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: <u>Approving the Intergovernmental Agreement between the City of Orlando and Orange County,</u> Florida for the Administration of the Housing Opportunities for Persons with AIDS (HOPWA) Grant Program.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime? \Box Yes \boxtimes 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: $\[Box]$ Yes $\[Box]$ No If No, how will this item be funded? <u>Various prior year HOPWA funds are being reallocated to fund</u> projects listed in the 2016 Action Plan in the amount of \$1,366,736, in addition to, new HOPWA grant funds to be received by HUD in FY 2016-2017 in the amount of \$3,701,885, of which only \$2,627,304 has be allocated to Orange County to fund projects and for administration. 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? \boxtimes Yes \square No If Yes, BRC Date: <u>8/9/16</u> BRC Item #: <u>BR16-15</u>

4. This item will be charged to Fund/Dept/Program/Project: <u>1200_F; FY16/17 funds (HSG0178_G, HSG0179_G)</u>, Prior Year HOPWA funds (HSG0062_G, HSG0064_G, HSG0065_G, HSG0067_G, HSG0069_G, HSG0072_G, HSG0075_G, HSG0128_G.

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$	\$96,056	\$
Operating		\$3,897,984	
Capital	<u>\$</u>	<u>\$</u>	
Total		<u>\$3,994,040</u>	

6. If costs do not continue indefinitely, explain nature and expiration date of costs: This is a one-year agreement.

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: \Box Yes \boxtimes 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: HUD \$ 3,701,885

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. <u>With</u> Orange County administering the HOPWA grant, one Housing Coordinator position will be dropped and the budgeted funds will be used to help fund the new Underwriting Housing Specialist position approved May 23, 2016 by City Council.

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

FIS 3/14/08