Agenda Date:

|  |
| --- |
| June 14, 2023 |

Department:

|  |
| --- |
| MGT  |

Agenda File Number:

|  |
| --- |
| 23-1196 |

Cost Consideration Type: [ ]  No Cost Consideration [ ]  Cost Consideration

 [ ]  Cost Consideration to Others [ ]  Future Cost Consideration

 [x]  Grant [ ]  Revenue [ ]  Revenue Foregone

Justification to Support Immediate Consideration (additional detail required on Page 2):

[x]  COVID-19 Related [ ]  Mission Critical [ ]  Immediate Health or Safety Concern [x]  High Community Impact [x]  No current or future cost to the City [ ]  Cash is already on deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds budgeted for this expenditure (check all that apply) [ ]  Operating [ ]  Capital [x]  Grant

Appropriations Needed (check all that apply): [ ]  Operating [ ]  Capital [x]  Grant

General Fund Contingency? [ ]  Yes [ ]  No [x]  N/A

Funding Summary (insert rows if necessary; insert a new table for each funding category)

|  |
| --- |
| Grant |
|  |  |  |  |  | FY2023 | FY |
| Fund  | Dept | Unit | Project  | Object /RSRC | This Item(Current Year) | Future Year  |
| FC19 | MGT | 918G | ERA 2  | 3099 | $2,391,688.48 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | Total | $2,391,688.48 |  |

|  |  |
| --- | --- |
| What is the contract ID number or requisition number? OCC-2022-00019914. |  |

**Justification**

If a Justification to Support Immediate Consideration was selected, provide additional detail below.

|  |
| --- |
| This item authorizes acceptance of additional funding made available by the U.S. Department of the Treasury for the purpose of administering rental and utility assistance programs through 2025 through the American Recovery Plan Act Emergency Rental Assistance 2 Program. |

If no Justification to Support Immediate Consideration was selected, please justify the agenda item considering the COVID-19 pandemic.

|  |
| --- |
|  |

Describe the impact, if the agenda item were delayed or cancelled.

|  |
| --- |
| Delay of agenda or cancellation could negatively impact those hit hardest by the pandemic and needing assistance to prevent homelessness.  |

**Position Detail**

Position(s) Authorized? [ ]  Yes [ ]  No [x]  N/A

Position Summary (Insert rows if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Add FY | Add FY | Future Years |
| Job Title (Position Adjustment Form required) | Salary/Benefits | Year 1 | Year 2  |  |
|  |  | 0 | 0 |  |
|  |  |  |  |  |

­

**Capital Project Detail**

Capital Summary (Insert rows if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Fund Name or Fund Category | Add FY | Add FY | Future Years |
|  |  | Year 1 | Year 2  |  |
|  |  |  |  |  |

**Operating and Maintenance Detail**

Impact on Operating and Maintenance? [ ]  Yes [x]  No [ ]  N/A

Future Operating and Maintenance Impact (Insert rows if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Impact | Add FY | Add FY | Future Years |
|  | Year 1 | Year 2  |  |
|  |  |  |  |
|  |  |  |  |

**Other Detail**

Other Summary (Insert rows if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Description (Use this section to describe fiscal impacts not listed above) | Add FY | Add FY | Future Years |
|  | Year 1 | Year 2  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Form Completed By:

|  |  |
| --- | --- |
| Name | Phone Number |
| Holly R. Holt-Torres | 214-671-5478 |

**Revision Date: May 14, 2020**