

FISCAL IMPACT STATEMENT

DATE: May 23, 2025
FROM (Dept.): New Haven Health Department
CONTACT: Maritza Bond, Director **PHONE** (203) 946-6978

SUBMISSION ITEM (Title of Legislation):

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT THE PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT AWARD FROM THE CHESPROCOTT HEALTH DISTRICT FROM JULY 1, 2025 TO JUNE 30, 2026.

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	\$74,763	\$0	
B. Non-personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$4,537	\$0	

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

NO ☒
YES ☐

1. One-time

2. Annual

Other Comments: