**Fiscal Impact Statement**

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

|  |  |
| --- | --- |
| ***Department*** | Department of Public Safety, Bureau of Emergency Medical Services |
| ***Preparer*** | Charles Showers |
| ***Standing Committee Representative*** | Chief Ronald Romano (Ronald.romano@pittsburghpa.gov, 412.622.6932) |
| ***Type of Legislation*** | Other |

**Description of Legislation**

The City of Pittsburgh has been awarded funding from the Pennsylvania Emergency Management Agency’s COVID-19 Crisis Emergency Medical Services Grant. The grant aims to support EMS providers who saw a loss of revenue and increase in costs caused by the COVID-19 pandemic. A project or projects that will utilize the funding remains under consideration and is yet to be finalized.

|  |  |
| --- | --- |
| ***Total Cost*** | $ 37,237.00 |
| ***Frequency of Expenditure*** | [x]  One-Time | [ ]  Multi-Year |
| ***Funding Source*** | [ ]  Operating | [ ]  Capital | [x]  Grant | [ ]  Trust Fund |
| ***Is this item budgeted?*** | [ ]  Yes | [x]  No |

**EMS COVID-19 Crisis Recovery**

PEMA Grant = 37,237.00

**JDE Account Information**

Deposits to be made to account 2229400389.45505.00.

Withdrawals to be made from the appropriate object account within 2229400389.

**Additional Operational Costs**

To be determined based on final project(s) that will utilize this funding.

**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.*