FISCAL IMPACT STATEMENT

| DATE: | Decem | ber 2, 2024 | | | | |
|--|--|----------------|----------------|----------------|----------------|--------------------|
| FROM (Dept.): | COO Dept NHPS | | | | | |
| CONTACT: | Mike C | | | | PHONE | 475-220-1589 |
| | Jamar | Alleyne | | | _ | - |
| SUBMISSION ITEM (Title of Legislation): | | | | | | |
| ORDER OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN AUTHORIZING | | | | | | |
| THE ACCEPTANCE OF A DONATION OF MENSTRUAL PRODUCTS FROM THE DIAPER | | | | | | |
| BANK OF CONNECTICUT AND AMAZON FOR THE MENSTRUAL EQUITY PROJECT | | | | | | |
| WITH THE BOA | ARD OF EDU | <u>JCATION</u> | | | | |
| List Cost: Do | escribe in as n | nuch detail a | s possible bot | h personnel a | nd non-pers | onnel costs; |
| ge | general, capital or special funds; and source of funds currently budgeted for this | | | | | |
| рі | urpose. | | | | | |
| | | | | | CADITA | 1 /1 INIT |
| | | | | | CAPITA | EPT/ACT/OBJ CODE |
| | | GENERAL | SPECIAL | BOND | TT EIVI, D | El I/ACI/ODJ 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 Revenues: | Will this item | result in an | y revenues for | the City? If Y | es, please lis | t amount and type. |
| NO YES | | | | | | |
| 1. One-time | | | | | | |
| 2. Annual | | | | | | |
| Other Comments: | | | | | | |

Other Comments:

No Financial impact, other than receiving donation of goods of a value of DBCT \$450,000.00 & Amazon \$60,000.00.