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: U.S. Department of Housing and Urban Development Program Year 2013 Community Development Block Grant (CDBG) Agreement between the City of Orlando and Lighthouse Central Florida, Inc.

Costs:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime? \Box Yes \boxtimes 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: imes Yes imes No If No, how will this item be funded? <u>FY 2009/2010 HUD-Community Development and Block Grant</u> (CDBG) award #000020. 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: <u>Fund 1200/HSG/TBD</u>.

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

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: \Box 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, langible 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. The United States Department of Housing and Urban Development (HUD) has designated the City of Orlando to act as recipient and administrator of CDBG funding. On July 22, 2013, City Council approved, as part of the FY 2013-2014 Annual Action Plan for Housing and Community Development Programs, a request from Lighthouse Central Florida, Inc. for CDBG funding in the amount of Three Hundred Thousand Dollars (\$300,000.00). Lighthouse Central Florida will use this funding for the rehabilitation and expansion of its employment services and jobs program facility. The facility is located at 2500 Kunze Avenue, Orlando, FL 32804.

13. APPROVED: <u>Linda Rhinesmith</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08