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: City of Orlando/LYNX Annual Service Funding Agreement for FY 2014/2015.

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: \Box Yes \Box 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: <u>1100_F Gas Tax Fund/EDV/CCA0014_C</u>.

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel Operating	\$	\$ \$3,873,006	\$
Capital Total		\$3,873,006	

6. If costs do not continue indefinitely, explain nature and expiration date of costs: <u>Annual funding agreement</u> beginning October 1, 2014 and ending September 30, 2015.

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, 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. <u>Annual Service Funding Agreement between LYNX and The City of Orlando for LYNX to provide reliable and quality transportation services for FY 2014-2015. Pursuant to the agreement, LYNX will provide quarterly operation reports, as well as an annual financial report.</u>

13. APPROVED: <u>F.J Flynn, EDV Deputy Director</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08