FISCAL IMPACT STATEMENT

| DATE: | JULY 5, 2022 | |
|---|--|--------------------------------------|
| FROM (Dept.): CONTACT: | Health MARITZA BOND, DIRECTOR OF HEALTH | PHONE 203-946-8351 |
| · | | |
| SUBMISSION ITEM (Title of Legislation): ORDER TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEATLH | | |
| | PPLY FOR AND ACCEPT A GRANT A | |
| FROM THE US OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH AND OFFICE OF MINIORITY HEALTH FOR THE PERIOD OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025 | | |
| TO ADDRESS FACTORS CONTRIBUTING TO STRUCTURAL RACISM IN PUBLIC HEALTH. | | |
| 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. | | |
| P* P** | | |
| | | CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE |
| | GENERAL SPECIAL BOND | • • • |
| A. Personnel | | |
| 1. Initial start up | | |
| 2. One-time | | |
| 3. Annual | 105,002.77 | |
| B. Non-personnel | | |
| 1. Initial start up | | |
| 2. One-time | 394,997.23 | |
| 3. Annual | | |
| List Revenues: Will | this item result in any revenues for the City? | If Yes, please list amount and type. |
| | | |
| NO X YES | | |
| 1. One-time | | |
| 2. Annual | | |
| Other Comments: | | |