City of Toronto Response and Ongoing Management of Emergency City Business during the COVID-19 Pandemic

City Manager’s Presentation
Toronto City Council
April 30, 2020
Timeline of COVID-19 Emergency Declaration

- **March 11**: World Health Organizations declares COVID-19 pandemic
- **March 12**: Toronto's EOC opened at Level 1
- **March 17**: Province of Ontario declares an Emergency. Toronto’s EOC raised to Level 3
- **March 23**: Mayor declares State of Emergency for Toronto
- **April 14**: Province extends the Emergency for 28 days
A. COVID-19 Evolution in Toronto and Public Health Measures Taken

Dr. Eileen de Villa
COVID-19
An Update to Toronto City Council

Dr. Eileen de Villa
Medical Officer of Health
Toronto Public Health

April 30, 2020
1. What is COVID-19

2. COVID-19 Evolution in Toronto

3. Measures We are Taking to Flatten the Curve

4. Where We Are Now and Easing Public Health Measures

5. Toronto Office of Recovery and Rebuild
What is COVID-19

- In January 2020, a new coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified as the cause of an outbreak originating in Wuhan, China. The disease caused by this virus is named COVID-19
- Since January 2020, the new coronavirus has spread globally
- COVID-19 was first detected in Toronto on January 25, 2020 in a person who travelled from Wuhan, China
- The World Health Organization classified COVID-19 as a pandemic on March 11, 2020
- The spread of coronavirus quickly became a local, provincial, and national emergency due to the health, social and economic impacts
- As of April 29, there are currently 5,360 laboratory-confirmed cases of COVID-19 in Toronto
- Toronto Public Health’s role in supporting the City of Toronto, the Toronto Board of Health, institutions, and the public includes monitoring, preventing and controlling the spread of infectious disease in the City
Coronaviruses are generally spread through:
- Respiratory droplets from coughing, sneezing or talking
- Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands
- Close, prolonged personal contact such as living in the same household

Majority (over 80%) of reported cases are relatively mild; however, the risk of a severe outcome requiring health care support and hospital admission is significant for those individuals:
- Over 70 years old
- With a chronic medical condition
- Who have a weakened immune system
- Living in a setting such as a long-term care home
Cumulative Rates of COVID-19 per Million Population: Toronto Compared to Select Countries/Regions

Data sources are preliminary and subject to change:
- Toronto: Integrated Public Health Information System (IPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am
- Ontario: COVID_19 Canada Open Data Working Group https://github.com/islaberry/Covid19Canada, data as of April 29, 2020 @ 8:00 am
Cumulative Cases of COVID-19 by Episode Date, Toronto

Data sources are preliminary and subject to change:
Toronto: Integrated Public Health Information System (iPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am
Cumulative Number of COVID-19 Cases, Hospitalizations, Intensive Care Unit (ICU) Admissions, and Deaths, Toronto

Data sources are preliminary and subject to change:
Toronto: Integrated Public Health Information System (iPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am
Number of COVID-19 Cases Resulting in Hospitalization, ICU Admission, Intubation or Death (Cumulative), by Age Group

Community Cases:

Outbreak-Associated Cases:

Data sources are preliminary and subject to change:
Toronto: Integrated Public Health Information System (iPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am
# Summary of COVID-19 Cases in Toronto

As of April 29, 2020

### Cases in the Community
- **Cases:** 5,360
- **Recovered:** 3,153
- **City Incidence Rate:** 196
- **Fatal Cases:** 347
- **Ever Hospitalized:** 839
- **Ever in ICU:** 218

### Cases in Institutions
- **Recovered:** 2,245
- **Median Age at Time of Illness:** 51
- **Percent Female:** 52%
- **Percent Male:** 47%
- **Fatal Cases:** 88
- **Median Age of Deaths:** 79

### Notes
- *Includes confirmed and probable cases
- **Institutions include long term care homes, retirement homes, chronic care & hospitals
- Gender was unknown or other for some cases

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Toronto: Integrated Public Health Information System (IPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am
Measures Toronto Public Health is Taking to Flatten the Curve

Toronto Public Health response to COVID-19:

- Issuing a class Order under the Health Protection and Promotion Act to emphasize the significance of self-isolation for those diagnosed with COVID-19 or those at high-risk of COVID-19 infection

- Implementing intense case and contact tracing of COVID-19 cases, including launching a new system (CORES) to support more timely follow-up of cases

- Managing COVID-19 outbreaks in institutions, such as long-term care homes and shelters

- Putting a strong education and compliance campaign in place to enforce public health measures and implementing a hotline to answer COVID-19 inquiries from the public

These measures have been guided by the principles of establishing the greatest protections for the most vulnerable residents and maintaining critical, life-saving health care resources.
March 13
City announces that City-operated March Break camps are cancelled and all licensed child care centres, community/rec. centres, pools, fitness centres, arenas, libraries, museums and galleries are closed as of March 14.

March 16
Medical Officer of Health strongly recommends all bars, dine-in restaurants, nightclubs, and theatres close as of March 17. Food takeout and delivery options are encouraged.

March 23
Mayor Tory declares a State of Emergency in the City of Toronto.

March 24
Ontario Government orders the closure of non-essential businesses, in effect at 11:59 p.m.

March 25
City-owned park amenities are closed. Federal government announces Emergency Order under the Quarantine Act requiring anyone entering Canada to self-isolate for 14 days.

March 31
City-led events and programs are cancelled, and City permits for third-party events are cancelled through June 30.

April 1
Medical Officer of Health issues a class Order under the Health Protection and Promotion Act that residents infected with COVID-19 and their close contacts must stay home for 14 days. Anyone who is not ill or has not travelled is strongly encouraged to stay home except for essential reasons.

April 2
Mayor Tory signs emergency order regulating physical distancing in parks and public squares.

April 4
Ontario Government reduces the list of businesses classified as essential, in effect at 11:59 p.m.

April 15
Ontario Government publishes the COVID-19 Action Plan for Protecting Long-Term Care Homes.
Since the City’s emergency declaration on March 23, Toronto Public Health’s education and compliance efforts have dramatically increased to promote physical distancing and compliance with the City and Provincial Emergency Orders.

Enforcement has been a collaborative effort among Toronto Public Health, Municipal Licensing and Standards, and Toronto Police Services and has focused on:

- **Essential Businesses**
  - Ensuring businesses are operating in accordance with the terms of the provincial emergency Order, and implementing appropriate measures to decrease the spread of COVID-19

- **Non-Essential Businesses**
  - Ensure the closure of non-essential businesses

- **Individuals**
  - Ensuring COVID-19 cases self-isolate and their close contacts are in quarantine as directed by the Medical Officer of Health’s class Order
Where We Are Now

• Data suggests we have reached the peak period of the COVID-19 outbreak in our community; however, with emerging provincial direction on COVID-19 testing in congregate settings such as long-term care, retirement homes, and shelter settings we should expect to see more cases of COVID-19.

• To date, there is no available vaccine. While there have been approximately 5,000 laboratory-confirmed cases of COVID-19 in Toronto, it has yet to be determined whether the infection leads to the development of short-term or long-term immunity.

• The role of Toronto Public Health is to continue to decrease the spread and manage the outbreak of COVID-19 by:
  • Monitoring COVID-19 activity and emerging science
  • Identifying and isolating COVID-19 cases, and managing their close contacts
  • Supporting health care institutions and other congregate settings
  • Recommending public health measures

• We are working with the City to develop a strategy that would enable the gradual easing of public health measures.
In order to ease public health measures, we would need to observe the following in Toronto:

- Sustained reduction in daily COVID-19 cases
- Strategies to manage outbreaks in congregate settings such as hospitals and shelters are in place
- Provincial government to continue to make testing available and expand testing measures, as necessary
- The ability for hospitals to treat all patients requiring hospitalization and for there to be sufficient personal protective equipment (PPE) available to protect all health care workers
- Timely identification and appropriate management of COVID-19 cases and their close contacts
- Capacity for implementing effective physical distancing and other public health measures
The easing of public health measures will be phased in over time and will vary by sector. It will be important to balance the need to support the economy while protecting the health of the public.

Decisions will be based on evidence and the experience in other jurisdictions, such as:

- Re-opening of some businesses while continuing to maintain physical distancing and rigorous disinfection protocols
- Gradual and staged re-opening of City facilities and programs

As we ease public health measures, Toronto Public Health would continue intensive case and contact tracing and ensure protections remain in place for vulnerable groups, such as those over 70 years of age.

Overall, Toronto Public Health will continue to evaluate the science and evidence on COVID-19, work with provincial and federal partners, and adjust our approach to respond to our own unique circumstances in Toronto.
The City of Toronto has launched the Toronto Office of Recovery and Rebuild, under the guidance and leadership of Mr. Saäd Rafi and Dr. David Mowat.

Dr. David Mowat is a former Chief Medical Officer of Health for the province of Ontario, former Deputy Chief Public Health Officer of Canada, and former Medical Officer of Health in a number of local jurisdictions.

Dr. David Mowat will provide public health expertise to support decision-making for when and how to re-open City services and the City in general, and will develop locally-based strategies to protect the public's health.
B. Emergency Operations Centre (EOC) COVID-19 Response Overview

Chief Matthew Pegg
EOC Activation

Work and proactive planning in Toronto began before the first reported case of COVID-19 in Canada.

- January 2020 - the City commenced coordination meetings across each division and agency.
- March 17 - EOC operations were elevated to a full level 3 activation, the highest level of activation. This is the longest continuous activation of the EOC in Toronto's history.

From the outset of EOC activation, the following strategic priorities have been in place, which guide all aspects of decision making within the EOC:

- Priority One: Save lives;
- Priority Two: Prevent overwhelming Toronto's healthcare systems;
- Priority Three: Protect the Social and Financial economies.
Emergency Operations Centre Structure

Incident Management

System Level 3 Activation –

Mayor Tory
City Council

City Manager / Senior Leadership

Incident Commander
Matthew Pegg

COVID 19 Task Force
Tyler Griffin

Toronto Public Health
Dr. Eileen de Villa

EOC Director
Jim Jessop

Deputy EOC Director
Jennifer Smyshnilk

Public & Employee Communications
Brad Ross

Councillor Liaison
Kelly McCarthy

Safety
Alison Anderson

Operations Chief

Operations Deputy

PPE/ Emergency Services
Task Force

Vulnerable Supports Task Force (SDFA)

HR Policy Task Force (P&E)

Shelter Supports Task Force (SSHA)

Donations Coordination Task Force

Public Health
Police
Fire
Paramedics
SSHA
SDFA
SSLTC
TESS
PF&R
TTC
TCHC

Planning Chief

Situational Awareness
Resources

Documentation
Future State Planning
Technical Specialists
Demobilization
Recovery

Information Technology
EOC Support
Supply
Personnel
Transportation

Logistics Chief

FUNCTIONS
- City-wide Business Continuity Planning
- Staff Redeployment and Labour Availability / disruption Planning
- Service Delivery Prioritization
- Critical Service Sustainability
- Service Restoration Planning

Finance & Administration

Time
Procurement
Compensation & Claims
Cost Accounting
C. Community and Social Services: COVID-19 Response

Supporting Vulnerable Torontonians during COVID-19

Giuliana Carbone
TO Supports

City of Toronto

Provincial Government

Federal Government

Community Sector

Housing & Homelessness
- Shelters
- Drop Ins
- Street Outreach
- Supervised Injection
- Rapid Rehousing
- Eviction Support
- Rent Support

Mental Health
- Free Phones
- Free Counselling
- Online Group Workshops
- Bereavement

Income Support
- OW & ODSP
- Provincial Supports
- Federal Supports
- Youth Employment
- Credit Counselling

Safety & Wellbeing
- Escalated Situations
- Critical Incidents
- Domestic Violence
- Child Abuse
- Funeral Planning
- Know Your Rights

Family Support
- Emergency Child Care Centres
- Parental Support
- Learning Activities
- Support for Seniors
- Prescription Delivery
- Medical Appointments

Social Connection
- Volunteerism
- Donations
- Digital Access
- Online Activities

Food Access
- Food Banks
- Hamper Delivery
- Grocery Delivery
- Grocery Gift Cards
- Prepared Meal Delivery

Community Sector Support
- City-Sector Coordination
- Networking
- Emergency Funding
- Workplace Safety
- Funding Sustainability
- Research
## Community & Social Services: Rapid Response

### Long-Term Care Homes:
- Proactive **infection prevention & control (IPAC)** practices in City-operated Homes early on (before Prov. Directives)
- **Positive** independent audit of our IPAC practices
- **Leading** Prevention & Outbreak Management **practices** in all 10 homes
- As of April 27<sup>th</sup>, 4 of the 10 City-operated homes in outbreak. Stringent outbreak protocols in place
- Continued focus on **staffing continuity & increased testing**

### Shelter Enhancements:
- Creating **physical distancing** across the shelter system
  - **11** temporary facilities (7 community centres; 4 other facilities): all **492 spaces** occupied
  - **11** hotels (1,020 rooms) secured: 863 people moved as of April 27<sup>th</sup>
  - **1,355 clients moved** in total (as of April 27<sup>th</sup>). Balance to move over next two weeks
- 213 confirmed COVID cases in 14 shelter locations (as of April 27<sup>th</sup>)
- 200 bed **Recovery Site for COVID-positive clients** opened April 16. **2<sup>nd</sup> site** (up to 285 additional beds) **by May 1<sup>st</sup>**

### Rapid Re-Housing:
- **275 apartments secured** to date
  - **73 clients moved** into new permanent housing and more in process
  - Working to identify availability of additional apartments / buildings
- **Modular Housing**
- Rent Bank (no-interest loans for rent arrears) **increased by $2M** (helping **800 households** stay housed)
### Emergency Child Care for Essential, Critical Workers (7 days/week)
- No charge to parents; funded by Province
- Online application launched March 28 (same day as Provincial announcement)
- **7 centres** opened by April 29 in City-operated child cares. **1 more** will open in next 2 weeks
- 993 families applied; 648 families contacted; **310 children placed** to date
  - 73% of families in care are front-line health workers & first responders
- Screening, cleaning, and infection control designed with Toronto Public Health

### Food Access:
- **996 food hampers** delivered to seniors/persons isolation (two week supply of food) with Red Cross in April
- **11 Food banks** opened in Toronto Public Library locations: **2,259** households and **5,685** individuals served
- **42,000** student families received $50 **grocery cards** (repurposing student nutrition grants)
- **3,000** prepared meals delivered and working with community partners to scale up

### Mental Health Support:
- Residents call 211 to get connected to one of **8 mental health service providers** (direct phone support)
  - Support is free to all residents
  - Complements & does not replace any existing mental health support models
- Counselling support for frontline workers

### Supporting Local Community Response & Planning:
- **City-Community Response Table** (75+ agencies) meet virtually 3 times per week to problem-solve
- **Partnership with United Way** to coordinate service provision to vulnerable residents at a neighbourhood level
D. Overview of City Staffing Strategies in response of COVID-19

Omo Akintan
Staffing Strategies

**Phase 1**
- Focus on emergency response
- Paid all scheduled employees

**Phase 2**
- Stopped paying unscheduled part-time & recreation workers
- Continued to pay all full-time employees

**Phase 3**
- Continue to pay all employees working
- Place all other employees on Emergency Leave

March 16 to April 05
April 06 to 26
April 27 onward

Enabled more employees to remote work & developed COVID staffing policies
3 framework union agreements & new redeployment process.
E. Response, Recovery, Rebuild: Phased, collaborative approach

Chris Murray
Toronto’s Recovery and Rebuild Considerations

Primary Objective Remains Public Health – Recovery will start when the necessary public health conditions are met and direction is provided by the Medical Officer of Health

- There is no distinct point at which activities transition from one phase to the next
- The virus will dictate the timeline; scenarios fed by continuous data inform decision-making and planning
- Recovery and rebuilding continues until all systems return to normal or better
- The City’s partners, residents and businesses will play increasingly greater roles in restoring communities and social and economic infrastructures
- Members of Council will be consulted throughout and staff will report on recovery strategies regularly for Council approval
- The experience, and definition of success will be unique for each community
- We continue to share data and solutions within the GTHA and among Canada’s large cities
F. City of Toronto COVID-19 Communications

Brad Ross
Public and Employee Communications

Public Information
• Daily media briefings
• Media relations
• Continuous website updates
• Multiple, daily social media posts
• Advertising and public information – English, French and 10 other languages
• Public signage
• Councillor information packages

Employee Information
• Daily all staff messages
• Dedicated Intranet resources
• Creation of COVID-19-specific portal on ELI
• City Manager virtual town hall
• Communications tools for managers
• Online shout-outs and gratitude to essential and critical workers
• Health and safety posters created and erected across all City facilities
G. Brief overview of the financial picture

Heather Taylor
COVID-19 Financial Impacts – Experience to Date

**$260 million in Financial Impacts as of April 19, 2020**

- **$64.4 million in potential additional trailing costs**
  - Driven by estimated delayed impact on MLTT revenue
- **Excludes secured Federal / Provincial funding and experienced cost savings**

### Weekly Burn Rate Estimate

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<td>TCHC - Mainly reduced revenue</td>
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<td>Permit / License Fees</td>
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<td>MLTT - Current Experience</td>
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<td>User Fee Revenue</td>
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<td>Toronto Zoo – Admission and fees</td>
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### Weekly Actuals

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### Increased Costs

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### Total Weekly Estimate

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<td>Week 4 Actuals</td>
<td>53.5</td>
</tr>
<tr>
<td>Week 5 Actuals</td>
<td>52.6</td>
</tr>
<tr>
<td>5 Week Total</td>
<td>260.2</td>
</tr>
</tbody>
</table>

**Does not include any experienced COVID-19 related budget savings**

**Does not include potential further saving initiatives**
COVID-19 Financial Impacts – 2020 Forecast

Forecast 2020 Impacts

- $11.6 billion in budgeted revenues (Tax Supported Budget)
- $1.5 - $2.8 billion in forecasted impacts to year end
  - $1.0 - $2.0 billion in revenue loss
  - $520 - $760 million in added costs
- Depend on when/how physical distancing regulations are ultimately lifted
  - 30% impact on monthly budget during physical distancing regulations
  - 10% - 15% impact on monthly budget during recovery period