

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: American Tours International, LLC Qualified Target Industry Tax Refund Resolution

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 matching contribution funds will be drawn from the Non-Departmental Economic Development Fund (General Fund 0001 F/EDV/EDV0002 C) and budgeted over four years, beginning in Fiscal Year 2022/2023 and ending in Fiscal Year 2027/2028. 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: General Fund 0001 F/EDV/EDV0002 C.

	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$0	\$0	\$0
Operating	\$0	0	
Capital	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>\$0</u>	<u>0</u>	<u>See below</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: The City shall pay the "local financial support" for QTI in the following amounts:

<u>2022/2023</u>	<u>\$3,000</u>
<u>2023/2024</u>	<u>\$9,000</u>
<u>2024/2025</u>	<u>\$11,750</u>
<u>2025/2026</u>	<u>\$11,750</u>
<u>2026/2027</u>	<u>\$8,750</u>
<u>2027/2028</u>	<u>\$2,750</u>
<u>Total</u>	<u>\$47,000</u>

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: n/a

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 n/a 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.

American Tours International, LLC (ATI) offers Visit USA programs including motor coach and air tours. ATI is the only American owned inbound tour operator in North America that plans and coordinates group tours. American Tours International also offers a web booking engine that can integrate with outside solutions.

If the Qualified Target Industry (QTI) program incentive is made available to the company, ATI will create 47 new-to-Florida jobs by December 31, 2021, paying an average annual wage of \$50,472, which is at least 115% of the 2014 Orange County annual wage. The average value of benefits that will be available to employees is \$6,314, which includes medical and dental insurance subsidy, 401K matching and an ATI educational subsidy. ATI's total capital investment is estimated to be more than \$300,000 in construction and equipment. In addition to the City of Orlando, the company is considering Nevada for this project.

The City of Orlando will provide \$47,000 as an incentive over a six year period.

13. APPROVED: Lillian Scott-Payne (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08