

FISCAL IMPACT STATEMENT

DATE: September 8, 2020  
FROM (Dept.): Health  
CONTACT: Maritza Bond PHONE 203-946-6978

SUBMISSION ITEM (Title of Legislation):

**RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT A PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT AWARD OF \$66,136 FROM THE CHESPROCOTT HEALTH DISTRICT**

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
<b>A. Personnel</b>				
1. Initial start up				
2. One-time		\$66,136		
3. Annual				
<b>B. Non-personnel</b>				
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	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

1. One-time
2. Annual

Other Comments: