

## **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:** Downtown Orlando CRA and Orlando Main Street Parklet Program

### **Expenses**

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

If No, please identify how this action will be funded, including any proposed Budget Resolution Committee (BRC) action(s). N/A- There is no Fiscal Impact

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

Comments (optional): N/A

# **Revenues**

What is the source of any revenue and the estimated amount? N/A Amount \$0

Is this recurring revenue? ☐ Yes ☒ No

Comments (optional): N/A

#### **Funding**

Expenses/Revenues will be recorded to:

	Source #1	Source #2	Source #3
Fund	N/A	(enter text here)	(enter text here)
Department /Division	N/A	(enter text here)	(enter text here)
Cost Center/Project/Grant	N/A	(enter text here)	(enter text here)
Total Amount	N/A	\$ <u>0</u>	\$ <u>0</u>