

## FISCAL IMPACT STATEMENT

**DATE:** July 1, 2024  
**FROM (Dept.):** New Haven Health Department  
**CONTACT:** Maritza Bond, Diretor **PHONE** (203) 946-6978

**SUBMISSION ITEM (Title of Legislation):**

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR  
AND ACCEPT THE PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT AWARD FROM  
THE CHESPROCOTT HEALTH DISTRICT FROM JULY 1, 2024 TO JUNE 30, 2025.

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 FUND	SPECIAL FUNDS	BOND FUNDING	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE
A. Personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$30,069	\$0	
B. Non-personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$50,966	\$0	

**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:**