FISCAL IMPACT STATEMENT

| DATE: | May 8, 2024 | | |
|---------------|------------------|-------|--------------|
| FROM (Dept.): | Elderly Services | | |
| CONTACT: | Tomi Veale | PHONE | 203-946-7854 |

SUBMISSION ITEM (Title of Legislation):

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN TO ACCEPT FUNDS FOR THE CITY OF NEW HAVEN SENIOR CENTERS FOR FY 24 THROUGH FY26 IN THE AMOUNT TOTALING \$235,535.00 FROM THE STATE OF CT STATE UNIT ON AGING TO ADD INDEMNIFICATION LANGUAGE

List Cost:

Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

| | GENERAL FUND | SPECIAL FUNDS | BOND FUNDING | CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE |
|---------------------|-----------------|------------------|-----------------|---|
| A. Personnel | \$0 | \$0 | \$0 | |
| 1. Initial start up | \$0 | \$0 | \$0 | |
| 2. One-time | \$0 | \$0 | \$0 | |
| 3. Annual | \$0 | \$0 | \$0 | |
| B. Non-personnel | \$0 | \$0 | \$0 | |
| 1. Initial start up | \$0 | \$0 | \$0 | |
| 2. One-time | \$0 | \$235,535.00 | \$0 | |
| 3. Annual | \$0 | \$0 | \$0 | |

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

| NO | X |
|-----|---|
| YES | |

1. One-time \$235,535.00

2. Annual

Other Comments: