

FISCAL IMPACT STATEMENT

DATE: January 17, 2025
FROM (Dept.): Health Department
CONTACT: Maritza Bond, Director of Health **PHONE** (203) 946-6999

SUBMISSION ITEM (Title of Legislation):

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO
ACCEPT AN IMMUNIZATON ACTION PLAN-IMMUNIZATION CONTRACT
AMENDMENT FOR AN ADDITIONAL YEAR OF GRANT FUNDING IN THE AMOUNT
OF \$202,872.00 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH AND
TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL
DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH
RESPECT THERETO.

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.

	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE		
	GENERAL	SPECIAL	BOND
A. Personnel			
1. Initial start up			
2. One-time			
3. Annual		\$122,678	
B. Non-personnel			
1. Initial start up			
2. One-time			
3. Annual		\$80,194	

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

NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

1. One-time
2. Annual

Other Comments: