

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 Aspire Health Partners, Inc. d/b/a The Center for Drug-Free Living, Inc.

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? _____ 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/HSG0125.

	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$ _____	\$ _____	\$ _____
Operating	1,039,194		
Capital	_____	_____	_____
Total	<u>1,039,194</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 October 20, 2014, Council approved a HOPWA Agreement under the name of The Center for Drug-Free Living, Inc. d/b/a CENTAUR. Because of a recent merger, this agency is now operating under the name Aspire Health Partners, Inc. d/b/a The Center for Drug-Free Living, Inc. The Agreement has been revised accordingly and requires approval from Council. All provisions and terms in the Agreement, including the funding amount, remains the same.

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