

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: Local Government Contribution for LIFT Orlando's funding application to FHFC for 4% Tax Credits and SAIL Financing

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? If LIFT is successful in their application and is selected to receive FHFC funding, HCD will fund this commitment with FY15/16 HOME or SHIP funds. 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: Potentially HSG0001 C (GF), HSG0164 G (HOME), or HSG0173 G (SHIP).

	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating			
Capital	<u>100,000</u>	_____	_____
Total	<u>100,000</u>	=====	=====

6. If costs do not continue indefinitely, explain nature and expiration date of costs: one time only

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. LIFT is applying to FHFC for LIHTC funding. In order for their application to be competitive and receive the maximum amount of points, the City must commit \$100,000 as a local government contribution. FHFC will announce those applicants selected for funding in December, 2016. If LIFT is not selected, no funds will be expended. If LIFT is successful, they plan to request additional funds from the City. At that time a funding source will be identified. HOME/SHIP funds will be available to use as the City's contribution.

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