

FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. DESCRIPTION: Approval to negotiate and execute a contract and subsequent renewals with the top ranked firm of the Health Care and Benefits Consultant Request for Proposals (RFP18-0197), RobinsonBush, Inc.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
☐ Yes ☒ No (if Yes, include all personnel costs below).

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources:
☒ Yes ☐ No If No, how will this item be funded? _____. PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

Did this item require BRC action? ☐ Yes ☒ No If Yes, BRC Date: _____ BRC Item #: _____

4. This item will be charged to Fund/Dept/Program/Project: Health Care Consulting charged to Health Care Fund 5010 F, Cost Center HRD0006 C (approximately 80% of costs). Consulting related to all other benefits charged to General Fund 0001 F, Cost Center HRD0002 C Human Resources Nondepartmental (approximately 20% of costs).

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	\$39,500	\$94,800	\$94,800
Capital			
Total	<u>\$39,500</u>	<u>\$94,800</u>	<u>\$94,800</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: The new contract at the proposed rates will be effective May 12, 2018. RobinsonBush will guarantee the proposed rates for the first three (3) years of the contract, until May 11, 2021.

7. OTHER COSTS

(a). Are there any future costs, one-time payments, lump sum payments, or other costs payable for this item at a later date that are **not** reflected above: ☐ Yes ☒ No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ N/A Payment due date _____

(c) What is the nature of these costs: N/A

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ N/A. Tax roll increase is:
☐ real property, ☐ tangible personal property, ☐ other (identify _____).

9. What is source of the revenue and the estimated annual recurring revenue? Source: N/A \$ N/A

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?
Source N/A Fiscal year N/A \$ N/A non-recurring revenue

11. What is the Payback period? N/A years

12. JUSTIFICATION: Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget. Consultant will assist with benefit solicitation, contract negotiation, and provide ongoing consulting related to the City's self-funded health plan and other group insurance plans (Life, AD&D, STD, LTD, dental, Flexible Spending Accounts), assist in the development and evaluation of wellness initiatives, and provide other services as needed.

13. APPROVED: Ana Palenzuela (Submitting Director or authorized Division Mgr **Only**)