**402**

**Fiscal Impact Statement**

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

|  |  |
| --- | --- |
| ***Department*** | Department of City Planning |
| ***Preparer*** | Sarah Quinn |
| ***Standing Committee Representative*** | Sarah Quinn |
| ***Type of Legislation*** | Other |

**Description of Legislation**

Providing for the designation as a Historic Site under Title 11 of the Code of Ordinances the certain site known as The Shrine of the Blessed Mother located off Wakefield Street (29-B-215, 29-B-216, 29-C-23, 29-C-21, 29-C-20, 29-C-19, 29-C-18, 29-C-17, 29-C-16, 29-C-15) in South Oakland, in the 4th Ward, City of Pittsburgh

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

**JDE Account Information**

N/A

**Additional Operational Costs**

N/A

**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.*