

## FISCAL IMPACT STATEMENT

<b>DATE:</b>	April 29, 2024		
<b>FROM (Dept.):</b>	Yale New Haven Hospital, Inc.		
<b>CONTACT:</b>	Attorney Agent: John W. Knuff <a href="mailto:JKnuff@hssklaw.com">JKnuff@hssklaw.com</a>	<b>PHONE</b>	(203) 877-8000

### SUBMISSION ITEM (Title of Legislation):

ORDER OF THE NEW HAVEN BOARD OF ALDERS GRANTING A TEMPORARY EASEMENT OF APPROXIMATELY 11,290 SQUARE FEET FOR CONSTRUCTION ACTIVITIES IN CONNECTION WITH THE ED/HVC PROJECT AND TEMPORARY AMBULANCE AREA OVER PROPERTY OWNED BY THE CITY OF NEW HAVEN AND COMMONLY KNOWN AS A PORTION OF THE SOUTHBOUND LANE OF ORCHARD STREET BETWEEN CHAPEL STREET AND GEORGE STREET; AND ACCEPTING \$150,000 AS COMPENSATION.

**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
<b>A. Personnel</b>	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$0	\$0	
<b>B. Non-personnel</b>	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$0	\$0	

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

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

- |             |           |
|-------------|-----------|
| 1. One-time | See below |
| 2. Annual   | No        |

**Other Comments:** If approved, YNHH has agreed to pay a one-time fee in the amount of \$150,000, as consideration for this easement. The \$150,000 payment would be paid in two installments, with the first being paid prior the January 2025 easement start date, and the second payment to be paid in or around October 2025.