

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: Approving the FY 2014-2015 HUD-Housing Opportunities for Persons with AIDS (HOPWA) grant agreement between the City of Orlando and the Miracle of Love, Inc., 741 W. Colonial Drive, Orlando, Florida 32804

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? FY 2014-2015 HUD HOPWA Grant was approved on 7/28/14.
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: 1200/HSG0123.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$ _____	\$ _____	\$ _____
Operating	425,227	_____	_____
Capital	_____	_____	_____
Total	<u>425,227</u>	<u>_____</u>	<u>_____</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: ☐ Yes ☒ 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. The United States Department of Housing and Urban Development (HUD) has designated the City of Orlando to act as recipient and administrator of HOPWA funding for the area of Orange, Seminole, Osceola, and Lake Counties, which is referred to as the Orlando Eligible Metropolitan Statistical Area (EMSA). The City of Orlando administers the HOPWA Program, which contracts with eligible service providers for the distribution of funds according to HUD regulations.

On July 28, 2014, City Council approved, as part of the FY 2014-2015 Annual Action Plan, a request from Miracle of Love for HOPWA funding in the amount of \$425,227. Miracle of Love will use this funding to provide HOPWA

housing assistance services to eligible low-income persons with AIDS or related diseases who reside in the Orlando EMSA.

Under the terms and conditions of this Agreement, the City agrees to reimburse Miracle of Love the sum of Four Hundred Twenty-Five Thousand, Two Hundred Twenty-Seven Dollars and No Cents, (\$425,227.00) in HOPWA funds for eligible housing assistance services. This allocation will be distributed among five service categories: \$180,000.00 to Supportive Services; \$105,461.00 to Short-Term, Rent, Mortgage and Utility; \$73,000.00 to Tenant-Based Assistance; \$37,000.00 to Permanent Housing Placement costs; and \$29,766.00 for Agency Administration

13. APPROVED: Linda Rhinesmith (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08