## FISCAL IMPACT STATEMENT

DATE:		4, 2025					
FROM (Dept.):		munity Resilience					
CONTACT:	Tirza	h Kemp, Directo	r for Communit	y Resilience	PHONE	203-946-7846	
SUBMISSION ITEM (Title of Legislation):							
RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE CITY OF NEW							
HAVEN TO APPLY FOR AND ACCEPT AN "IMPLEMENTING A PUBLIC HEALTH APPROACH TO							
ADDRESS COMMUNITY VIOLENCE" GRANT FROM THE CONNECTICUT DEPARTMENT OF							
PUBLIC HEALTH IN THE AMOUNT OF \$1,000,000 TO INCREASE CAPACITY AND FUNDING FOR							
<u>NEW HAVEN VI</u>	OLENCE P	REVENTION I	<u>NITIATIVES</u>				
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							
		FUND	FUNDS	FUNDING	ITEM/	DEPT/ACT/OB	
A. Personnel					J CODI	۷	
1 Initial stant							
1. Initial start	up						
2. One-time							
3. Annual		TBD					
B. Non-personne	1						
1. Initial start	up						
2. One-time							
3. Annual							
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: Up to ten awards will be awarded, ranging from \$75,000-\$1,000,000.