

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: HOME funds Agreement between the City of Orlando and LIFT Orlando, Inc. to develop 120 affordable senior housing residences.

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? Project will be funded using PY16 (FY16/17) and PY17 (FY17/18) HUD HOME Partnership grant funding. Approved by City Council, 25 July 2016 and 24 July 2017, respectively. 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: HSG0181 G \$323,451.39, HSG0195 G \$726,548.61.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating			
Capital	<u>\$1,050,000</u>	_____	_____
Total	<u>\$1,050,000</u>	=====	=====

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Funds expire 2021

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. HOME funds are being provided to fill the funding gap of \$1,050,000. The funding agreement between the City and LIFT Orlando provides the terms of this award of federal grant dollars and requires LIFT to designate seven one-bedroom units as HOME assisted units with a 20 year affordability period. The tenants of the HOME assisted units will be required to have incomes at or below 50% AMI.

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