**Fiscal Impact Statement**

*Updated 1/29/2020 to satisfy City Code §219.07*

|  |  |
| --- | --- |
| ***Department*** | Law  |
| ***Preparer*** | Ben Smith |
| ***Standing Committee Representative*** | Scott Levit (LANGAN) 724-514-5128  |
| ***Type of Legislation*** | Other |

**Description of Legislation**

Carnegie Mellon University (CMU) has proposed the development of a certain parcel of land the CMU Health Wellness & Athletics Center, southeast of the intersection of Tech Street and Margaret Morrison Street, Pittsburgh, PA 15213, Allegheny County, on parcel 53-R-50 in the Fourteenth Ward of the City of Pittsburgh and described in the attached Sewage Facilities Planning Module (the "Planning Module") for land development and proposes that project be served by use of existing connections to the City of Pittsburgh sewage systems; and

The City of Pittsburgh must adopt as a Plan Revision to the City of Pittsburgh’s Official Sewage Facilities Plan the Planning Module for land development.

|  |  |
| --- | --- |
| ***Total Cost*** | $ 0 |
| ***Frequency of Expenditure*** | [ ]  One-Time | [ ]  Multi-Year |
| ***Funding Source*** | [ ]  Operating | [ ]  Capital | [ ]  Grant | [ ]  Trust Fund |
| ***Is this item budgeted?*** | [ ]  Yes | [ ]  No |

**JDE Account Information**

N/A

**Additional Operational Costs**

N/A

**Impact on City Revenue**

N/A

**If the resolution authorizes a professional services contract, complete this page:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Method of Procurement****Select one.* | [ ]  RFP | [ ]  Signed Waiver from OMB | [ ]  Amendment to Existing Contract*Do not fill out the rest of the form.* |

**Name of Vendor and Award Justification**

List the name of the awarded vendor and its qualifications.

**Other Respondents**

List the other respondents. If there were none, clearly state that.

**Selection Criteria**

Describe the selection or scoring criteria.

**Selection Committee Representation**

List the department(s) or bureau(s) represented on the committee. Do not list individual names.

**Waiver Justification**

If a waiver was granted, explain the justification.

**EORC Synopsis**

Insert synopsis that was presented.

|  |  |  |
| --- | --- | --- |
| ***Date Presented at EORC:*** Insert date. | [ ]  Approved | [ ]  Not Approved |

*Per §219.07 of the City Code, you* ***must*** *include an electronic copy of the solicitation or your signed waiver with your submission to the Office of Management and Budget.*

**Attachments**

* *Please attach any additional documents and/or exhibits.*