

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: As part of the 2014-2015 budget review and approval process, City Council approved funding for Community Service Organizations. Approval is now being requested for distribution of the approved funds to the agencies in the amounts specified in Exhibit A. A draft of the form funding agreement is attached. After execution, copies of each signed agreement will be kept on file in the City Clerk's Office for review.

Approval is also requested for distribution of \$74,800 to the Central Florida Commission on Homelessness, \$14,960 to Pet Alliance of Central Florida (formerly SPCA) for animal services and distribution of \$13,370 for the administration of the Citizen Review Panel process, which evaluates Community Service Organizations and makes funding recommendations to the City and Orange County.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
☐ 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 ☐ No If No, how will this item be funded? _____ 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? ☐ Yes ☒ No If Yes, BRC Date: _____ BRC Item #: _____

4. This item will be charged to Fund/Dept/Program/Project: OCA0003_C Citizens' Review Panel.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating			
CRP Agencies	\$1,608,511		
Central Florida Commission on Homelessness	\$74,800		
CRP Administration	\$13,370		
Pet Alliance of Central FL	\$14,960		
Capital			
Total	<u>1,711,641</u>	<u> </u>	<u> </u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: These agreements provide funding for the fiscal year ending September 30, 2015. Funding for subsequent years will be evaluated during the respective budget cycles.

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 ☒ 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 (identify _____).

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. The City has determined that there is a public need for such services/programs in order to promote the general health, welfare and/or safety of the community and, to that end, the City has appropriated funds to the agencies for such purposes. These funds were included in the FY2014-2015 City Budget that was approved by City Council on September 15, 2014.

13. APPROVED: Marcia Hope Goodwin (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08