**701**

**Fiscal Impact Statement**

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

|  |  |
| --- | --- |
| ***Department*** | Department of Parks and Recreation |
| ***Preparer*** | Louann Horan |
| ***Standing Committee Representative*** | Attending Standing Committee: Ross Chapman, Director Director/Parks and Recreation 255-2372 Director Ross Chapman |
| ***Type of Legislation*** | Other |

**Description of Legislation**

Resolution authorizing the Mayor and Department of Parks and Recreation to enter on behalf of the City of Pittsburgh into an agreement or agreements with Allegheny County, Department of Human Services, for the City’s operation of its Senior Community Centers. Said agreement or agreement shall be for a term of one year at no cost to the City with compensation to the City not to exceed SEVEN HUNDRED EIGHTY THREE THOUSAND and FOUR HUNDRED FIFTY DOLLARS and NO CENTS ($783,450.00).  
  
This is the yearly legislation to accept the funds via a contract with the Allegheny County, Department of Humans Services for the Senior Centers. Their budget operates on a fiscal year from July-June. These funds cover approximately half of the actual operations. We receive and count on the additional funds from the Yearly Community Development Block Grant Funds as well to cover the other half.

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| --- | --- | --- | --- | --- |
| ***Total Cost*** | $ 783,450.00 | | | |
| ***Frequency of Expenditure*** | One-Time | | Multi-Year | |
| ***Funding Source*** | Operating | Capital | Grant | Trust Fund |
| ***Is this item budgeted?*** | Yes | | No | |

**JDE Account Information**

5000285000.45115.00

**Additional Operational Costs**

N/A

**Impact on City Revenue**

Allegheny County, Department of Human Services will provide the Senior Community Centers a Budget of $783,450.00 through an Agreement for the fiscal year of 2020-2021 to operate the 13 Centers which will be deposited into the Senior Trust Fund via a quarterly reimbursement requested by the Department of Parks and Recreation. Funding will only be used for the purpose of operating the Centers.

**Professional Service Contract Authorization:**

|  |  |  |
| --- | --- | --- |
| ***Method of Procurement*** | RFP | Signed Waiver |

**Name and Qualifications of the Vendor**

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 |

**Attachments**

*As per §219.07 of the City Code, you* ***must*** *include an electronic copy of the solicitation with your submission. Please attach any additional documents and/or exhibits.*