FISCAL IMPACT STATEMENT

| | TIOOHE HIMITH | <u>OI OIMIEM</u> | 11111 | | |
|--------------------------|---------------------------------|------------------|--------------------------|------------------|------------------------|
| DATE: | Monday, August 2 | 9, 2022 | | | |
| FROM (Dept.): | Office of Management and Budget | | | | |
| CONTACT: | Michael Gormany | | | PHONE: | 203-946-6413 |
| SUBMISSION ITEM (| Title of Legislation |): | | | |
| ORDER OF THE NEW | HAVEN BOARD C | F ALDERS, | AUTHORIZ | ING THE M | AYOR, BUDGET |
| DIRECTOR, OR CON | TROLLER TO EN | TER INTO | A ONE Y | EAR COMM | MERCIAL LEASE |
| AGREEMENT AND E | XECUTE ANY AM | <u>IENDMENT</u> | S THAT MA | Y ARISE, V | <u>VITH GATEWAY</u> |
| PARTNERS, LLC, IN T | | | | | |
| HUNDRED AND SIX | | (, , | | | |
| HAVEN HEALTH DE | <u>PARTMENT OFFI</u> | CES AND I | <u>PUBLIC HE</u> | <u>ALTH CLIN</u> | NC FOR FISCAL |
| <u>YEAR 2022-23.</u> | | | | | |
| List Cost: Comm | nercial Lease for City | of New Have | n Health De _l | partment for | FY 2022-23Impact |
| | GENERAL | SPECIAL | BOND | | L/LINE DEPT/ACT/OBJ |
| A. Personnel | | | | | |
| 1. Initial start up | | | | | |
| 2. One-time | | | | | |
| 3. Annual | | | | | |
| B. Non-personnel | | | | | |
| 1. Initial start up | | | | | |
| 2. One-time | \$440,262 | | | | |
| 3. Annual | | | | | |
| List Revenues: Will type | this item result in an | y revenues fo | r the City? If | Yes, please li | st amount and |
| NO X YES | | | | | |
| 1. One-time | | | | | |

2. Annual