

## 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:** Business Assistance Program Agreement between Ali Behzadi, D.M.D., PLC and the City of Orlando

### 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: General Fund 0001\_F/EDV/EDV0002\_C.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$ _____	\$ _____	\$ _____
Operating	\$11,614.78		
Capital	_____	_____	_____
<b>Total</b>	<u>\$11,614.78</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: n/a \$ \_\_\_\_\_

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? n/a 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.

Ali Behzadi, D.M.D., PLC (Behzadi) plans to relocate its dental office to 611 North Magnolia Avenue from an existing Casselberry location. The project consists of converting existing office space to a dental office, adding 400 sf to the existing 2,101 sf building and extensive interior and exterior renovation. The business has received Appearance Review Board and Board of Zoning Adjustment approvals for the proposed work. Total capital investment for this project (interior and exterior work) is approximately \$750,000. Behzadi will create 12 new jobs through this relocation. The applicant is also the project owner.

Total eligible fees for Behzadi under the Business Assistance Program, are \$23,229.56. The BAP will pay fifty percent of eligible fees (\$11,614.78). The fee breakdown is as follows: Sewer Benefit Fee @ 50% = \$3,045. Transportation Impact Fee @ 50% = \$8,569.78.

**13. APPROVED:** Lillian Scott-Payne (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08