

FISCAL IMPACT STATEMENT

DATE: April 17, 2026
FROM (Dept.): New Haven Health Department
CONTACT: Maritza Bond, Director **PHONE** (203) 946-6978

SUBMISSION ITEM (Title of Legislation):

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT THE PER CAPITA GRANT AWARD IN THE AMOUNT OF \$293,007.06 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FROM JULY 1, 2026 TO JUNE 30, 2027

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	\$100,000	\$0	
B. Non-personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$45,537	\$0	

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: