



City of Dallas

Council Action Fiscal Impact Form

A fiscal impact form is required for each item scheduled for City Council action regardless of the subject.

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
- Grant
- Revenue
- Revenue Foregone

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

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

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

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

General Fund Contingency? Yes No N/A

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

Grant						
Fund	Dept	Unit	Project	Object /RSRC	FY 2023 This Item (Current Year)	FY 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.	
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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.

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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.



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Position Detail

Position(s) Authorized? Yes No 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 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