

## 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 Community Development Block Grant (CDBG) grant agreement between the City of Orlando and Aspire Health Partners, Inc. d/b/a The Center for Drug Free Living, Inc., 5151 Adanson Street, 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 CDBG Funding agreement was approved on 10/20/2014 and the HUD Annual Action Plan 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/HSG0107.

	<b>(a) Current Year Estimate</b>	<b>(b) Next Year Annualized</b>	<b>(c) Annual Continuing Costs Thereafter</b>
Personnel	\$	\$	\$
Operating	62,500		
Capital		_____	_____
<b>Total</b>	<u>62,500</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. On July 28, 2014, City Council approved, as part of the FY 2014-2015 Annual Action Plan for Housing and Community Development Programs, a request from Aspire Health Partners, Inc. d/b/a The Center for Drug Free Living, Inc. for CDBG Public Services funding in the amount of Sixty Two Thousand Five Hundred Dollars and No Cents (\$62,500). Aspire Health Partners, Inc. d/b/a The Center for Drug Free Living, Inc. will use this funding to provide residential drug treatment and counseling under its Women and Children's Residential Program.

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