FISCAL IMPACT STATEMENT

DATE:	May 15, 2023				
FROM (Dept.):	Health				
CONTACT:	Maritza Bond, Director of Health		PHONE	(203) 946-8351	
SUBMISSION ITEM (Title of Legislation):				
RESOLUTION AUTHO	ORIZING THE MAY	OR OF THE	CITY OF NE	EW HAVE	N TO APPLY FOR
AND ACCEPT A PREV	VENTIVE HEALTH	AND HEALTH	I SERVICES	GRANT A	WARD OF \$500,000
FOR THE PERIOD OF	•				
DEPARTMENT OF PU			•	•	
DELIVER ANY ANI			BE CONS	SIDERED	NECESSARY OR
APPROPRIATE WITH	<u>RESPECT THERETC</u>	<u>).</u>			
	be in as much detail a l, capital or special fu e.	-	-	_	
	GENERAL	SPECIAL	BOND		AL/LINE DEPT/ACT/OBJ
A. Personnel					
1. Initial start up					
2. One-time					
3. Annual		88,566.52			
B. Non-personnel					
1. Initial start up					
2. One-time					
3. Annual		11,433.48			
List Revenues: Will type.	this item result in any	y revenues for t	he City? If Ye	es, please li	st amount and
NO x YES					
1. One-time					
2. Annual					
Other Comments:					