

## 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 2016-2017 Emergency Solutions Grant (ESG) grant agreement between the City of Orlando and Center for Multicultural Wellness and Prevention, Inc. for ESG funding in the amount of Sixty-Three Thousand Five Hundred Dollars (\$63,500.00) to support personnel/case management services, housing relocation and stabilization services, and rental assistance.

**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 2016-2020 Consolidated Plan was approved by Council on 7/25/16. 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/HCD/HSG177 G.

	(a) <b>Current Year Estimate</b>	(b) <b>Next Year Annualized</b>	(c) <b>Annual Continuing Costs Thereafter</b>
Personnel	\$19,500	\$	\$
Operating	44,000		
Capital		_____	_____
<b>Total</b>	<u>\$63,5000</u>	_____	_____

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Funding expires on September 30, 2017.

**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 rapid re-housing services to help persons who are homeless or who would be homeless if not for this assistance which is a need identified in our 2016-2020 Consolidated Plan which was approved by City Council on July 25, 2016.

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