## FISCAL IMPACT STATEMENT

DATE:	]	May 26, 2017			
FROM (Dept	t.):	Labor Relation	ns		
CONTACT:	]	Floyd Dugas, l	Esq.	_	PHONE: 203-783-1200
SUBMISSION ITEM (Title of Legislation):					
Order approving a successor collective bargaining agreement between the City of					
New Haven and Local 884, AFSCME, Council 4 dated July 1, 2015 through June 30, 2020.					
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		<u> </u>	or neman	DOND	CODII
1. Initial start up					
2. One-time					
3. Annual					Form not applicable
B. Non-personnel				Information to be	
provided 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					