**Fiscal Impact Statement**

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

|  |  |
| --- | --- |
| ***Department*** | Human Resources and Civil Service |
| ***Preparer*** | Richard Butler |
| ***Standing Committee Representative*** | Director Janet K. Manuel |
| ***Type of Legislation*** | Choose an item, if applicable |

**Description of Legislation**

This legislation is to extend the IH21 Contract for an additional Three (3) Years. The services that Integrated Health 21 will provide includes the administration and management of an employee wellness portal. This platform will include a fully functional portal with three platforms, an incentive management system, administrative panel, and a administrative panel for real time wellness challenges.

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| --- | --- | --- | --- | --- |
| ***Total Cost*** | $967,980.00 | | | |
| ***Frequency of Expenditure*** | One-Time | | Multi-Year | |
| ***Funding Source*** | Operating | Capital | Grant | Trust Fund |
| ***Is this item budgeted?*** | Yes | | No | |

**JDE Account Information**

2018: $162,580.00 from 11101.109000.52.52101.2018  
  
2019: $161,080.00 from 11101.109000.52.52101.2019  
  
2020: $161,080.00 from 11101.109000.52.52101.2020  
  
2022: $161,080.00 from 11101.109000.52.52101.2022  
  
2023: $161,080.00 from 11101.109000.52.52101.2023  
  
2024: $161,080.00 from 11101.109000.52.52101.2024

**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.*

**AOC/12.29.21**