## 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.	<b>DESCRIPTION:</b>	SMRxT. Inc.	<b>Oualified Target Industry Tax Refund Resolution</b>	ı

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Соѕтѕ:				
	of this action require the		l or new personnel or the use of overti	me?
Yes No If No, h Non-Departmental Econ Year 2016/2017 and end the City please include t	ow will this item be funded omic Development Fund ling in Fiscal Year 2021/20	ed? The City's match (100.984.6350) and 022. PLEASE NOTE ing award, grantor no	allocation of existing Department resourcing contribution funds will be drawn from budgeted over six years, beginning in F.: If the action is funded by a grant receive arme, granting agency or office name (if a state of the st	the iscal d by
Did this item require BR	C action? ☐ Yes ⊠ No	If Yes, BRC Date:	BRC Item #:	
4. This item will be charg	ged to Fund/Dept/Program	/Project: <u>General Fun</u>	d 0001_F/EDV/EDV0002_C.	
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>	
Personnel Operating Capital	\$0 \$0 <u>0</u>	\$0 0 0	\$0 0	
Total	<u>\$0</u>	$\frac{\underline{0}}{\underline{0}}$	See below	
	e indefinitely, explain natu I in the following amounts		e of costs: The City shall pay the "local	
2016/2017		\$3,	<u>000</u>	
2017/2018	<u>\$9,000</u>			
2018/2019		\$16	5 <u>,500</u>	
2019/2020		<u>\$16,500</u>		
2020/2021	\$13,500			
2021/2022		\$7,	<u>500</u>	
		Total \$66	<u>,000</u>	
7. OTHER COSTS				
(a). Are there any future date that are <i>not</i> reflected		lump sum payments,	or other costs payable for this item at a late	er
(b) If yes, by Fiscal Year	, identify the dollar amoun	t and year payment is	due: \$ Payment due date	
(c) What is the nature of	these costs: n/a			
REVENUE:				
	increase in "valuation" addingible personal property,		Tax roll_increase is:).	
<b>9</b> . What is source of the r	evenue and the estimated a	annual recurring reve	nue? Source:\$	

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?

Source <u>n/a</u> 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.

SMRxT, Inc. (SMRxT) is a New York based company providing a scalable solution that precisely records, monitors and quantifies the time and dose of patient medication behavior using a sensor and software technology. The system is currently undergoing proof of concept testing and running pilot tests with Florida Hospital and other hospital systems nationwide. This project will be SMRxT's research and development operations and corporate headquarters.

If the Qualified Target Industry (QTI) program incentive is made available to the company, SMRxT will create 55 new-to-Florida jobs by December 31, 2017, paying an annual average wage of \$63,906, which is at least 150% of the Orange County annual wage. The average value of benefits that will be available to employees is \$17,000, which includes health insurance, 401(k) contributions and paid vacations and paid sick leave. SMRxT's total capital investment is estimated to be \$582,500 in construction and equipment. In addition to the City of Orlando, the company is considering New York, Kansas, Missouri and Wisconsin for this expansion.

The City of Orlando will provide \$66,000 as an incentive over a six-year period.

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