|  |
| --- |
| **Date of Implementation/Adoption:**   (Must have been fully implemented for a minimum of at least one year - by July 1, 2024) **Project Status**:       Ongoing       One-time only When did the project end?       **Has your Department previously** **submitted this project?**       Yes       No |
| **Executive Summary:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made. 123456789101112131415  |
| Benefits to the County |
| (1)Actual/Estimated **ANNUAL** Cost Avoidance**$**  | (2)Actual/Estimated **ANNUAL** Cost Savings**$** | (3)Actual/Estimated ANNUAL Revenue**$**  | (1) + (2) + (3) =Total ANNUAL Actual/Estimated Benefit**$**  | Service EnhancementProject [ ]  |
| **Annual = 12 months only** |
| **Submitting Department Name and Complete Address**      | **Telephone Number**      |
| **Program Manager’s Name**      **Email**       | **Telephone Number**      |
| **Productivity Manager’s Name and Signature****(Please call (213) 893-0322 if you do not know your Productivity Manager’s name)**      | **Date**       | **Telephone Number**     **Email**      |
| **Department Head’s Name and Signature**      | **Date**       | **Telephone Number**      |
| **\*\*ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE\*\*** |

**I. FACT SHEET – LIMITED UP TO 3 PAGES ONLY.** Describe the **challenge(s), solution(s), and benefit(s)** of the project **to the County**. What extraordinary quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success **and specify project time frame**. *Use Arial 12-point font and do not adjust the margins.*

**II. LINKAGE TO THE COUNTY STRATEGIC PLAN – 1 PAGE ONLY.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font and do not adjust the margins.

**III. COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation or other substantiation as defined by documented cost avoidance, cost savings, and/or revenue on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include and substantiate the County government cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font. If necessary, you can use an additional page.

**Cost Avoidance**: Documented costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County government or to other entities.

**Cost Savings**: A reduction or lessening of documented expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County government or by other entities.

**Revenue**: Increases in existing revenue streams or new revenue sources to the County government as a result of program outcomes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1)Actual/Estimated **ANNUAL** Cost Avoidance**$**  | (2)Actual/Estimated **ANNUAL** Cost Savings**$** | (3)Actual/Estimated ANNUAL Revenue**$**  | (1) + (2) + (3)Total ANNUAL Actual/Estimated Benefit**$**  | Service EnhancementProject [ ]  |

**ANNUAL= 12 MONTHS ONLY**

**FOR COLLABORATING DEPARTMENTS ONLY**

*(For single department submissions, do not include this page)*

|  |
| --- |
| Department No. 2 Name and Complete Address      |
| **Productivity Manager’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Head’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Department No. 3 Name and Complete Address      |
| **Productivity Manager’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Head’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Department No. 4 Name and Complete Address      |
| **Productivity Manager’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Head’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Department No. 5 Name and Complete Address      |
| **Productivity Manager’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Head’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Department No. 6 Name and Complete Address      |
| **Productivity Manager’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Head’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Department No. 7 Name and Complete Address      |
| **Productivity Manager’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Head’s Name and Signature****email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |