

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: Through the Community Investment Program, the City of Orlando invests in efforts that solve community problems by granting funds to meet the needs of a growing Central Florida population and address the diverse needs and challenges Orlando residents experience. Program focus areas include Homeless Program Support, Family Sustainability, Domestic Violence, Support of Seniors and Hunger Relief. Approval is being requested to allocate additional designated Support of Seniors funding to Seniors First, Inc..

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: _____ BRC Item #: _____

4. This item will be charged to Fund/Dept/Program/Project: _____.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	\$13,055.39		
Capital			
Total	<u>\$13,055.39</u>	<u></u>	<u></u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Designated Support of Seniors funding to Seniors First, Inc. for the fiscal year ending September 30, 2018. This funding is not renewable or re-occurring. Funding for subsequent years will be evaluated at each new budget cycle.

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 _____ 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. The City has determined that there is a public need for such services/programs in order to promote the general health, welfare and/or safety of the community and, to that end, the City has appropriated funds to Seniors First for such purposes.

13. APPROVED: Marcia Hope Goodwin, Director, Office of Community Affairs & Human Relations (Submitting Director or authorized Division Mgr **Only**)

