## Portland, Oregon

## FINANCIAL IMPACT and PUBLIC INVOLVEMENT STATEMENT For Council Action Items

	(Deliver	original t	o City B	udget Office	. Retain c	opy.)		
	1. Name of Initiator: Cathy Bless	1		ephone No.		3. Bureau/Office/D		
			50382	35207		Human Resou	rces	
	4a. To be filed (hearing date):	4b.	Calenda	ar (Check One) onsent 4/5ths		5. Date Submitted to Commissioner's office and CBO Budget		
	10/4/12	Reg	gular C					
	12/4/13		Ź			Analyst: 11		
						-		
	6a. Financial Impact Section:	6b. Public Involvement Section:						***************************************
	Financial impact section comp	leted		□ Public involvement section completed				l
2) Pu	gement program, Healthy Four rpose of the Proposed Legis hich area(s) of the city are at	lation:	To int		•	(Check all t	that any	nlyaracc
	ased on formal neighborhoo					(CHCCK all )	шас арј	pry—ar cas
arto	☐ City-wide/Regional		lorthea		,	orthwest	г	North
	☐ Central Northeast ☐ Central City		outhea			outhwest		East
<b>4</b> ) <b>D</b> •	WY/III (II. '- I - '- I - 4'			L IMPA		6 4		•
	<u>venue</u> : Will this legislation gity? If so, by how much? If						enue co	ming to

5) <u>Expense</u>: What are the costs to the City as a result of this legislation? What is the source of funding for the expense?

This program is funded through the Health Fund. It is expected the cost of the program will be offset by future savings within the rate calculation. The cost is not currently recognized through the administrative fee, but is paid for through a retention refund from Moda Health.

## 6) Staffing Requirements:

- Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? No
- Will positions be created or eliminated in *future years* as a result of this legislation?

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

7) <u>Change in Appropriations</u> (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
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[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.  Internal program administration
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, this program is internal to the City.
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Anna Kanwit, Director, Bureau of Human Resources