

## 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 Occupational Medical Services Request for Proposals (RFP18-0244), Adventist Health System/Sunbelt, Inc. dba Florida Hospital Centra Care for a contract effective 9/28/2018.

### 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: The majority of expenses (95%) are currently charged to 5015 F/EXO/HRD0002 P. Beginning FY2018/19, these expenses will be charged to 0001 F/EXO/HRD0002 C Human Resources Nondepartmental. Approximately 3% of expenses attributed to First Report of Injury services are charged to 5015 F/OBFS/RMD0002 C. The remaining 2% of expenses are paid out of the Police and Fire pension funds (6510 F/PEN0014 and 6501 F/PEN0005 C, respectively) for Independent Medical Evaluations.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$	\$	\$
Operating	\$3,200(9/28/18 - 9/30/18)	\$591,082	\$591,082
Capital			
<b>Total</b>	<b>\$3,200 (9/28/18 - 9/30/18)</b>	<b>\$591,082</b>	<b>\$591,082</b>

**6.** If costs do not continue indefinitely, explain nature and expiration date of costs: Rates are guaranteed for the first three (3) years of the contract: 9/28/18 through 9/27/21.

### 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. The Occupational Medical Services contract provides work-related health care needs such as required physicals for certain job classifications, post-offer employment physicals, treatment for work-related injuries or illnesses, drug and alcohol testing, fitness-for-duty examinations, infection control, etc. Proposed rates are expected to result in \$17,000 lower annual expenses compared to current rates.

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

FIS 3/14/08