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: FY 2014/2015 Funding Agreement for the UCF Business Incubation Program

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>Genereal Fund 0001_F/EDV/EDV0002_C</u>.

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$	\$	\$
Operating	\$0	\$300,000	
Capital			
Total	<u>\$0</u>	<u>\$300,000</u>	

6. If costs do not continue indefinitely, explain nature and expiration date of costs: <u>Amount above is subject to</u> approval during the budget process for FY 14/15. Funds will be disbursed monthly through September 30, 2015 per the agreement terms.

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. <u>Since April 2006, the Orlando City Council has approved funding agreements between the City of Orlando and the University of Central Florida (UCF) for the UCF Business Incubator – Orlando. The relationship between the City and UCF for the creation of a business incubator provides infrastructure and support to local entrepreneurs to increase their potential for creating and growing successful companies.</u>

The Incubator, located at 3218 E. Colonial Drive, officially opened in January 2008, with four clients occupying five offices in 2,200 sf. Due to high demand from potential clients for incubator space, a Phase II expansion was completed in September 2009, and the Incubator gained an additional 4,176 sf in an adjacent space for a total capacity of 6,376 sf.

In 2009, the City and UCFRF chose to consolidate the Downtown Incubator into the facility at 3218 E. Colonial Drive, thus saving the City \$100,000 per year. Today, there are currently 18 client companies served by the Orlando

Incubator, who currently employ sixty-five (65) residents in our community. Since the Orlando Incubator opened, it has served fifty-one (51) clients and graduated eighteen (18) companies; 353 jobs are being sustained by these graduates.

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