**Fiscal Impact Statement**

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

|  |  |
| --- | --- |
| ***Department*** | Public Safety/Fire Bureau |
| ***Preparer*** | Maxine Anthony |
| ***Standing Committee Representative*** | Darryl Jones, Fire Chief |
| ***Type of Legislation*** | Other |

**Description of Legislation**

Resolution providing for the acceptance of the Assistance to Firefighters (AFG) Grant Program award of $280,000.00 with a 10% City required match of no less than $28,000.00.

|  |  |
| --- | --- |
| ***Total Cost*** | $28,000.00 |
| ***Frequency of Expenditure*** | [x]  One-Time | [ ]  Multi-Year |
| ***Funding Source*** | [x]  Operating | [ ]  Capital | [x]  Grant | [ ]  Trust Fund |
| ***Is this item budgeted?*** | [ ]  Yes | [x]  No |

**JDE Account Information**

2529400405.50000.00

**Additional Operational Costs**

$28,000.00

**Impact on City Revenue**

Grant receipt replaces attack packages with the City share (=) $28,000.00.

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

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

**Name of Vendor and Award Justification**

Currently out for Bid via City OMB-Procurement

**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**

No waiver requested.

**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.*