

## 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:** Cities of Service will provide the City of Orlando with a Cities of Service The Garden Program Grant in the amount of \$25,000 to support an Impact Volunteering initiative. This funding, provided by Cities of Service, recognizes the Grantee's commitment to engage volunteer mentors with elementary-age youth in the 10-week program that will help participants learn how to grow healthy food in container gardens, hydroponic systems, and raised-bed gardens.

### 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: 11/28/2017 BRC Item #: TBD

- 4.** This item will be charged to Fund/Dept/Program/Project: OCA/Grant ID TBD.

	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$	\$	\$
Operating	25,000		
Capital			
<b>Total</b>	<u>25,000</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? \$ \_\_\_\_\_. 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 Cities of Service The Garden Grant Fiscal year 2016-2017 \$ 25,000 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 grant funds will be dedicated to the materials and costs required for The Garden program initiative.

**13. A<sup>PPROVED</sup>:** Marcia Hope Goodwin, OCA&HR Director (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08