

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: Approval of a \$370,190 in expenditures for several planning efforts by the Downtown South Neighborhood Improvement District for a consolidated scope of services completed by GAI Consultants and Littlejohn/S&ME. Includes a complete streets plan for the District, new development standard guidelines, charettes and other enhancements to the District. This project will commence in FY2016-17 and likely end in FY2017-18.

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? _____

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: 1170_F.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$370,190	\$	\$
Operating			
Capital			
Total	<u>\$370,190</u>	=	=

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

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? \$ 0. 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: Downtown South Neighborhood Improvement District \$ 550,000

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? N/A 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 plans contemplated furthers the Downtown South Neighborhood Improvement District, and enhances both public infrastructure plans for the area and private development. As the area intensifies around the Orange Health Station of SunRail, the DSNID intends to facilitate the infrastructure and private development standards of the District in order to accommodate higher densities and intensities as the area urbanizes.

13. APPROVED: Dean Grandin (Submitting Director or authorized Division Mgr **Only**)