**Fiscal Impact Statement**

*Updated 05/05/2022 to satisfy City Code §219.07*

|  |  |
| --- | --- |
| ***Department*** | Human Resources and Civil Service |
| ***Preparer*** | Jamie Warnock |
| ***Standing Committee Representative*** | Jamie Warnock and Janet Manuel: 412-255-2717; jamie.warnock@pittsburghpa.gov; janet.mauel@pittsburghpa.gov |
| ***Type of Legislation*** | Contract Authorization |

**Description of Legislation**

Amend to extend the existing contract between the City of Pittsburgh and ConnectYourCare, LLC for one additional year.

This resolution will amend Resolution 828 of 2019 which authorized the professional service contract between the City of Pittsburgh and ConnectYourCare, LLC for services relating to the administration of the City of Pittsburgh’s Flexible Spending Account program**.**The result of extending this contract will provide a cost savings to the City and will result in no interruptions of service. Sum not to exceed **Thirty Thousand Eight Hundred Dollars ($30,800.00).**

|  |  |
| --- | --- |
| ***Total Cost*** | $ 30,800.00 |
| ***Frequency of Expenditure*** | [x]  One-Time | [x]  Multi-Year |
| ***Funding Source*** | [x]  Operating | [ ]  Capital | [ ]  Grant | [ ]  Trust Fund |
| ***Is this item budgeted?*** | [x]  Yes | [ ]  No |

**JDE Account Information**

**Existing Lines**

2020: $7,700.00 from 11101.109000.52.52111.2020, Item Number 22222-2
2021: $7,700.00 from 11101.109000.52.52111.2021, Item Number 22222-2
2022: $7,700.00 from 11101.109000.52.52111.2022, Item Number 22222-2

**New Line**

**2023: $7,700.00 from 11101.109000.52.52111.2023, Item Number 22222-2**

**Additional Operational Costs**

n/a

**Impact on City Revenue**

Describe what short- and long-term impacts the initiative will have on the City’s revenues.

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***Method of Procurement****Select one.* | [ ]  RFP | [x]  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.*