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:** In 2006, the Orlando City Council approved an Agreement with the Community Foundation of Central Florida, Inc. (now called the Central Florida Foundation) establishing the Legacy Trust for Orlando Children ("Legacy Trust"). The Legacy Trust is a donor-advised fund whose purpose is to make investments in programs and services that improve the lives of low-income children in the City of Orlando, starting in Parramore. The Families, Parks and Recreation Department is requesting approval of a \$500,000 grant to be given to the Central Florida Foundation to be deposited in the Legacy Trust for Orlando children to continue funding these services.

Соѕтѕ:					
2. Does the acceptance of ☐ Yes ☒ No (if Yes, inclu			al or new personnel or the use	of overtime?	
Yes No If No, how v	will this item be funded fiscal year of the fund	d? <u>n/a</u> PLEASE NOTE ding award, grantor n	eallocation of existing Department: If the action is funded by a gramme, granting agency or office in a second control of the second	nt received by	
Did this item require BRC a	ction? Yes No	If Yes, BRC Date:	n/a BRC Item #: n/a		
4. This item will be charged	to Fund/Dept/Progran	n/Project: <u>0001_F/FPR</u>	<u>%/FPR0003_C</u> .		
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>		
Personnel Operating Capital Total	\$ \$500,000 \$500,000	\$ 	\$		
6. If costs do not continue indefinitely, explain nature and expiration date of costs: Annual grant for children's services					
7. OTHER COSTS					
(a). Are there any future cos date that are <i>not</i> reflected above.		, lump sum payments,	or other costs payable for this ite	em at a later	
(b) If yes, by Fiscal Year, id	entify the dollar amou	nt and year payment is	s due: \$ <u>n/a</u> Payment due date <u>n/a</u>	<u>1</u>	
(c) What is the nature of the	se costs: n/a				
REVENUE:					
8. What is the estimated income real property, ☐ tangi			-		
9 . What is source of the reve	enue and the estimated	annual recurring reve	nue? Source: n/a \$ n/a		

11. What is the Payback period? n/a years

Source n/a Fiscal year n/a \$ n/a non-recurring revenue

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. These funds are invested in supportive services for children residing in the Parramore Heritage Community. Evaluators have documented that since these investments have been made beginning in 2006, there has been a decrease in juvenile arrests, teen births, verified reports of child maltreatment, and improvements in academic achievement among children in Parramore.

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

13. APPROVED: <u>Lisa Early, Director, Families, Parks and Recreation Department</u> (Submitting Director or authorized Division Mgr Only) FIS 3/14/08