**Fiscal Impact Statement**

*Updated 11/17/2022 to satisfy City Code §219.07*

|  |  |
| --- | --- |
| ***Department*** | Department of Human Resources and Civil Service |
| ***Preparer*** | Tina Rauso |
| ***Standing Committee Representative*** | Mary Griffin and Jamie Warnock |
| ***Type of Legislation*** | Contract Authorization |

**Description of Legislation**

Extending the Ceridian contract for 2 years, and combining the Payroll and Benefits Module into one account. Ceridian covers the creating of reports and the administration of employee benefits to include medical, dental, vision, STD/LTD, Life Insurance, FSA and ACA, to remain in compliance with state and federal law, accommodate union agreements, etc. Cost not to exceed $3,137,107 through 2025, and increase of $1,001,000.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Total Cost*** | $ 3,137,107.00 (+$1,001,000) | | | |
| ***Frequency of Expenditure*** | One-Time | | Multi-Year | |
| ***Funding Source*** | Operating | Capital | Grant | Trust Fund |
| ***Is this item budgeted?*** | Yes | | No | |

**JDE Account Information**

**Existing Lines**

2019 11101.103000.53.53525.2019 $500,000.00  
2020 11101.103000.53.53525.2020 $305,000.00  
2021 11101.103000.53.53525.2021 $305,000.00  
2021 11101.109000.53.53525.2021 $ 37,880.00   
2022 11101.109000.53.53525.2022 $352,000.00  
2023 11101.109000.53.53525.2023 $305,000.00

~~2023 11101.109000.53.53525.2023 $126,000.00~~

1030287500.53509.00 $ 79,227.00   
2022 11101.109000.53.53509.2022 $126,000.00

**New Lines**

2023 11101.109000.53.53525.2023 + $160,000.00  
2024 11191.109000.53.53525.2024 +$477,000.00  
2025 11191.109000.53.53525.2025 +$490,000.00

**Additional Operational Costs**

List any additional operating costs, including grant matches. For example, if a project will require additional staff time or resources for implementation, please describe.

**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 | 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.*