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:** Florida Recreation Development Assistance Program (FRDAP) Grant application for the Orlando Wetlands Park Boardwalk Creation and Trail Renovation Project 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 \(\subseteq \) 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. If Yes, BRC Date: BRC Item #: Did this item require BRC action? ☐ Yes ☒ No 4. This item will be charged to Fund/Dept/Program/Project: Wastewater General Construction 4106 F/PWK/Easterly Wetlands Boardwalk, project number TBD. (a) **(b)** (c) 5. **Annual Continuing** Current **Next Year** Year Estimate Annualized **Costs Thereafter** \$ \$ \$ Personnel Operating \$160,000.00 Capital \$40,000.00 Total \$40,000.00 \$160,000.00 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: \square Yes \boxtimes No (b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ Payment due date

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

(c) What is the nature of these costs:

- **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. If the grant application is successful, the FRDAP grant will match the City's contribution of \$200,000 providing a total project budget of \$400,000.
- **13. APPROVED:** <u>Victor Godlewski</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08