

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: City of Orlando will provide \$695,000 in HOME funds to rehabilitate 27 units in the Anvil-Richard Allen Gardens Apartments at 720 Carter Street, Orlando FL.

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 and FY 2014-2015 Home Investment Partnerships Program (HOME) with the US Dept of Housing and Urban Development (HUD). Council approved the 2013-2014 HUD funding agreement on October 7, 2013 and the 2014-2015 HUD funding agreement on October 20, 2014.
 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 F; HSG0059 G; HSG0122 G.

	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating		\$695,000	
Capital	\$	_____	<u>0</u>
Total	_____	<u>\$695,000</u>	<u>0</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Completion of rehabilitation of all funded housing units

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: Rehabilitation of units to include, but not limited to, heating and air, flooring, cabinets, windows, doors, painting, etc.

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. _____

13. **APPROVED:** Linda Rhinesmith (Submitting Director or authorized Division Mgr **Only**)