

## 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 J.M. Restaurant & Pizzeria, LLC d/b/a Pie Fecton 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	\$7,810.43		
Capital			
<b>Total</b>	<u>\$7,810.43</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.

J.M. Restaurant & Pizzeria, LLC d/b/a Pie Fecton (Pie Fecton) operates a restaurant featuring a variety of pizzas and pastas, including Brazilian and dessert pizzas, at 3120 South Kirkman Road. The business plans to expand into the suite next door, install new flooring, create a half wall between the two spaces, install a new ceiling, update restrooms in both suites and add 64 seats to accommodate its customers. Pie Fecton plans to create 7 new full-time jobs through this project. Total capital investment for this project is approximately \$65,000.

Total eligible fees for Pie Fecton under the Business Assistance Program, are \$15,620.85. The BAP will pay fifty percent of eligible fees (\$7,810.43). The fee breakdown is as follows: Sewer Benefit Fees @ 50% = \$7,810.43.

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

