**502**

**Fiscal Impact Statement**

|  |  |  |
| --- | --- | --- |
| ***Department*** | Department of Mobility and Infrastructure | |
| ***Preparer*** | Sophia Yarish/Amanda Burkhart | |
| ***Contact*** | Acting Director Kimberly Lucas | |
| ***Type of Initiative*** | Legislation | Executive Order |
| ***Type of Legislation*** | Other | |

**Description of Initiative**

The Department of Mobility and Infrastructure with a grant from the Pennsylvania Department of Transportation’s Automated Red Light Enforcement (ARLE) Funding Program for Signal Replacement at the intersection of Black Street and North Negley Avenue. There are no matching funds required for this grant.

Black Street is a ‘major collector’ which connects the Garfield and Highland Park neighborhoods to the Negley Avenue arterial. Two schools, two churches, and a playground are located within a short walk to the intersection. Port Authority bus routes 87 and 89 stop at the intersection with 154 daily riders using this location.

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| --- | --- | --- | --- | --- |
| ***Total Cost*** | $ 230,599.00 | | | |
| ***Frequency of Expenditure*** | One-Time | | Multi-Year | |
| ***Funding Source*** | Operating | Capital | Grant | Trust Fund |
| ***Is this item budgeted?*** | Yes | | No | |

**JDE Account Information**

**6029400377.50000.00**

**Additional Costs**

**N/A**

**Impact on City Revenue**

PennDOT ARLE Grant – 230,599.00

**Attachments**

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.*