**309**

**Fiscal Impact Statement**

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

|  |  |
| --- | --- |
| ***Department*** | Mobility and Infrastructure |
| ***Preparer*** | Jen Massacci |
| ***Standing Committee Representative*** | Director, Karina Ricks |
| ***Type of Legislation*** | Other |

**Description of Legislation**

Resolution granting unto QUALITY MANAGED SERVICES LLC, their successors and assigns, the privilege and license to construct, maintain and use at their own cost and expense, an existing set of entry steps, at 5416 Butler Street, in the 10th Ward, 7th Council District of the City of Pittsburgh, Pennsylvania.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Total Cost*** | $ 0 | | | |
| ***Frequency of Expenditure*** | One-Time | | Multi-Year | |
| ***Funding Source*** | Operating | Capital | Grant | Trust Fund |
| ***Is this item budgeted?*** | Yes | | No | |

**JDE Account Information**

Include dollar amounts and funding sources for all relevant years. Note that operating expenditures in out years are subject to future City Council appropriation.  
  
Please use one of the following formats:  
 Operating: 11101 **.** Cost Center **.** Subclass **.** Object Account **.** Year  
 Capital/Trust Fund/Grant: 10-Digit Job Number **.** Object Account **.** 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.*