**Fiscal Impact Statement**

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| --- | --- |
| ***Department*** | Department of Public Works |
| ***Preparer*** | Chris Hornstein, Acting Director |
| ***Contact*** | Chris Hornstein, Acting Director |
| ***Type of Initiative*** | [x]  Legislation | [ ]  Executive Order |
| ***Type of Legislation*** | Other |

**Description of Initiative**

The City of Pittsburgh is submitted an application for grant funding from the PA Department of Community and Economic Development (DCED)’s Keystone Communities Grant Program, to provide funding for the construction of a community center in the Robert E. Williams Park located in the Hill District.

The community center currently located in the Robert E Williams Memorial Park is in dire need of replacement. The funds from this grant would replace the existing structure. The surrounding community has requested this replacement as it is a well-utilized City facility.

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| --- | --- |
| ***Total Cost*** | $125,000.00 |
| ***Frequency of Expenditure*** | [x]  One-Time | [ ]  Multi-Year |
| ***Funding Source*** | [ ]  Operating | [x]  Capital | [x]  Grant | [ ]  Trust Fund |
| ***Is this item budgeted?*** | [x]  Yes | [ ]  No |

**Community Center in Robert E Williams Park**

DCED Keystones Communities Grant = $125,000.00

**JDE Account Information**: 4029400373.45505.00

**Additional Costs**: N/A

**Impact on City Revenue**: N/A

**Attachments**: 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.*