## 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:** Approving the application for Florida Department of Transportation (FDOT) Quiet Zones Grant Program Phase II, to request State Funds through the General Appropriations Act (GAA), for the development of the Quiet Zone improvement on the SunRail Corridor inside the City Limits.

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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: TBD BRC Item #: TBD							
<b>4.</b> This item will be charged to Fund/Dept/Program/Project: <u>Grant (Grants Fund 1130 F)/ 3001 F Capita Improvements Fund/EDV/TSP006 P - TSP0003 P.</u>							

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$	\$	\$
Operating			\$4,000
Capital	<u>\$300,000</u>		
Total	<u>\$300,000</u>		<u>\$4,000</u>

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

## 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: \$ N/A Payment due date \_\_\_\_\_

(c) What is the nature of these costs: N/A

## **REVENUE:**

8.	What is the esting	mated increase in "valuation" add	ded to the tax rolls? \$	Tax ro	ll_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 Quiet Zones Grant Program Phase II Fiscal year 2014-2015 \$ \$300,000 non-recurring revenue
- 11. What is the Payback period? N/A 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 of Orlando has budgeted \$300,000 for Phase II of this project (50% of the total estimate). The City is requesting consideration of a Phase II grant in the amount of \$300,000 to fund the remaining 50.0% of this effort. These funds will be used for a design/build project underway in coordination with FDOT.
- **13. APPROVED:** <u>Tanya Wilder</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08