

## 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 FY 2015-2016 Housing Opportunities for Persons with AIDS (HOPWA) grant agreement between the City of Orlando and X-Tending Hands, Inc. (address undisclosed due to client confidentiality).

### **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? The U.S. Department of Housing & Urban Development (HUD) Annual Action Plan was approved by Council on 7/27/15 and the FY 2015-2016 HOPWA funding agreement will be approved in October 2015 as soon as received from HUD. 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: 1200 F/Housing/TBD.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	128,400		
Capital			
<b>Total</b>	<u>128,400</u>	<u></u>	<u></u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Funds will expire on 9/30/16

### **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. On July 27, 2015, City Council approved, as part of the FY 2015-2016 Annual Action Plan, a request from X-Tending Hands, Inc. for HOPWA funding in the amount of One Hundred Twenty-Eight Thousand Four Hundred Dollars and no cents (\$128,400.00). X-Tending Hands, Inc. will use this funding to provide HOPWA housing assistance services to eligible low-income persons with AIDS or related diseases who reside in the Orlando Eligible Metropolitan Statistical Area. This allocation will be distributed among two service categories: \$120,000.00 to Facility Based Operating costs and \$8,400.00 for Agency Administration.

**13. APPROVED:** Linda Rhinesmith (Submitting Director or authorized Division Mgr **Only**)

