

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 Community Development Block Grant (CDBG) grant agreement between the City of Orlando and Health Care Center for the Homeless, Inc. (Center) for CDBG funding in the amount of Five Hundred Seventy-Five Thousand Dollars (\$575,000.00) towards the acquisition of property to enable the Center to build a 12,000 square foot comprehensive health care facility on this property which is generally located at 4426 Old Winter Garden Road, Orlando, FL 32811.

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/HSG0175 G.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating			
Capital	<u>\$575,000</u>	<u> </u>	<u> </u>
Total	<u>\$575,000</u>	<u> </u>	<u> </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 funds an acquisition of a public facility that serves low and moderate clients in the City of Orlando which was 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**)