

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 an Interlocal Agreement between the City of Orlando and the Central Florida Regional Transportation Authority, d/b/a LYNX relating to a Transit Corridor Study of State Road 436.

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: 1071_F/EDV/TSP0043_P/Contractual Services.

	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$ _____	\$ _____	\$ _____
Operating		450,000.00	
Capital			
Total	_____	<u>450,000.00</u>	_____

6. If costs do not continue indefinitely, explain nature and expiration date of costs: N/A

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: \$ N/A Payment due date _____

(c) What is the nature of these costs: N/A

REVENUE:

8. What is the estimated increase in “valuation” added to the tax rolls? \$ N/A. 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 N/A 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.
Approving an Interlocal Agreement between the City of Orlando and the Central Florida Regional Transportation Authority, d/b/a LYNX relating to a Transit Corridor Study of State Road 436. The parties desire that the Authority contract for the performance of State Road 436 corridor study, the purpose of which is to provide data and analysis related to existing and future travel demand, trip patterns, modal preferences, and transportation needs along the SR 436 corridor in order to improve corridor mobility through a higher level of public transportation service. The City has allocated funding for the Study and will provide a local share estimated to be in the amount of \$450,000 for FY2016-2017 (subject to approve by City Council).

13. APPROVED: Maria Korobkoff (Submitting Director or authorized Division Mgr **Only**)