

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: At the January 28, 2013 City Council Meeting FPR was given approval to apply for an After School Nutrition Grant through the Florida Department of Health, Bureau of Childcare Foods Program (Document # 130128D05). The first year of the program was a success and as a result, FPR is again requesting approval to apply for the second year of the recurring grant. The grant will provide a reimbursement to the City of \$3.23 per meal and the total reimbursement will be given to OCPS to cover the cost of the food

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? Florida Department of Health, Bureau of Childcare Foods Program, Child Care Food Program Agreement. 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: n/a BRC Item #: n/a

4. This item will be charged to Fund/Dept/Program/Project: 1130_F/FPR Department/TBD/FDOH After School Nutrition 14/15.

5.	(a) <u>Current Year Estimate</u>	(b) <u>Next Year Annualized</u>	(c) <u>Annual Continuing Costs Thereafter</u>
Personnel	\$0000	\$	\$
Operating	597,546.00		
Capital			
Total	<u>\$597,546.00</u>	<u>\$</u>	<u> </u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: The agreement with FDOH is permanent, subject to annual renewals. The reimbursement rate used to calculate the budget are subject to change after June 30, 2015. Accordingly, this FIS is only through May 31, 2015 which is the last day food will be served to the program.

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

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

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ none. 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: FDOH, Bureau of Childcare Foods Program \$ 607,674.00

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized? Source N/A Fiscal year N/A \$ N/A 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 Afternoon Nutrition Program provides meals to individuals 18 and under in 16 of the City's afterschool program and 1 Community Partner. If there is no Afterschool Nutrition Program, afterschool participants would either have to bring

their own food to the City's afterschool programs or wait until they get home, often late in the day, in order to eat. This grant will provide nutritious meals to children with food being provided by agreement with Orange County Public Schools.

13. APPROVED: Lisa Early (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08