

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: Purchase Order with the Heart of Florida United Way for administration and management of the Orlando United Assistance Center.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
No

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources:

No If No, how will this item be funded? The City intends to seek full reimbursement for all costs associated with the Orlando United Assistance Center through the federal Anti Terrorism and Emergency Assistance Program.

Did this item require BRC action? No If Yes, BRC Date: BRC Item #:

4. This item will be charged to Fund/Dept/Program/Project: Cost Center NON0023_C in Fund 0007 Disaster Fund

5.	(a) <u>Current Year Estimate</u>	(b) <u>Next Year Annualized</u>	(c) <u>Annual Continuing Costs Thereafter</u>
Personnel	\$	\$	\$
Operating	\$61,628.50	\$61,628.50	
Capital			
Total	\$61,628.50	\$61,628.50	=

6. If costs do not continue indefinitely, explain nature and expiration date of costs: 60 day agreement beginning on September 3, 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:

(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? \$ N/A.

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? 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.

HFUW will continue to handle all daily functional activities, including the oversight of the building and its staff; ensuring service needs are being met, being delivered appropriately and in a timely fashion; regular assessment of service gaps, including additional services needed, hours of operations, site locations etc.; arranging and executing MOA's or subcontracts with various service providers; responsible for all reporting requirements as established by the City; assessing appropriate out-posting needs of other service providers, and acting as the liaison for the center between the city, county, and service organizations.

13. APPROVED: Brooke Bonnett (Submitting Director or authorized Division Mgr **Only**)