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# FINANCIAL IMPACT STATEMENT For Council Action Items

(I	Deliver original	to Financia	al Planning I	Division. Retain	copy.)	
1. Name of Initiator			2. Telephone No.		3. Bureau/Office/Dept.	
Kellie Torres Walker			823-5589		Parks & Recreation	
4a. To be filed (date) June 23, 2010	4b. Cale Regular Γ	endar (Check Consent 王	t One) 4/5ths Γ	5. Date Submitted to FPD Budget Analyst: June 17, 2010		

### 1) Legislation Title:

\*Approve Agreement for Reimbursement for Senior Recreation Services by Inclusion, Inc. Brokerage Services (Ordinance)

#### 2) Purpose of the Proposed Legislation:

Federal Medicaid funding is provided to and administered by Inclusion, Inc. Brokerage Services, who serves as the fiscal agent on behalf of developmentally disabled individuals who contract with various agencies to receive a variety of services. Portland Parks & Recreation is able to provide a variety of integrative recreation services designed to assist these clients and enhance their health and sense of well being. Since the funding is managed and administered by Inclusion, Inc. and not the developmentally disabled individuals directly, the City of Portland must contract with Inclusion, Inc. in order to receive payment for any services rendered to these clients.

#### 3) Revenue:

Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source.

No financial impact. Reimbursement for services rendered.

#### 4) Expense:

What are the costs to the City as a result of this legislation? What is the source of funding for the expense? (Please include costs in the current fiscal year as well as costs in future years) (If the action is related to a grant or contract please include the local contribution or match required)

No costs. Source of funding is Inclusion, Inc. Brokerage Services, who serves as the fiscal agent on behalf of developmentally disabled individuals who contract with various agencies to receive a variety of recreational services.

#### **Staffing Requirements:**

**5)** Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? (If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.)

No.

## 6) Will positions be created or eliminated in *future years* as a result of this legislation?

No.

#### Complete the following section only if an amendment to the budget is proposed.

7) Change in Appropriations (If the accompanying ordinance amends the budget please reflect the dollar amount to be appropriated by this legislation. Include the appropriate center codes and accounts that are to be loaded by accounting. Indicate "new" in Center Code column if new center needs to be created. Use additional space if needed.)

Fund	Center Code	Account	Amount	Project Fund	Project No.
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APPROPRIATION UNIT HEAD