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: Business Assistance Program Agreement between Se7enBites, LLC d/b/a Se7enBites and the City of Orlando 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. 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: General Fund 0001 F/EDV/EDV0002 C. (a) **(b)** (c) 5. **Next Year Annual Continuing** Current **Costs Thereafter** Annualized **Year Estimate** \$ \$ \$ Personnel \$6,577.69 Operating Capital Total \$6,577.69 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 _____ (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: n/a \$ 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

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.

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

Se7enBites, LLC d/b/a Se7enBites (Se7enBites), a sweet and savory bakeshop, has served breakfast, lunch and brunch to Orlando residents since 2013. The restaurant is currently located at 207 North Primrose Drive. Due to its popularity, Se7enBites will be expanding to 617 North Primrose Drive. The business plans to occupy approximately 4,000 sf of existing space, complete interior and exterior renovations including new drywall, flooring, HVAC, plumbing, electrical, grease trap, a new outdoor patio, painting, landscaping awning, windows, doors and signage and create 15 new, full time jobs. Total capital investment for this project is more than \$125,000.

Total eligible fees for Se7enBites under the Business Assistance Program, are \$13,155.37. The BAP will pay fifty percent of eligible fees (\$6,577.69). The fee breakdown is as follows: Transportation Impact Fee @ 50% = \$6,577.69.

13. APPROVED: <u>Lillian Scott-Payne</u> (Submitting Director or authorized Division Mgr Only) FIS 3/14/08