FISCAL IMPACT STATEMENT

DATE:	Sept	ember 21, 20	25			
FROM (Dept.):	Elde	erly Services				
CONTACT:	Tom	ni Veale			PHONE	203-946-7854
SUBMISSION ITEM (Title of Legislation):						
RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE MAYOR						
OF THE CITY OF NEW HAVEN TO ACCEPT THE AGENCY ON AGING OF SOUTH-						
CENTRAL CONNECTICUT GRANT IN THE AMOUNT OF \$15,316.00 FOR FY26 TO						
PROVIDE SWIMMING LESSONS AND WATER AEROBICS FOR NEW HAVEN SENIOR						
<u>CITIZENS.</u>						
g	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.					
					CAPITA	L/LINE
					ITEM/D	EPT/ACT/OBJ CODE
_	-	GENERAL	SPECIAL	BOND		
A. Personnel						
1. Initial start	up					
2. One-time						
3. Annual						
B. Non-personnel						
1. Initial start	up					
2. One-time			15,316.00			
3. Annual						
List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.						
NO YES	х					
1. One-time		x				
2. Annual						
Other Comments:						