## **FISCAL IMPACT STATEMENT**

DATE:	06/25/2025				
FROM (Dept.): CONTACT:	Economic Devel	•	stration		PHONE X5761
SUBMISSION ITEM (Title of Legislation):					
RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE CITY TO APPLY FOR AND ACCEPT A GRANT FROM THE CONNECTICUT DEPARTMENT OF ECONOMIC AND					
COMMUNITY DEVELOPMENT IN AN AMOUNT NOT TO EXCEED \$250,000 TO SUPPORT THE					
PLANNING AND DESIGN OF A TECHNICAL AND FINANCIAL ASSISTANCE PROGRAM FOR ADU					
AND SMALL HEALTHY HOME DEVELOPMENT.					
List Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special Cost: funds; and source of funds currently budgeted for this purpose.					
		,	,		
					CAPITAL/LINE ITEM/DEPT/ACT/OBJ
		GENERAL	SPECIAL	BOND	CODE
A. Personnel					
1. Initial start up					
2. One-time					
3. Annual					
B. Non-					
personnel					
1. Initial start up					
2. One-time					
3. Annual					
List Will this item result in any revenues for the City? If Yes, please list amount and type.  Revenues:					
NO X YES					
1. One-time \$250,000					
2. Annual					
Other Con	nments:				

Funding to be used for planning studies and technical/professional services.