

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 FY 2015-2016 Community Development Block Grant (CDBG) funding agreement between the City of Orlando and Aspire Health Partners, Inc. d/b/a The Center for Drug Free Living, Inc. for CDBG funding in the amount of Thirty-Five Thousand Six Hundred Fifty Dollars (\$35,650.00). This funding will provide substance abuse/mental health counseling and treatment, educational and vocational tutoring and training, parenting classes and health services for two women and their infants/children who are homeless and/or very-low to low income City residents.

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? The City's 2015/2016 Annual Action Plan was approved by Council on 7/27/15 and the FY 2015-2016 CDBG funding agreement between HUD and the City was approved on October 5, 2015. 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/HSG0151_G.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$ _____	\$ _____	\$ _____
Operating	\$35,650		
Capital	_____	_____	_____
Total	<u>\$35,650</u>	<u>_____</u>	<u>_____</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Funding expires on September 30, 2016.

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. This agreement provides a non-housing public service to help address existing needs and improve the quality of life for low- and moderate-income residents in the City of Orlando which was identified in our 2015 Annual Action Plan and approved by City Council on July 27, 2015.

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

FIS 3/14/08