

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 annualized costs. Include all related costs necessary to place the asset in service.

Description: The DCRBIP Grant Review Committee recommends that 14 E Washington LLC receives up to \$25,000 funding for façade improvements to the building located at14 East Washington Street, Orlando, Florida 32801. Final review of request to be conducted by CRA.

Expenses

Will the action be funded from the Department's current year budget? \boxtimes Yes \square No

If No, please identify how this action will be funded, including any proposed Budget Resolution Committee (BRC) action(s). (enter text here)

	Current Fiscal Year Cost Estimate	Estimated Annualized Cost Thereafter	
Personnel	\$ <u>0</u>	\$ <u>0</u>	
Operating/Capital	\$25,000	\$ <u>0</u>	
Total Amount	\$25,000	\$ <u>0</u>	

Comments (optional): (enter text here)

Revenues

What is the source of any revenue and the estimated amount? (enter text here) Amount \$0

Is this recurring revenue? \Box Yes \Box No

Comments (optional): (enter text here)

Funding

Expenses/Revenues will be recorded to:

	Source #1	Source #2	Source #3
Fund	1250	(enter text here)	(enter text here)
Department /Division	EDV/CRA	(enter text here)	(enter text here)
Cost Center/Project/Grant	<u>CRA0015 P</u>	(enter text here)	(enter text here)
Total Amount	\$25,000	\$ <u>0</u>	\$ <u>0</u>