

FISCAL IMPACT STATEMENT

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

SUBMISSION ITEM (Title of Legislation):

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT A CONTINUATION OF FUNDING GRANT AWARD FOR THE PER CAPITA GRANT IN THE AMOUNT OF \$260,706.33 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2024 THROUGH JUNE 30, 2025 TO ASSIST WITH THE OPERATION OF THE HEALTH DEPARTMENT.

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				HEALTH 20381514
1. Initial start up				
2. One-time				
3. Annual		\$208,953.00		
B. Non-personnel				
1. Initial start up				
2. One-time				
3. Annual		\$51,753.33		

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

	Yes
X	No

- 1. One-time
- 2. Annual

Other Comments: