

**FISCAL IMPACT STATEMENT**

DATE:	August 4, 2025		
FROM (Dept.):	Health Department		
CONTACT:	Maritza Bond, Director of Health	PHONE	(203) 946-6999

**SUBMISSION ITEM (Title of Legislation):**

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT AN IMMUNIZATION ACTION PLAN GRANT FOR THE AMOUNT OF \$171,744 ANNUALLY FOR THE PERIOD OF OCTOBER 1, 2025 TO JUNE 30, 2028 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

**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.

				CAPITAL/LINE
	GENERAL	SPECIAL	BOND	ITEM/DEPT/ACT/OBJ CODE
A. Personnel				
1. Initial start up				
2. One-time				
3. Annual		\$122,678		
B. Non-personnel				
1. Initial start up				
2. One-time				
3. Annual		\$49,066		

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

NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

1. One-time
2. Annual

**Other Comments:**