

Portland, Oregon

FINANCIAL IMPACT and PUBLIC INVOLVEMENT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.)

1. Name of Initiator Ann Richter	2. Telephone No. 503-823-6135	3. Bureau/Office/Dept. Water Bureau / Public Safety
4a. To be filed (date): November 8, 2012	4b. Calendar (Check One) <div style="display: flex; justify-content: space-around;"> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> 4/5ths <input type="checkbox"/> </div>	5. Date Submitted to Commissioner's office and FPD Budget Analyst: November 8, 2012
6a. Financial Impact Section: <input checked="" type="checkbox"/> Financial impact section completed		6b. Public Involvement Section: <input checked="" type="checkbox"/> Public involvement section completed

1) Legislation Title:

Authorize a contract with Tetra Tech, Inc. for Laboratory Services for Cryptosporidium and Giardia Water Analysis (Ordinance)

2) Purpose of the Proposed Legislation: The purpose is to authorize a contract with Tetra Tech, Inc. to provide laboratory services to analyze water samples for Cryptosporidium and Giardia.

On March 14, 2012, the Oregon Health Authority (OHA) issued its Final Order granting Portland Water Bureau's (PWB) request for a variance to the treatment requirements of the Long Term 2 Enhanced Surface Water Treatment Rule under 42 USC § 300g-4(a)(1)(B). The Bull Run Treatment Variance is subject to tributary and intake water monitoring conditions specified by OHA in the Final Order, IV(1)(a)(D) and IV(1)(b). In order to comply with these conditions, the City must retain the services of an Environmental Protection Agency (EPA) approved laboratory to test intake and tributary water samples for the presence of Cryptosporidium oocysts. Tetra Tech, Inc., an EPA approved laboratory for the analysis of Cryptosporidium selected through a formal competitive request for proposals process, will provide the required laboratory services.

3) Which area(s) of the city are affected by this Council item? (Check all that apply—areas are based on formal neighborhood coalition boundaries)?

- | | | | |
|--|------------------------------------|------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> City-wide/Regional | <input type="checkbox"/> Northeast | <input type="checkbox"/> Northwest | <input type="checkbox"/> North |
| <input type="checkbox"/> Central Northeast | <input type="checkbox"/> Southeast | <input type="checkbox"/> Southwest | <input type="checkbox"/> East |
| <input type="checkbox"/> Central City | | | |
| <input type="checkbox"/> Internal City Government Services | | | |

FINANCIAL IMPACT

4) Revenue: Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If so, please identify the source.

No.

5) Expense: What are the costs to the City related to 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. If there is a project estimate, please identify the level of confidence.)*

The not-to-exceed value of this contract is \$400,000. Funding for the project is available in the FY 2012-13 Budget, and will be requested in FY 2013-14 through FY 2016-17 Budgets.

6) Staffing Requirements:

- **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.
- **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 cost elements that are to be loaded by accounting. Indicate "new" in Fund Center column if new center needs to be created. Use additional space if needed.)*

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Sponsored Program	Amount

[Proceed to Public Involvement Section — REQUIRED as of July 1, 2011]

PUBLIC INVOLVEMENT

8) Was public involvement included in the development of this Council item (e.g. ordinance, resolution, or report)? Please check the appropriate box below:

☐ **YES:** Please proceed to Question #9.

☒ **NO:** Please, explain why below; and proceed to Question #10.

This Council item is intended to meet State regulatory requirements for maintaining a Bull Run Treatment Variance as specified by the OHA in the Final Order (March 14, 2012) to the PWB's request for a variance to the treatment requirements of the Long-Term 2 Enhanced Surface Water Treatment Rule.

9) If "YES," please answer the following questions:

a) What impacts are anticipated in the community from this proposed Council item?

b) Which community and business groups, under-represented groups, organizations, external government entities, and other interested parties were involved in this effort, and when and how were they involved?

c) How did public involvement shape the outcome of this Council item?

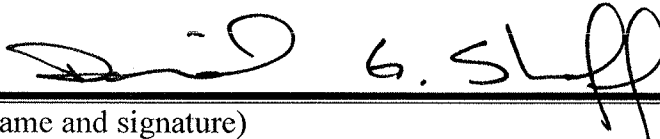
d) Who designed and implemented the public involvement related to this Council item?

e) Primary contact for more information on this public involvement process (name, title, phone, email):

10) Is any future public involvement anticipated or necessary for this Council item? Please describe why or why not.

No. For the duration of the Bull Run Treatment Variance, PWB will be subject to the conditions specified by OHA in the Final Order.

David G. Shaff, Administrator



BUREAU DIRECTOR (Typed name and signature)