

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 U.S. Department of Housing and Urban Development Program Year 2013 Community Development Block Grant (CDBG) Tri-Party Agreement between The City of Orlando Housing and Community Development Department (HCD), The City of Orlando Family, Parks and Recreation Department (FPR), and the Orlando Housing Authority (OHA) with a principal address 390 N. Bumby Avenue, Orlando, Florida 32803

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 2013-2014 CDBG Grant which was approved on 7/22/2013.
 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/HSG0026.

| 5. | (a) <u>Current Year Estimate</u> | (b) <u>Next Year Annualized</u> | (c) <u>Annual Continuing Costs Thereafter</u> |
|--------------|---|--|--|
| Personnel | \$ _____ | \$ _____ | \$ _____ |
| Operating | 226,000.00 | | |
| Capital | _____ | _____ | _____ |
| Total | <u>226,000.00</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.

On July 22, 2013, City Council approved, as part of the FY 2013-2014 Annual Action Plan for Housing and Community Development Programs, a request from Orlando Community Youth Trust, Inc. a nonprofit organization operating under Family, Parks and Recreation Department for CDBG funding in the amount of Two Hundred Twenty-Six Thousand Dollars and No Cents (\$226,000.00). FPR will use this funding towards the rehabilitation of the playground at Citrus Square Apartments, a public housing complex, located at 5625 Hickey Drive, Orlando, Florida 32822. The recreational services will be solely for the children who live at Citrus Square Apartments.

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