** Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget.

To provide the funding budget for the implementation and reimbursement for overtime and equipment rental for the Central Florida HIDTA Award Grant Agreement. Includes DEA Task Force, and MBI funding.

13. **APPROVED:** Paul Rooney, Chief of Police (Submitting Director or authorized Division Mgr **Only**)