

## 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:** The City of Orlando Office of Emergency Management (OEM) is requesting to apply for the FY2017-2018 Citizen Corps/Community Emergency Response Team (CERT) Program grant in the amount of \$10,000. If awarded, these funds will be used to support the Orlando CERT teams and a preparedness exercise with CERT teams from around the state. This grant requires a cash or in-kind dollar for dollar match. The match will be provided through the annual Oracle donation to the CERT program and through salary and benefits for the Emergency Management staff that provide overall program coordination and instruction. The period of performance for this grant is 8/1/2017 - 6/30/2018.

### 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? FY 2017-2018 CERT Program Grant 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: N/A at this time BRC Item #: N/A

4. This item will be charged to Fund/Dept/Program/Project: Grant fund 1130\_F.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	\$	\$10,000	
Capital			
<b>Total</b>	<u></u>	<u>\$10,000</u>	<u>\$0</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: The period of performance for this grant is 8/1/2017 - 6/30/2018.

### 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: \$ 0.00 Payment due date N/A

(c) What is the nature of these costs: N/A

### REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ 0.00. 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: N/A \$ 0.00

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 N/A \$ 0.00 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 City of Orlando Office of Emergency Management (OEM) is requesting to apply for the FY2017 Citizen Corps/Community Emergency Response Team (CERT) Program grant in the amount of \$10,000. If awarded, these funds will be used to support the Orlando CERT teams and an exercise drill with CERT programs from around the state.

**13. APPROVED:** Roderick Williams, Fire Chief (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08