## **FISCAL IMPACT STATEMENT**

**DATE:** January 8, 2024

FROM (Dept.): New Haven Department of Health

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## SUBMISSION ITEM (Title of Legislation):

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1 RECLASSIFYING THE POSITION OF SENIOR SANITARIAN TO SANITARIAN WITHIN THE HEALTH DEPARTMENT

**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	SPECIAL	BOND	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE
A. Personnel	\$0	\$0	\$0	
1. Initial start up	<b>\$0</b>	\$0	<b>\$0</b>	
2. One-time	<b>\$0</b>	\$0	<b>\$0</b>	
3. Annual	<b>\$0</b>	<b>\$0</b>	\$0	
B. Non-personnel	<b>\$0</b>	<b>\$0</b>	\$0	
1. Initial start up	<b>\$0</b>	<b>\$0</b>	\$0	
2. One-time	\$0	<b>\$0</b>	\$0	
3. Annual	\$0	<b>\$0</b>	<b>\$0</b>	

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 \$\$0.00

2. Annual \$0.00

Other Comments: There is no change to the budget with this reclassification.