

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: Approving the Intergovernmental Agreement between the City of Orlando and Orange County, Florida for the Administration of the Housing Opportunities for Persons with AIDS (HOPWA) Grant Program.

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? Various prior year HOPWA funds are being reallocated to fund projects listed in the 2017 Action Plan in the amount of \$1,622,222, in addition to, new HOPWA grant funds to be received by HUD in FY 2017-2018 in the amount of \$3,722,246, of which \$5,344,468 will be allocated to Orange County to fund projects and for administration. 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: 1200 F; FY17/18 funds (HSG0192 G, HSG0193 G), Prior Year HOPWA funds (G, HSG0179 G).

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$97,117	\$
Operating		5,247,351	
Capital	\$	\$	
Total		<u>5,344,468</u>	

6. If costs do not continue indefinitely, explain nature and expiration date of costs: This is a three program-year agreement.

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: HUD \$ 3,737,246

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. Orange County currently administers Ryan White Part A funding for the Orlando EMSA and is equipped with the necessary resources to administer HOPWA funding. The City of Orlando and Orange County agree that entering into an Agreement for the integration of the HOPWA Program into Orange County's Ryan White Program, to be administered through its Ryan White Part A Office, is in the best interest of the Orlando EMSA and serves a valid public purpose.

13. APPROVED: Linda Rhinesmith (Submitting Director or authorized Division Manager **Only**)