

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: Approval of Contract with Corporation for Supportive Housing, Inc. for Technical Assistance Services on Supportive Housing and Systems Change.

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? _____

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: The CRA's funds of \$200,000 will be drawn from CRA0005_C for FY 2014-2015, with an additional \$50,000 to be drawn from the Designated Revenue Fund NON0019_C.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$0	\$0	\$0
Operating	\$250,000	250,000	250,000
Capital	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>\$250,000</u>	<u>\$250,000</u>	<u>\$250,000</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Contract ends 12/31/17

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: \$ 0 Payment due date N/A

(c) What is the nature of these costs: N/A

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 City of Orlando and the Community Redevelopment Agency are requesting approval of a contract with Corporation for Supportive Housing, Inc. for technical assistance services on supportive housing and systems change. CSH will provide in-depth systems change, consulting expertise and key experts to implement the plan to reduce street homelessness within the Downtown Orlando CRA area with the creation of new supportive housing units. The contract term is for three (3) years. The annual CRA expenditure is anticipated at \$200,000.00 with an additional \$50,000.00 to be contributed by the City of Orlando each year.

13. APPROVED: Thomas C. Chatmon Jr. (Submitting Director or authorized Division Mgr **Only**)