

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: As part of the FY16-17 budget review and approval process, City Council approved funding for the Community Investment Program grants. Approval is now being requested for distribution of the approved funds to the Coalition for the Homeless and Salvation Army in the amounts specified in "Exhibit A". A draft of the funding agreement is attached. After execution, copies of each signed agreement will be kept on file in the City Clerk's Office for review.

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? _____ 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: OCA0003 C Community Affairs Grants & Awards.

	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating			
Coalition for the Homeless	\$240,000		
Salvation Army	\$40,000		
Capital		_____	_____
Total	\$280,000	_____	_____

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Funding Agreements between the City of Orlando and each organization provide funding for the fiscal year ending September 30, 2017. Funding for subsequent years will be evaluated at each new budget cycle.

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. The City has determined that there is a public need for such services/programs in order to promote the general health, welfare and/or safety of the community and, to that end, the City has appropriated funds to the agencies for such purposes. These funds were included in the FY16-17 City Budget that was approved by City Council on September 26, 2016.

13. APPROVED: Marcia Hope Goodwin (Submitting Director or authorized Division Mgr **Only**)
FIS 3/14/08